

International Education Services

3116 Mitchell Building, College Park, MD 20742
 www.international.umd.edu/ies



H-1B Data Collection Form

This sheet is to be used by University of Maryland (UM) academic departments collecting information from potential H-1B workers. Please answer the following questions as accurately as possible. If you have questions concerning the form, contact the UM academic department hosting you. This form is to be sent to the UM department that invited you to campus. Please attach resume or CV.

1. (Note: spelling of your name must match that listed in your passport)

| | | | |
|--|---------------|--------------------------------------|--|
| LAST NAME | | FIRST NAME | |
| SOCIAL SECURITY # (if none, leave blank) | DATE OF BIRTH | GENDER | |
| PHONE (HOME/CELL) | E-MAIL | | |
| COUNTRY OF CITIZENSHIP | BIRTH CITY | COUNTRY OF LEGAL PERMANENT RESIDENCE | |

2. Immigration Status:

| | | | |
|--|---|-----------------------|----------------------|
| CURRENT VISA STATUS (If not in the U.S. please skip this question) | | DATE OF FIRST ARRIVAL | CURRENT STAY EXPIRES |
| OUTSIDE THE U.S.? | At which consulate office will you be applying for your visa? | | |
| Have you ever been in J-1 Status? <input type="checkbox"/> Yes <input type="checkbox"/> No | If you were subject to 212(e), did you receive a waiver of 212(e) from the Department of State and the U.S.I.N.S? | | |
| Has the applicant ever been in H1B Status? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please indicate dates: | | |

3. Degree Information: Highest Education Level

- Associate Degree
 Some Graduate Study
 First Professional Degree Earned
 Bachelor's Degree
 Master's Degree
 Advanced Grad Specialist
 Doctoral Degree

List all degrees earned below and attach copies (*attach separate sheet if necessary*):

| Institution | Date Earned | Degree |
|-------------|-------------|--------|
| | | |
| | | |

4. Previous Employment (*Please list most recent Positions, and contact information*)

| Employer | Position | Phone Number | Address |
|----------|----------|--------------|---------|
| | | | |
| | | | |

5. Dependents (*If requesting dependents on H4, please provide dependent information*)

| Name (Last, First) | Date of Birth | Country of Citizenship | City of Birth | Relationship (Spouse, Son, Daughter) | Current Visa Status |
|--------------------|---------------|------------------------|---------------|--------------------------------------|---------------------|
| | | | | | |
| | | | | | |

