The Office of International Programs
Martindale 331• University, MS 38677
P: 662.915.7404
E-mail: scholar@olemiss.edu
http://www.international.olemiss.edu

H-1 B – Enclosure B Form: For the Applicant

Please submit all of the following information, even for H-1B extensions:
Be sure to type or print clearly

DO NOT STAPLE ANY DOCUMENTS TOGETHER

H-1B APPLICANT DEMOGRAPHIC INFORMATION

NAME AND RESIDENCE INFORMATION:

Full Name (as it appears in your passport): _____ : _____ : _____
Family Name (Surname) Given Name (First) Middle Name (if any)

All other names used : _____
(Include maiden name and names from all previous marriages

Place of Birth (required): _____ : _____ : _____
City Province/ State Country

Residence Information (required): _____ : _____
Country of Citizenship Country of Permanent Residence

Date of Birth (Month/ Day/ Year): _____ Gender : _____

CONTACT INFORMATION:

Residential Address Outside of the U.S. : _____

_____

_____

E-mail address: _____ Phone Number: _____

UNIVERSITY OF MISSISSIPPI POSITION INFORMATION:
(Please provide contact information for your intended employer at the University of Mississippi)

UM Academic Department: _____ Supervisor's Name: _____

US VISA HISTORY INFORMATION:

Have you ever been in the United States in any non-immigrant status? ☐ **YES** ☐ **NO**
If YES, please list all time in the US in non-immigrant visa status. If more space is needed, please attach a separate page for your visa history:

1. Immigration Status (e.g. F-1, J-1, H-4): _____ Dates of Stay (Month/ Day/ Year): _____ through _____
2. Immigration Status (e.g. F-1, J-1, H-4): _____ Dates of Stay (Month/ Day/ Year): _____ through _____
3. Immigration Status (e.g. F-1, J-1, H-4): _____ Dates of Stay (Month/ Day/ Year): _____ through _____

Have you ever been in the United States on a **J Visa (J-1 or J-2)**? ☐ **YES** ☐ **NO**

Are you subject to the 212(e), Two-Year Home Residency Requirement (*only possible if currently or previously on J-Visa*)? ☐ **YES or** ☐ **NO.**

If subject to 212(e), what is your current status? **(Please Check One)**
☐ **Applied for waiver**
☐ **Received waiver (Please Include Proof of Waiver)**
☐ **Completed requirement in home country**
☐ **None of the above**

Have you ever been denied an H-1B? ☐ **YES** ☐ **NO**

Do you have any pending immigrant petitions (Permanent Residency Application)? ☐ **YES** ☐ **NO**

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University of Mississippi

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IMMIGRATION INFORMATION

Passport # : _____ Passport Country: _____

Passport Issue Date (Month/ Day/ Year): _____ Passport Expiry Date (Month/ Day/ Year): _____
[***Please note that passports must be renewed at least 6 months prior to their expiration date.***]

U.S. Social Security Number (If any): _____

A # (If any. Alien number is listed on EAD Cards, OPT Cards, and on any I-140 or I-485 Notices) : _____

USCIS Online Account Number: _____

At which consulate will you apply for your H-1B visa stamp? City (outside of the U.S.): _____ Country: _____

FOR APPLICANTS CURRENTLY IN THE UNITED STATES ONLY

Current Non-Immigrant Visa Status (i.e. F-1, J-1, H-1B) : _____ SEVIS ID (if applicable): _____

Date of Last Arrival (stamped on I-94 Card) (Month/ Day/ Year): _____

Date Current Visa Status Expires (Month/ Day/ Year): _____

I-94 # (Eleven Digit Number White Card in Passport): _____

Are you currently on F-1 Optional Practical Training (OPT)? ☐ **YES** ☐ **NO**

If YES, List dates of OPT: (Month/ Day/ Year): _____ **through** (Month/ Day/ Year): _____

Do you have any dependents (spouse or children) who will file for H-4 status with this petition? ☐ **YES** ☐ **NO** If yes, how many?: _____

Residential Address in the U.S. : _____

_____

Phone Number: _____ Email Address: _____

SUPPORTING DOCUMENTATION TO BE SUBMITTED TO INTERNATIONAL PROGRAMS

☐ One or two supporting letters or documents from colleagues or employers describing and attesting to the quality of applicant's work
(One letter of support is provided by the department automatically)

☐ Curriculum Vita/ Resume which includes current address, home country address, statement of work history, and list of publications

☐ Copy of all university-level academic degrees, diplomas, and transcripts/mark sheets.
- Diplomas and transcripts/mark sheets do not have to be originals
- On the back of each photocopy, sign a statement that says "This is a true photocopy and originals are available upon request."
- Documents not in English must be translated by someone competent to do so (See attached translation certificate sample)
- Degrees or documents issued by non-U.S. institutions will have to have a foreign credential evaluation processed by International Programs

☐ Copies of 3 most recent pay stubs/ paycheck notifications if currently employed in the US

☐ Copy of Passport Identification Pages (Full-page photocopies ONLY. Do not cut the photocopy to the shape of the passport) **

☐ Copies of current/ most recent Visa Stamp **

☐ Copies of I-94 Card (FRONT AND BACK) **

☐ Copies of all previous I-20's, DS-2019's, IAP-66's, and H-1B or H-4 I-797 Approval Notices**

☐ Copy of Employment Authorization Card (i.e. F-1 OPT Card or J-2 EAD Card) if currently working on Employment Authorization

☐ Proof of I-612 waiver or completion of 212(e) Two-Year Home Residency Requirement if currently or previously on J-Visa**

☐ H-4 Application: If you have dependent family members who are already in the U.S. in H-4 status on another visa type, and you would like to change/extend their status as an H-4 dependent, include the following:
- Form I-539 (available on www.uscis.gov site) and check for $370 made payable to **Department of Homeland Security**
- Include the above starred (**) items for your family members Plus $85 biometric fee (new requirement starting March 11, 2019).

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PUBLIC BENEFITS INFORMATION (Section 1)

Please indicate whether or not you have received or been certified to receive any of the following public benefits since obtaining your current non-immigrant status (if you are within the US). If you have not received nor been certified to receive public benefits, please indicate in the appropriate boxes. If you answer "yes" that you have received or are currently receiving any public benefits, you will also need to complete Section 3 of the Public Benefits Information .

- ☐ I *have not* received any of the following public benefits.
- ☐ I *am not* certified to receive any of the following public benefits.
- ☐ I have received or am currently receiving the following public benefits (select all that apply)
  - ☐ Any Federal, State, local, or tribal cash assistance for income maintenance
  - ☐ Supplemental Security Income (SSI)
  - ☐ Temporary Assistance for Needy Families (TANF)
  - ☐ General Assistance (GA)
  - ☐ Supplemental Nutrition Assistance Program (SNAP, formerly called "Food Stamps")
  - ☐ Section 8 Housing Assistance under the Housing Choice Voucher Program
  - ☐ Section 8 Project-Based Rental Assistance (including Moderate Rehabilitation)
  - ☐ Public Housing Under the Housing Act of 1937, 42 U.S.C. 1437 et. seq.
  - ☐ Federally Funded Medicaid

If you answered that you have received or are currently receiving any of the aforementioned public benefits, please indicate the type, agency, and dates in Section 2 below. If more space is needed, you may attach additional sheets.

PUBLIC BENEFITS INFORMATION (Section 2)

Type of Benefit:_____ Date Started (or Certified):_____
Agency that Granted the Benefit:_____ Date Ended (or Expires): _____

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Agency that Granted the Benefit:_____ Date Ended (or Expires): _____

Type of Benefit:_____ Date Started (or Certified):_____
Agency that Granted the Benefit:_____ Date Ended (or Expires): _____

Type of Benefit:_____ Date Started (or Certified):_____
Agency that Granted the Benefit:_____ Date Ended (or Expires): _____

If you answered that you have received or are currently receiving any of the aforementioned public benefits, please complete Public Benefits Section 3.

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PUBLIC BENEFITS INFORMATION (Section 3)

Please indicate whether or not you have received or been certified to receive any of the following public benefits since obtaining your current non-immigrant status (if you are within the US). If you have not received nor been certified to receive public benefits, please indicate in the appropriate boxes. If you answer "yes" that you have received or are currently receiving any public benefits, you will also need to complete Section 3 of the Public Benefits Information .

- ☐ You are enlisted in the Armed Forces, or are serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ You are the spouse or the child of an individual who is enlisted in the Armed Forces, or who is serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.Armed Forces, or who is serving in active duty or in the Ready Reserve
- ☐ At the time you received the benefits, you, your spouse, or parent was enlisted in the Armed Forces, or who was serving in active duty or in the Ready Reserve Component of the U.S. Armed Forces.
- ☐ At the time you received the public benefits, you were present in the U.S. in a status exempt from the public charge ground of inadmissibility.
- ☐ At the time you received the benefits, you were present in the U.S. after being granted a waiver of the public charge ground of inadmissibility.
- ☐ You are a child currently residing abroad who entered the U.S. with a nonimmigrant visa to attend an N-600K, Application for Citizenship and Issuance of Certificate Under INA Section 322 interview.
- ☐ None of the above

Have you ever received, applied for, or been certified to receive federally-funded Medicaid in connection with any of the following? (select all that apply):

- ☐ An emergency medical condition
- ☐ For a service under the Individuals with Disabilities Education Act (IDEA)
- ☐ Other school-based benefits or services available up to the oldest age eligible for secondary education under State law
- ☐ While under the age of 21
- ☐ While pregnant or during the 60 day period following the last day of pregnancy

Provide applicable dates: From (mm/dd/yyyy):_____ To (mm/dd/yyyy): _____

If you answered that you have received, applied for, or been certified to receive any of the above, please provide all appropriate documentation according to the I-129 instructions available at: https://www.uscis.gov/system/files_force/files/form/i-129instr-pc.pdf

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TRANSLATION CERTIFICATION OF FOREIGN LANGUAGE DOCUMENTS:

TRANSLATION MUST BE NOTARIZED

DATE: _____

USCIS
California Service Center
ATTN: CAP EXEMPT H-1B Processing Unit
P.O. Box 30040
Laguna Niguel, CA 92607-3004

To Whom It May Concern:

I, _____, hereby certify that I am competent to translate this document from the _____ Language into English.

I also certify that the attached translation is an accurate translation of the original document.

SIGNATURE: _____

Full Name of Translator: _____
Translator's Job Title: _____
Mailing Address: _____
_____
_____

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H-1 B – Portability Attestation

(Only for H-1B Transfers from other employers)

To Whom It May Concern:

I understand that under the U.S. Immigration and Naturalization Act as amended by the American Competitiveness for the 21st Century Act of 2000, [AC21 § 105], [INA § 214 (a) (m)], non-immigrants currently in H-1B status with one employer can begin employment with a new employer as soon as the new employer files the I-129, H-1B petition for new H-1B employment. The new employer and H-1B applicant do not have to wait for the new petition to be approved in order to begin employment. I understand that I am eligible to begin working at the University of Mississippi (UM) provided:

1) I have been previously issued an H-1B visa or otherwise provided H-1B non-immigrant status;
2) I have been lawfully admitted into the United States as a non-immigrant;
3) I have not engaged in employment without authorization since that admission;
4) I am currently the beneficiary of a I-129 petition for new H-1B employment which has been filed with the Department of Homeland Security – US Citizenship and Immigration Services before the expiration of my current period of authorized stay
5) I recognize that if the new H petition is denied, my "portability" work authorization is automatically terminated.

By signature below, I certify that I have read and understood the conditions set forth in INA § 214 (a)(m), and that I qualify for the "portability" benefit based on my current H-status and the fact that an application for my employment at the University of Mississippi has been timely filed and a USCIS receipt notice for the filing has been received by the Office of International Programs. I also recognize that if the petition to transfer my H-status to the University of Mississippi is denied that my "portability" work authorization is automatically terminated.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

Return Portability Attestation to:
Office of International Programs
University of Mississippi
331 Martindale
University, MS 38677
Fax: 662 915-7486