

NEW EMPLOYEE FORM

First Name: _____

Last Name: _____

Date of Birth: _____ Sex (M/F): _____

United States Address: _____

E-mail: _____ Phone no: _____

Emergency contact person (in USA) :

Name: _____ Phone: _____ E-mail: _____

Current Visa status / Employment Eligibility: (Mark which applies)

____ (Citizen); ____ (Green Card); ____ L1B; ____ L2; ____ H1B ; ____ H4 ; ____ EAD;

____ F1 with OPT; ____ F1 with CPT; _____ (Other)

When Visa Status started: _____ When Visa Status expires: _____