



Employee Information Form for Lawful Permanent Residency (LPR)

To be completed by employee

IPSO processes LPR petitions only at the request of Augusta University officials, not at the request of the international employee. The college dean, department chair, institute or center director must approve the sponsorship. In the case of administrative appointments outside of academic departments, a senior administrator must approve the sponsorship.

1. Name of Employee (as it appears in your passport):

Last

First

Middle

Date of Birth: _____

Country of Birth: _____

Country where passport was issued: _____

Passport expiration date: _____

If in the United States:

Date of last arrival: _____

I-94 #: _____

Current nonimmigrant status: _____

Date current status expires: _____

Foreign Address:

U.S. Address (if any):

Country of last residence: _____

Phone Number: _____

2. Previous Nonimmigrant status

Please provide your complete history of presence in the U.S.

Dates	Reason for visit	How you entered-Visa (F-1, H-1B, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Notification

If you plan to consular process by leaving the U.S. and waiting for your immigrant visa in your home country, which consulate should be notified?

Country: _____

City: _____

4. Dependent's Name	Date of Birth	City and Country of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Additional Information

Answer "yes" or "no" to the following questions: (if you answer "yes" to any questions below, please attach an explanation)

- | | | |
|---|-----|----|
| 1. Are you or have you ever been in exclusion or deportation proceedings? | Yes | No |
| 2. Is any dependent in this application, currently an applicant for an immigrant visa or adjustment of status to permanent resident? | Yes | No |
| 3. Has an immigrant petition ever been filed for you or any other dependent in this application? | Yes | No |
| 4. Have you ever been denied permanent residency? | Yes | No |
| 5. Have you or any other dependent in this application, ever been arrested or convicted of any criminal offense since last entering the U.S.? | Yes | No |
| 6. Have you, or any other dependent in this application, done anything which violated the terms of the nonimmigrant status you now hold; such as employment without authorization or visa overstay? | Yes | No |
| 7. Do you have any immediate relatives who are either U.S. citizens or permanent residents? | Yes | No |
| 8. Do you have permanent residency status in any country? | Yes | No |

6. Augusta University Mailing Address: _____

7. Augusta University Email Address: _____

Below list all employment that qualifies you for your current position and the position to which you will be promoted. If you were paid as a PhD or master's student, include that as employment. Begin with your current Augusta University position as Job 1.

EXAMPLE

Employer name: Augusta University
 Address: 1120 15th St. BIW 23 City: Augusta State/Province: GA Country: U.S. Postal Code: 30912
 Type of business: Institution of higher education Job title: Research manager
 Start date: 07/11/2002 End date: to date Number of hours worked per week: 40
 Job details (duties performed **AND** use of techniques, tools, machines, equipment, skills):
 Duties: Analysis of fruit flies during embryonic development to extract DNA for purification and subcloning.
 Techniques, skills, equipment: DNA analysis, protein analysis using RTPCR, two-photon microscopy, purification including dialysis, Western Blots, RIA, histochemistry including various tissue fixation, embedding, immunohistochemistry, small animal surgery, acid secretion studies, and data analysis using statistical and graphic programs.

8. Job 1

Employer name: _____

Address: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Address 2: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Type of business: _____ Job title: _____

Start date (mm/dd/yyyy): _____ End date (mm/dd/yyyy): _____ Number of hours worked per week: _____

Job details (duties performed **AND** use of techniques, tools, machines, equipment, skills):

Duties: _____

9. Job 2

Employer name: _____

Address: _____

City: _____ State/Province: _____ County: _____ Postal Code: _____

Address 2: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Type of business: _____ Job title: _____

Start date (mm/dd/yyyy): _____ End date (mm/dd/yyyy): _____ Number of hours worked per week: _____

Job details (duties performed **AND** use of techniques, tools, machines, equipment, skills):

Duties: _____

10. Job 3

Employer name: _____

Address: _____

City: _____ State/Province: _____ County: _____ Postal Code: _____

Address 2: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Type of business: _____ Job title: _____

Start date (mm/dd/yyyy): _____ End date (mm/dd/yyyy): _____ Number of hours worked per week: _____

Job details (duties performed **AND** use of techniques, tools, machines, equipment, skills):

Duties: _____

11. Job 4

Employer name: _____

Address: _____

City: _____ State/Province: _____ County: _____ Postal Code: _____

Address 2: _____

City: _____ State/Province: _____ Country: _____ Postal Code: _____

Type of business: _____ Job title: _____

Start date (mm/dd/yyyy): _____ End date (mm/dd/yyyy): _____ Number of hours worked per week: _____

Job details (duties performed **AND** use of techniques, tools, machines, equipment, skills):

Duties: _____

SIGNATURE:

I attest that the information provided above is truthful and accurate to the best extent of my knowledge.

After completing this form, please attach a copy of your most current passport, visa and Form I-94 and submit all to your current supervisor to include with the LPR Department Request Form. After submitting this form, you will be contacted to schedule an information session with the Director of IPSO.