

STONEHILL COLLEGE
Foreign National Information Form

To be completed only by Foreign Nationals and returned to the Human Resources Office within 2 weeks of receipt.

This form must be completed prior to any payroll or accounts payable checks being issued. All applicable questions must be answered. Please attach a copy of your passport including the I-94 form (arrival and departure record), your U.S. visa, your social security card, if you have one, and any other applicable employment documents.

Last Name _____ First Name _____ MI _____

Social Security Number _____ ID # _____

U.S. LOCAL STREET ADDRESS

FOREIGN RESIDENCE ADDRESS

Country of Citizenship: _____

Country That Issued Passport: _____

Passport # _____

Visa #: _____

Have you ever had another immigration status in the United States? Yes _____ No _____ If yes, see page 2.

IMMIGRATION STATUS:			
U.S. Immigrant/Permanent Resident _____	F-1 Student _____	J-2 Spouse or Child of Exchange Visitor _____	
J-1 Exchange Visitor _____	H-1 Temporary Employee _____	Other: _____	

IF IMMIGRATION STATUS IS J-1, WHAT IS THE SUBTYPE? CHECK ONE:		
Student _____	Professor _____	Research Scholar _____
Short Term Scholar _____	Other _____	

WHAT IS THE ACTUAL PRIMARY ACTIVITY OF THE VISIT? CHECK ONE:		
Studying in a Degree Program _____	Studying in a Non-Degree Program _____	Teaching _____
Demonstrating Special Skills _____	Conducting Research _____	Temporary Employment _____
Lecturing _____	Training _____	Other _____

WHAT IS THE ACTUAL DATE YOU ENTERED THE UNITED STATES? ____/____/____ (MONTH/DAY/YEAR)

WHAT IS THE START DATE OF YOUR IMMIGRATION STATUS FOR THIS PRIMARY ACTIVITY?: ____/____/____ (MONTH/DAY/YEAR)
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WHAT IS THE PROJECTED END DATE OF YOUR IMMIGRATION STATUS PRIMARY ACTIVITY?: ____/____/____ (MONTH/DAY/YEAR)

INCOME PROVIDING ACTIVITY (e.g. PROFESSOR OF CHEMISTRY)?: _____
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WHAT TYPE OF STUDENT? Undergraduate ____ Masters ____ Doctoral ____ Other _____
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SPOUSE IN USA?: Yes ____ No ____ Number or dependents _____
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COUNTRY OF TAX RESIDENCE IF DIFFERENT FROM FOREIGN RESIDENCE ADDRESS: _____
Did tax residency end? Yes ____ No ____ If yes, when? ____/____/____ (Month/Day/Year)

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form to the Payroll Department.

Signature: _____ Local Phone Number: _____ Date: _____

FOREIGN NATIONAL INFORMATION FORM

The Foreign National Information Form *must be completed before you can receive any form of payment.*

PLEASE LIST ANY VISA IMMIGRATION ACTIVITY IN LAST THREE CALENDAR YEARS AND ALL F, J, M OR Q VISAS SINCE 1/01/85:

<u>Date of Entry</u>	<u>Date of Exit</u>	<u>Visa Immigration Status</u>	<u>J-1 Subtype</u>	<u>Primary Activity</u>	<u>Have you taken any Treaty Benefits?</u>
___/___/___	___/___/___	_____	_____	_____	yes ___ no ___
___/___/___	___/___/___	_____	_____	_____	yes ___ no ___
___/___/___	___/___/___	_____	_____	_____	yes ___ no ___
___/___/___	___/___/___	_____	_____	_____	yes ___ no ___
___/___/___	___/___/___	_____	_____	_____	yes ___ no ___

VISA IMMIGRATION STATUS:

U..S. Immigrant/Permanent Resident _____ F-1 Student _____ J-2 Spouse or child of Exchange Visitor _____
 J-1 Exchange Visitor _____ H-1 Temporary Employee _____
 Other _____

J-1 SUBTYPE:

Student _____ Professor _____ Research Scholar _____ Short Term Scholar _____
 Other _____

PRIMARY ACTIVITY

Studying in a Degree Program _____ Observing _____ Demonstrating Special Skills _____
 Studying in a Non-Degree Program _____ Consulting _____ Clinical Activities _____
 Teaching _____ Conducting Research _____ Temporary Employee _____
 Lecturing _____ Training _____ Here with Spouse _____
 Other, please specify: _____

I hereby certify that all of the above information is true and correct. I understand that if my status changes from that which I have indicated on this form I must submit a new Foreign National Information Form to the Human Resource Department.

Signature: _____ Date: _____

HOW TO COMPLETE THE FOREIGN NATIONAL INFORMATION FORM:

- Name: List full name.
- Social Security Number: Enter US social security number issued by the US Social Security Administration not your ID number. Do not list numbers not assigned by the United States Social Security, i.e. Canadian social security number. All employees must have a social security number in order to work. If none enter your ITIN issued by the IRS.
- ID#: Enter your Employee/Student/Faculty Identification number.
- Local Street Address: List your local US address.
- Residence: List your non US address.
- Country of Citizenship(s).
- Country that Issued Passport: List Country in which you were issued your passport. Not the country where it was issued.
- Passport #: Enter your passport number.
- Visa #: Enter your Visa number.
- Immigration Status: Check yes or no. If yes, complete the above form for the time you were present in the United States. Approximate if you don't know.
- Immigration Status: Check the type of immigration status that you currently hold. If you check U.S. Immigrant/Permanent Resident, holder of a "green" card, you may proceed to the bottom of the form. Sign and date.
- Immigration Status for J-1: Check the appropriate J-1 subtype.
- Actual Primary Activity: Check one activity.
- Actual Entry Date into the United States: Must include month, day, and year. Approximate if you don't know.
- Start Date: Must include month, day, and year. Approximate if you don't know.
- End Date: Must include month, day, and year. Approximate if you don't know.
- Occupation: Describe in general the service you will perform.
- Check the appropriate box.
- Is your spouse in the USA?: Check the appropriate box. Give number of other dependents in the USA
- Consultants/Self-employed Individuals: Check the appropriate box. This includes any office at any location specifically identified with you.
- Tax residence is where you last paid taxes as a resident and can be different from legal residence. Do not include the USA.