



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Office of Institutional Compliance

**EMPLOYEE QUESTIONNAIRE
PERMANENT RESIDENCE
PERMANENT LABOR CERTIFICATION (PERM)
(FY 2020)**

**Complete ONSCREEN & Submit ELECTRONICALLY
NO HANDWRITTEN REQUESTS WILL BE PROCESSED.
THANK YOU FOR YOUR COOPERATION!**

TTUHSC Institutional Compliance
Immigration Compliance & Services
3601 4th Street, STOP 8165
Lubbock, TX 79430
Ph: (806) 743-3949
Email: ICS@ttuhsc.edu

EMPLOYEE CHECKLIST – PERMANENT LABOR CERTIFICATION (PERM)

ONLY ONE CLEAR PHOTOCOPY OF EACH DOCUMENT IS REQUIRED, UNLESS OTHERWISE INDICATED.

- ☐ Employee Questionnaire with all questions answered
- ☐ Curriculum Vitae (CV)
- ☐ Last diploma received (PhD/Masters/Baccalaureate) and transcripts. Certified English translation of diploma and transcripts, if necessary
- ☐ Academic credential evaluation (for non-US degree(s))
- ☐ Evidence of prior work experience (if prior work experience needed for position) in the form of employment letter confirming the required experience.
- ☐ Current passport biographical data page and page showing passport expiration (if different)
- ☐ Current US non-immigrant visa (if physically present in USA)
- ☐ Current [I-94](#) document
- ☐ All I-797 forms showing USCIS approval of previous applications or petitions.
- **If you currently have or ever had a J-1 or J-2 visa/status, and this is your first TN filing, also include:**
 - ☐ Copy of I-612 approval notice showing §212(e) waiver
 - ☐ Copy of all IAP-66, DS-2019 documents
- **If you currently have an F-1 or F-2 visa/status, and this is your first TN filing, also include:**
 - ☐ Copy of all I-20 documents
 - ☐ Copy of EAD (OPT and STEM OPT)
- **If you are a Medical Doctor also enclose:**
 - ☐ Scores for USMLE Steps 1, 2, and 3
 - ☐ ECFMG Certificate
 - ☐ Copy of Texas Medical License
 - ☐ Evidence of board certification, if obtained

EMPLOYEE QUESTIONNAIRE - PERM

Please answer all question completely. If the answer to the question is **NONE** or **NOT APPLICABLE**, please state 'None' or 'N/A'. Do not leave any blanks. Uncompleted forms, or forms without all required documents will be returned to you for completion. To avoid delays, please answer **EVERY** question.

LAST NAME:	
FIRST NAME:	
MIDDLE NAME:	
ADDRESS:	
ALL OTHER NAMES USED:	
PHONE NUMBER:	
EMAIL ADDRESS	
DATE OF BIRTH:	
COUNTRY OF BIRTH:	
COUNTRY OF CITIZENSHIP:	
CITY/PROVINCE OF BIRTH:	
SOCIAL SECURITY NUMBER (SSN):	
'A' NUMBER (IF ANY):	
PASSPORT NUMBER:	
PASSPORT ISSUE DATE:	
PASSPORT EXPIRATION DATE:	
DATE OF LAST ARRIVAL IN THE USA:	
CURRENT VISA STATUS:	
FOREIGN ADDRESS:	
ARE YOU CURRENTLY IN REMOVAL PROCEEDINGS (EXCLUSION OR DEPORTATION):	YES NO

EMPLOYMENT HISTORY – PERM

Provide employment history since completing highest degree. Start with your current employer (TTUHSC).

EMPLOYER #1	
EMPLOYER NAME:	
DEPARTMENT/OFFICE:	
CITY:	
STATE:	
COUNTRY:	
DATES OF EMPLOYMENT:	-
SUPERVISOR NAME:	
SUPERVISOR JOB TITLE:	
SUPERVISOR TELEPHONE:	
JOB TITLE:	

EMPLOYER #2	
EMPLOYER NAME:	
DEPARTMENT/OFFICE:	
CITY:	
STATE:	
COUNTRY:	
DATES OF EMPLOYMENT:	-
SUPERVISOR NAME:	
SUPERVISOR JOB TITLE:	
SUPERVISOR TELEPHONE:	
JOB TITLE:	

EMPLOYER #3	
EMPLOYER NAME:	
DEPARTMENT/OFFICE:	
CITY:	
STATE:	
COUNTRY:	
DATES OF EMPLOYMENT:	-
SUPERVISOR NAME:	
SUPERVISOR JOB TITLE:	
SUPERVISOR TELEPHONE:	
JOB TITLE:	

EMPLOYER #4	
EMPLOYER NAME:	
DEPARTMENT/OFFICE:	
CITY:	
STATE:	
COUNTRY:	
DATES OF EMPLOYMENT:	-
SUPERVISOR NAME:	
SUPERVISOR JOB TITLE:	
SUPERVISOR TELEPHONE:	
JOB TITLE:	

EMPLOYER #5	
EMPLOYER NAME:	
DEPARTMENT/OFFICE:	
CITY:	
STATE:	
COUNTRY:	
DATES OF EMPLOYMENT:	-
SUPERVISOR NAME:	
SUPERVISOR JOB TITLE:	
SUPERVISOR TELEPHONE:	
JOB TITLE:	

EMPLOYEE FAMILY CHECKLIST & QUESTIONNAIRE

Immediate family members (spouse and children), even family members that are US citizens, should also be listed. Please add additional sheets if necessary. Please answer all questions completely to avoid delays. If the answer to a question is NONE or NOT APPLICABLE, please state 'NONE' or 'N/A'. Do not leave any blanks.

SPOUSE INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #1 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #2 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #3 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #4 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

CHILD #5 INFORMATION:	
	FIRST NAME:
	MIDDLE NAME:
	LAST NAME:
	COUNTRY OF BIRTH:
	COUNTRY OF CITIZENSHIP:
	DATE OF BIRTH:
	EMAIL ADDRESS:

Employee Signature: _____ Date: _____