

SOUTHEASTERN UNIVERSITY
Permanent Residency
Employee Profile Form – Part B
(To be completed by beneficiary)

Staff/Administration

(Please print)

Family Name _____

First Name and M.I. _____

Date of Birth _____

Social Security Number _____

Phone Number _____

Email Address _____

Gender: Female Male

Country of Birth _____

Country of Citizenship _____

Current Immigration Status _____

Expiration (MM/DD/YYYY) _____

U.S. Address _____

Foreign Address _____

Statement of Commitment to working at Southeastern University *(attach add'l pages if necessary)*: _____

I certify that the information provided is true and accurate to the best of my knowledge.

Signature: _____

Date _____

Attach copies of the following:

- C.V. or Resume
- Diploma and transcripts with translations (documents must list field of study)
- Copy of ID page(s) of your passport
- Copies of immigration documents (if currently in the U.S.)