

U.S. IMMIGRATION QUESTIONNAIRE

Part A: Employer/Sponsor

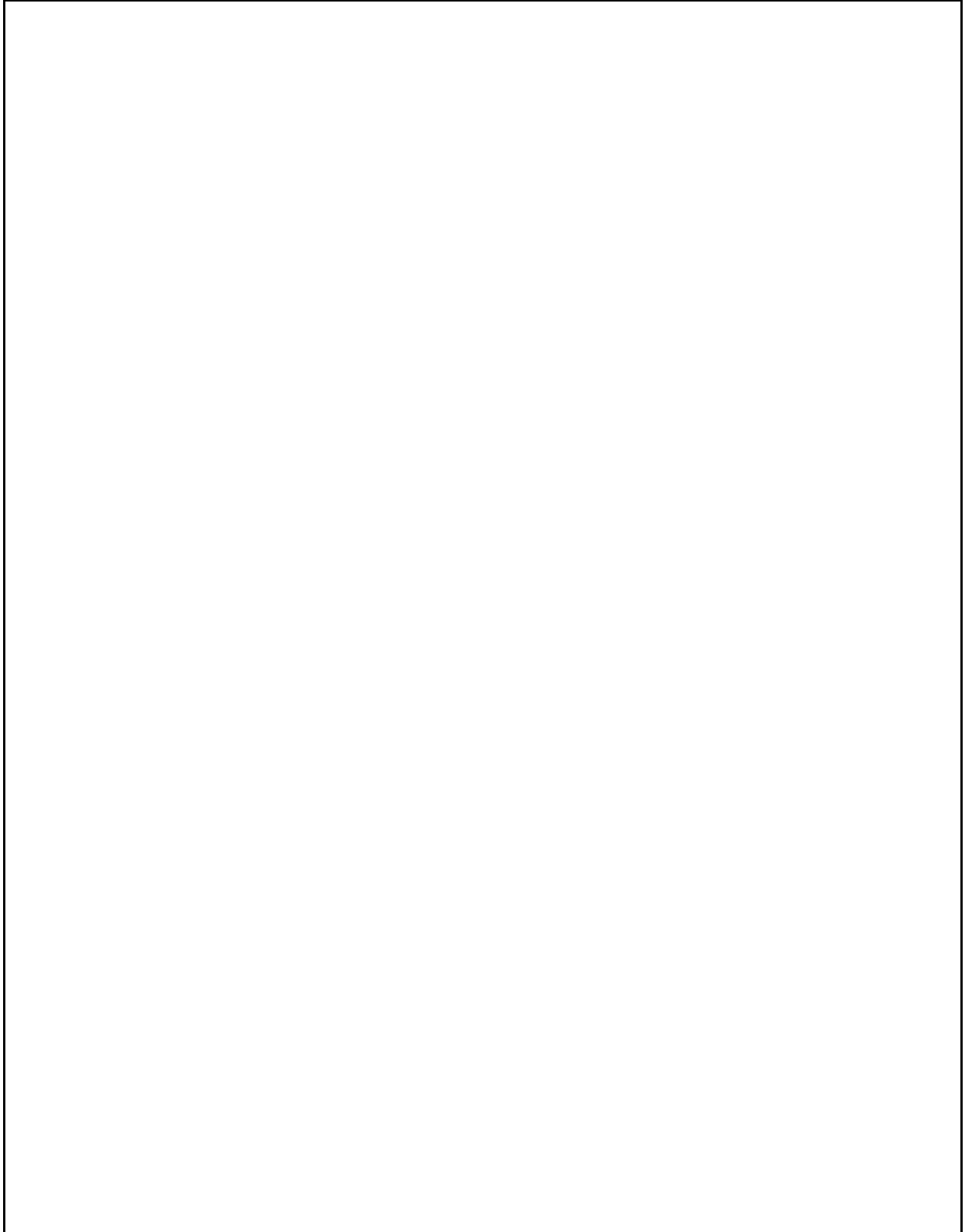
I. Employer Information

1. Employer's Name			
2. Address			
3. City	State	Country	ZIP Code
4. Phone Number			
5. Number of employees in area of intended employment		6. Year commenced business	
7. EIN Number (Fed. Tax I.D.)		8. NAICS code (skip)	

II. Employer Contact Information (If same as above, state "same.")

1. Contact's Name			
2. Contact's Title			
3. Address			
4. City	State	Country	ZIP Code
5. Phone Number	FAX Number		
Email			

III. Job Duties (This is the “heart” of the application and the advertisement)

A large, empty rectangular box with a thin black border, intended for the user to write the job duties. It occupies the majority of the page below the section header.

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Part B: Employee/Beneficiary

I. Personal Information

1. Name: Family			
First		Middle	

Names and spellings should match the passport/visa/I-94			
2. Sex (Male/Female):			

3. Current Address in U.S.			
Street	City	State	ZIP
_____	_____	_____	_____
4. Phone Number (H) _____ Work Phone _____			
Cell Phone _____		FAX _____	
Email _____			
5. Permanent Address Abroad			
Number/Street _____		City _____	
State/Province _____	Postal Code _____	Country _____	
6. Secondary source of contact (if you move from your present address or otherwise cannot be contacted)			
Name _____		Relationship _____	
Telephone number _____			
7. Your Place of Birth			

City or Town		Province/State	Country
8. Date of Birth (Month/Day/Year) _____			
Month		Day	Year
9. Country issuing Passport: _____ Place: _____			
Passport Number: _____ Date Issued: _____ Expires on: _____			

23.

Names of Children	Male or Female	Date of Birth	Place of Birth	Social Security Number

III. Education Information

24. (Show last school/university attended first; do not skip any information)

Names and addresses of schools, colleges & universities attended Show No./Street/City/Province/Country	Field of study	From Mo/Yr	To Mo/Yr	Degrees/Certificates received
		Mo	Mo	
		Yr	Yr	
		Mo	Mo	
		Yr	Yr	
		Mo	Mo	
		Yr	Yr	
		Mo	Mo	
		Yr	Yr	
		Mo	Mo	
		Yr	Yr	

26. List documents that are submitted as evidence of your education, professional training and experience. (Note: experience letters MUST show title, dates job began and ended, and duties/skill sets.)

IV. Employment History

(Most recent first; list ALL jobs held in ANY country; use additional sheet where necessary; also attach resume with experience verification letters. Make sure that dates and titles match your resume, H-1/EAD and employer verification letters. Do not show the names of your employer's client companies as your employer as they are NOT your employer; your employer is the one giving you your paycheck.)

a.

Name of Employer: _____ Type of business: _____

Complete Address: _____

Job Title: _____ Hours/week: _____

Dates of employment: From: _____ To: _____ No. of employees you supervised: _____
MM/DD/YYYY MM/DD/YYYY

Detailed description of work:
(Be concise, giving the gist of your professional duties in no more than 4-6 written or typed lines.)

b.

Name of Employer: _____ **Type of business:** _____

Complete Address: _____

Job Title: _____ **Hours/week:** _____

Dates of employment: From: _____ **To:** _____ **No. of employees you supervised:** _____
MM/DD/YYYY MM/DD/YYYY

Detailed description of work:

c.

Name of Employer: _____ **Type of business:** _____

Complete Address: _____

Job Title: _____ **Hours/week:** _____

Dates of employment: From: _____ **To:** _____ **No. of employees you supervised:** _____
MM/DD/YYYY MM/DD/YYYY

Detailed description of work:

d.

Name of Employer: _____ Type of business: _____

Complete Address: _____

Job Title: _____ Hours/week: _____

Dates of employment: From: _____ To: _____ No. of employees you supervised: _____
MM/DD/YYYY MM/DD/YYYY

Detailed description of work:

e.

Name of Employer: _____ Type of business: _____

Complete Address: _____

Job Title: _____ Hours/week: _____

Dates of employment: From: _____ To: _____ No. of employees you supervised: _____
MM/DD/YYYY MM/DD/YYYY

Detailed description of work:

f.

Name of Employer: _____ Type of business: _____

Complete Address: _____

Job Title: _____ Hours/week: _____

Dates of employment: From: _____ To: _____ No. of employees you supervised: _____
MM/DD/YYYY MM/DD/YYYY

Detailed description of work:

g.

Name of Employer: _____ Type of business: _____

Complete Address: _____

Job Title: _____ Hours/week: _____

Dates of employment: From: _____ To: _____ No. of employees you supervised: _____
MM/DD/YYYY MM/DD/YYYY

Detailed description of work:

IF THERE ARE ANY ADDITIONAL JOBS RELATED TO YOUR OCCUPATION (LIST ALL JOBS), PLEASE SHOW ON SUPPLEMENTAL SHEET (As h., i., j., etc.) SIMILAR INFORMATION AS ABOVE.

NOTE: Please send us copies of your diplomas, transcripts (mark sheets), experience letters. If you have available, send now (or obtain to mail later), copies of birth certificates (of all family members) and marriage certificate. Any documents not in English must be accompanied by English translation.