

U.S. IMMIGRATION QUESTIONNAIRE

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 (Home)

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:

10. Date you last entered the U.S. (Month/Day/Year):

11. Type of visa you entered with: Expires:

12. I-94 or Alien Registration Number, if any:

13. If on F-1, Practical Training dates: From: To:

14. If you have ever been or are now in H-1 status, actual dates of your stay in the U.S. in that status:

From: To:

Date of first entry in H-1 status:

15. Marital status: Married; Single (never married); Engaged;
Separated; Widowed; Divorced;

16. Social Security Number, if any:

II. Information About Family

17. Name of Spouse:
Family Name First Name Maiden/Middle Name

18. Place of Birth:
City or Town Province/State Country

19. Date of Birth:
Month Day Year

20. Passport number: Issued: Expires:

21. Country issuing passport: Place:

22. Social Security number, if any:

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 <small>Show No./Street/City/Province/Country</small>	Field of study	From Mo/Yr	To Mo/Yr	Degrees/Certificates received
A.			Mo <input type="text"/> Yr <input type="text"/>	Mo <input type="text"/> Yr <input type="text"/>	
B.			Mo <input type="text"/> Yr <input type="text"/>	Mo <input type="text"/> Yr <input type="text"/>	
C.			Mo <input type="text"/> Yr <input type="text"/>	Mo <input type="text"/> Yr <input type="text"/>	
D.			Mo <input type="text"/> Yr <input type="text"/>	Mo <input type="text"/> Yr <input type="text"/>	
E.			Mo <input type="text"/> Yr <input type="text"/>	Mo <input type="text"/> Yr <input type="text"/>	

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

(Current 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:

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

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:

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

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

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

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:

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

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:

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

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.