

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 (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: -----	
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 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.