



Work Based Application Form

Full Name:				Nickname:		
Address: (USA)						
Address: (Foreign)						
Home Telephone #:			Cellular Phone #:			
Email Address:			Other Contact Info			
Date of Birth:	Age:		Place of Birth:	<small>City, State, Country</small>		
Gender:	Female _____ Male: _____		Marital Status?			
Citizenship:			Social Security #			

EDUCATIONAL BACKGROUND

HIGH SCHOOL					
Name of School:			Years Attended		
Address of school:					

COLLEGE ATTENDANCE / RECORD					
Name of College			Years Attended		
Address of school:					
Degree Earned			Year of Graduation		

GRAD SCHOOL / MASTER'S PROGRAM					
Name of College			Years Attended		
Address of school:					
Degree Earned			Year of Graduation		

Your Dependents (Spouse & Children)			
YOUR SPOUSE's FULL NAME:	First	Middle	Last
Spouse's Address:			
Spouse's Date of Birth:	Age:	Spouse's Place of Birth:	
Date of Your Marriage:	Place of Marriage:		
Spouse's Occupation:			
Country of Issuance of Spouse's Passport:	His/Her Passport #:		
Date of Issuance:	Expiration Date:		
Children			
#1 CHILD's NAME:	First	Middle	Last
Child's Address:			
Child's Date of Birth:	Age:	Child's Place of Birth:	
Citizenship of Child #1			
Country of Issuance of Child's Passport:	Passport #:		
Date of Issuance:	Expiration Date:		
#2 CHILD's NAME:	First	Middle	Last
Child's Address:			
Child's Date of Birth:	Age:	Child's Place of Birth:	
Citizenship of Child #1			
Country of Issuance of Child's Passport:	Passport #:		
Date of Issuance:	Expiration Date:		

If you have more children, please inform us and include all information in another sheet of paper.

ENTRY INFORMATION

Have you ever been to the US?	Yes [] No [] When:	Visa Type You Currently Have:	<small>If you do not know please ask!</small>
Country of Issuance of your Passport:		Passport #:	
Date of Issuance:		Expiration Date:	
<i>I-94 Information</i>			
<small>Shows the date you arrived in the United States and the "Admitted Until" date, the date when your authorized period of stay expires.</small>			
I-94 Number:		I-94 Issuance Date:	
I-94 Expiration Date:		Port of Entry: <small>(Airport, City & State)</small>	

COMPANY/PETITIONER'S INFORMATION

Name of Company:			
Owner of Company:			
Address:			
City, State, zip			
Telephone #		Fax #	
Year Established:		Number of Employees:	
Gross Income of Company:		Net Income of Company:	
Federal Tax ID #:			
Line of Business:			
Brief Description of Business			
Name of Signing Official:		Telephone #:	
Your Company Designation/Position:			

**** Kindly complete the spaces and questions above, and send it back to us together with *ten (10)* company stationery to prepare the supplemental letter for signature of the Petitioner. ****

Other Important Information We Need to Know:

Please check all applicable answers (YES or NO)

Have you ever been arrested or convicted of a crime? (Have you gone to jail?)	Yes [] or No []
Have you ever committed a crime for which you were not arrested?	Yes [] or No []
Have you ever been deported or been in deportation proceedings	Yes [] or No []
Have you been "Out of Status" with your VISA in the United States from a past visit?	Yes [] or No []
Have you done any drugs (narcotics)?	Yes [] or No []
Have you ever filed documents or received any notices from the INS or Immigration Dept or American Consulate? (if yes, please explain)	Yes [] or No []
Have you ever used, received, filed or been petitioned for a Labor Certification, H-1 Visa, Green Card, Asylum, LULAC/CSS, Employment authorization Card or any type of immigrant benefits or documents while in the US?	Yes [] or No []
Have you, or any other person included in this application, done anything which violated the Terms of the Non-Immigrant Status you now hold?	Yes [] or No []
Have you, or any other person included in the application, been employed in the US since last admitted or granted "Extension or Change of Status"? (if yes, please provide additional information)	Yes [] or No []

Your Concerns and Additional Information

Please use the space provided below for any information that you need to explain in greater detail. You may also use the space below to provide us with any other information that you may feel is important.