



PERM - EMPLOYEE QUESTIONNAIRE ENGLISH

EMPLOYEE'S INFORMATION

Last Name (s):		First Name:		Full Middle Name:	
Complete current Physical address:					
Street N° and Name:		City:	State:	Zip Code:	Country:
Other address you have had in the last 3 years:					
Street N° and Name:		City:	State:	Zip Code:	Country:
Street N° and Name:		City:	State:	Zip Code:	Country:
Street N° and Name:		City:	State:	Zip Code:	Country:
Cell phone number:		Home phone number:		E-mail Address:	
Country of Citizenship:		City of Birth:		State of Birth:	Country of Birth:
Date of Birth (month/day/year): M____/D____/Y____			U.S. Social Security Number (if any):		
Have you ever been in the U.S.? Yes No					
In that case, date of most recent entry into the U.S. (month/day/year): M____/D____/Y____					
If you are currently inside the U.S. provide the following information:					
Street N° and Name:		City:	State:	Zip Code:	Country:
I-94 Arrival/Departure Record Number:			Current nonimmigrant status in the U.S. (type of visa):		
Alien Registration Number (If any) : A - _____			Date nonimmigrant status expires: M____/D____/Y____		

CONTACT REFERENCES

Reference #1 (Family Member)			
Full Name:	Phone Number:	Relation:	Email:
Reference #2 (Family Member)			
Full Name:	Phone Number:	Relation:	Email:
Reference #3 (Friend)			
Full Name:	Phone Number:	Relation:	Email:

SPOUSE INFORMATION

Marital Status:				
Legally Married	Single	Widowed	Divorced	Consensual Union/Traditional Marriage
Spouse legal Last Name(s):		Spouse Legal First Name:		Full Legal Middle Name:
Date of Birth (month/day/year): M____/D____/Y____			Will this person apply with you? Yes No	
City of Birth:		Country of Birth:		Country of Citizenship:
Have your spouse ever been in the U.S. ? Yes No				
In that case, date of most recent entry into the U.S. (month/day/year): M____/D____/Y____				
If your spouse is currently inside the U.S. provide the following information				
I-94 Arrival/Departure Record Number:			Current nonimmigrant status in the U.S. (type of visa):	



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CHILDREN			
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: M F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? Yes No
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: M F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? Yes No
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: M F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? Yes No
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: M F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? Yes No
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: M F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? Yes No

Beginning with your current position, please provide detailed information regarding your work experience during the past three (3) years *and any additional work experience related to the job for which you are applying today for the past ten (10) years.*

CURRENT EMPLOYER				
Name of <u>current</u> employer:				
Company's Complete address:				
Street N° and Name:	City:	State:	Zip Code:	Country:
Last Name of Supervisor:	First name of Supervisor:		Phone number of employer:	
Type/Nature of employer's business:				
Job title:		Number of Hours worked per week:		
Date started (month/day/year): M____/D____/Y____		End Date (month/day/year): M____/D____/Y____		
Describe in detail the duties performed, including the use of tools, machines or equipment driven:				
Can you obtain a letter verifying this experience? Yes No				



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PREVIOUS EMPLOYER				
Name of <u>previous</u> employer:				
Company's Complete address:				
Street N° and Name:	City:	State:	Zip Code:	Country:
Last Name of Supervisor:	First name of Supervisor:		Phone number of employer:	
Type/Nature of employer's business:				
Job title:		Number of Hours worked per week:		
Date started (month/day/year): M____/D____/Y____		End Date (month/day/year): M____/D____/Y____		
Describe in detail the duties performed, including the use of tools, machines or equipment driven:				
Can you obtain a letter verifying this experience? Yes No				

PREVIOUS EMPLOYER				
Name of <u>previous</u> employer:				
Company's Complete address:				
Street N° and Name:	City:	State:	Zip Code:	Country:
Last Name of Supervisor:	First name of Supervisor:		Phone number of employer:	
Type/Nature of employer's business:				
Job title:		Number of Hours worked per week:		
Date started (month/day/year): M____/D____/Y____		End Date (month/day/year): M____/D____/Y____		
Describe in detail the duties performed, including the use of tools, machines or equipment driven:				
Can you obtain a letter verifying this experience? Yes No				



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Describe in detail the duties performed, including the use of tools, machines or equipment driven:				
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PREVIOUS EMPLOYER

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Company's Complete address:				
Street N° and Name:	City:	State:	Zip Code:	Country:
Last Name of Supervisor:	First name of Supervisor:		Phone number of employer:	
Type/Nature of employer's business:				
Job title:		Number of Hours worked per week:		
Date started (month/day/year): M____/D____/Y____		End Date (month/day/year): M____/D____/Y____		
Describe in detail the duties performed, including the use of tools, machines or equipment driven:				
Can you obtain a letter verifying this experience? Yes No				

Date application completed: M____/D____/Y____
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