

If yes, explain:

PERM - EMPLOYEE QUESTIONNAIRE ENGLISH

EMPLOYEE'S INFORMATION									
Last Name (s):		First Name:			Full Middle Name:				
Complete current Physical address:									
Street Nº and Name:									
City:	State:				Zip Code: Country:				
Other address you have had in the last 3	years:					'			
Street № and Name:									
City:		State:			Zip Code:	Country:			
Street Nº and Name:									
City:		State:			Zip Code:	Country:			
Street Nº and Name:									
City:		State:			Zip Code:	Country:			
Cell phone number:	Home p	hone numbe	er:		E-mail Address	:			
Country of Citizenship:	ity of Birth	ר:		State	of Birth:		Country of Birt	th:	
Date of Birth (month/day/year): M/D/Y									
Have you ever been in the U.S.? Yes		No							
In that case, date of most recent entry in M/D/Y	nto the U	.S. (month/c	day/year):						
If you are currently inside the U.S. provide	de the fol	llowing infor	mation:						
Street Nº and Name:		City:			State:	Zip Code:		Country:	
I-94 Arrival/Departure Record Number:			Current noi	nimmi	grant status in th	ne U.S. (type of	visa):	I.	
Alien Registration Number (If any) :			l	Date	nonimmigrant s				
	·					<u> </u>			
CONTACT REFERENCES									
Reference #1 (Family Member)									
Full Name:	Pho	ne Number:	Number: Relatio		on:	n: Email:			
Reference #2 (Family Member)									
Full Name:	Pho	ne Number:	Number: Relation		on:	Email:	Email:		
Reference #3 (Friend)									
Full Name:	Pho	ne Number:	F	Relatio	on:	Email:			
CECUDITY AND BACKGROUND									
Do you have any criminal records? If yes, explain:	Yes	No							
Llavo any of your LICA visas over hear a	اد مامورد	0 K K0 V 0 V 0 = 12	Vos		No				

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SECURITY AND BACKGROUND							
Have you ever been refused a USA visa, boof entry? Yes No If yes, explain:	een refused admissi	ons to the United Sta	ites, or w	vithdrawn you	ır application for admi	ission at the	port
Have you ever been unlawfully present, ov USA visa? Yes No If yes, explain:	verstayed the amour	nt of time granted by	an immi	igration officia	al or otherwise violate	d the terms	of a
Do you have a mental or physical disorder If yes, explain:	that poses or is like	ely to pose a threat to	the safe	ety or welfare	of yourself or others?	? Yes	No
Are you or have you ever been a drug abulf yes, explain:	ser or addict?	Yes No					
Have you ever violated, or engaged in a colf yes, explain:	onspiracy to violate,	, any law relating to c	ontrolled	d substances?	Yes No		
Have you ever been arrested or convicted for lf yes, explain:	or any offense or crir	me, even though subje	ect of a p	ardon, amnest	ty, or other similar actio	on? Yes	No
Has your spouse or children ever had any If yes, explain:	immigration or crim	ninal record? Yes	No	0			
SPOUSE INFORMATION							
Marital Status: Legally Married Single	Widowed	Divorce	d		Conconcual Union /Trac	ditional Marri	iago
Legally Married Single Spouse legal Last Name(s):		Spouse Legal First N			Consensual Union/Trad Full Legal Middle Nam		lage
Spouse legal Last Name(s).		Spouse Legal First N	arrie.		Tun Legar Piladie Nair	ic.	
Date of Birth (month/day/year): M/D/Y			this perso	on apply with No	you?		
City of Birth:	Country of Birth: Country of C				tizenship:		
Have your spouse ever been in the U.S. ? In that case, date of most recent entry into M/D/Y	Yes the U.S. (month/day	No y/year):		Spouse Email /	Address:		
If your spouse is currently inside the U.S.	provide the following	g information					
I-94 Arrival/Departure Record Number:		Current nonimmigra	nt status	in the U.S. (t	ype of visa):		
CHILDREN							
	Legal First Name:			e Name:		Gender: M	F
Date of Birth (month/day/year): M/D/Y		Country of Citizer		Υ	his person apply with es No		
Legal Last Name(s):	Legal First Name:		Middle	e Name:		Gender:	F
Date of Birth (month/day/year): M/D/Y	<u> </u>	Country of Citizer	ıship:		his person apply with es No	you?	
Legal Last Name(s):	Legal First Name:		Middle	e Name:		Gender:	F
Date of Birth (month/day/year): M/D/Y		Country of Citizer	ıship:		his person apply with es No	you?	
Legal Last Name(s):	Legal First Name:	'	Middle	e Name:		Gender: M	F
Date of Birth (month/day/year): M/D/Y		Country of Citizer	ıship:		his person apply with 'es No	you?	
Legal Last Name(s):	Legal First Name:		Middle	e Name:		Gender:	F
Date of Birth (month/day/year):		Country of Citizer	ıship:		his person apply with		

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EDUCATION INFORMATION							
Have you attended any educational institutions	at High School or a	above?	Yes	No	If yes, provide t	the following information:	
Name of Institution:							
Street Address:							
City:	State:		Zip Code:	e: Country:			
City.	State.		Zip code.				
Course of Study:			Degree, Diploi	ma, or Ce	rtificate Received	l:	
Date of Attendance From:			Date of Attend	dance To:			
M/D/Y			M/D	/Y_			
Name of Institution:							
Street Address:							
ottoet / taar ess.							
City:	State:		Zip Code:	Counti	ry:		
Course of Study:			Degree, Diplor	ma, or Ce	rtificate Received	d:	
Date of Attendance From:			Date of Attend	dance To:			
M/D/Y			M/Y				
Beginning with your current position, past <i>ten (10) years.</i>	olease provide d	letailed	information r	egardin	g your work e	xperience during the	
CURRENT EMPLOYER							
Name of <u>current</u> employer:							
Company's Complete address:							
Street Nº and Name:	City:		State:	Zip Coo	de:	Country:	
Last Name of Supervisor:	First name of Supe	ervisor:		Phone i	Phone number of employer:		
Type/Nature of employer's business:							
Job title:		Number	of Hours worked	per week	<:		
			(month/day/year): /D/Y				
Describe in detail the duties performed, includi	ng the use of tools,	machines	or equipment d	riven:			
Can you obtain a letter verifying this experienc	e? Yes	No					

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PREVIOUS EMPLOYER									
Name of <u>previous</u> employer:									
Company's Complete address:									
Street Nº and Name:	City:		State:	Zip Code:	Country:				
Last Name of Supervisor:	First name of Supe	ervisor:		Phone number of employ	yer:				
Type/Nature of employer's business:									
Job title:		Number	lumber of Hours worked per week:						
Date started (month/day/year): M/D/Y			e (month/day/yea /D/Y						
Can you obtain a letter verifying this experience	e? Yes	No							
PREVIOUS EMPLOYER Name of previous employer:	_	-	_						
Company's Complete address:									
Street Nº and Name:	City:		State:	Zip Code:	Country:				
Last Name of Supervisor:	First name of Supe	rvisor: Phone number of employer:			yer:				
Type/Nature of employer's business:									
Job title: Number of Hours worked per week:									
Date started (month/day/year): End Date (month/day/year): M/D/Y M/D/Y									
Describe in detail the duties performed, including		machines	or equipment dr	iven:					

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PREVIOUS EMPLOYER									
Name of <u>previous</u> employer:									
Company's Complete address:									
Street Nº and Name:	City:		State:	Zip Code:	Country:				
Last Name of Supervisor:	First name of Supe	ervisor:		Phone number of employ	yer:				
Type/Nature of employer's business:									
Job title:		Number	lumber of Hours worked per week:						
Date started (month/day/year): M/D/Y			e (month/day/yea /D/Y						
Can you obtain a letter verifying this experience	e? Yes	No							
PREVIOUS EMPLOYER Name of previous employer:	_	-	_						
Company's Complete address:									
Street Nº and Name:	City:		State:	Zip Code:	Country:				
Last Name of Supervisor:	First name of Supe	rvisor: Phone number of employer:			yer:				
Type/Nature of employer's business:									
Job title: Number of Hours worked per week:									
Date started (month/day/year): End Date (month/day/year): M/D/Y M/D/Y									
Describe in detail the duties performed, including		machines	or equipment dr	iven:					

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PREVIOUS EMPLOYER										
Name of <u>previous</u> employer:										
Company's Complete address:										
Street Nº and Name:	City:		State:	Zip Code:		Country:				
Last Name of Supervisor:	First name of Su	pervisor:		Phone number of	employ	l ver:				
Type/Nature of employer's business:										
Job title:		Number	of Hours worke	d per week:						
Date started (month/day/year):			End Date (month/day/year):							
M/D/Y Describe in detail the duties performed, inc			_/D/Y_							
Can you obtain a letter verifying this experi	ence? Yes	No								
PREVIOUS EMPLOYER		_			_					
PREVIOUS EMPLOYER Name of previous employer:										
Company's Complete address:										
Street N° and Name:	City:		State:	Zip Code:		Country:				
Street in and marie.	City.		State.	Zip code.		Country.				
Last Name of Supervisor:	First name of Su	pervisor:		Phone number of employer:						
Type/Nature of employer's business:										
Job title:		Number	of Hours worke	d per week:						
Date started (month/day/year): M/D/Y		d Date (month/day/year): /D/Y								
Describe in detail the duties performed, inc	luding the use of tool									
		o,o.	, o							
Can you obtain a letter verifying this exper	ience? Yes	No								

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PREVIOUS EMPLOYER							
Name of <u>previous</u> employer:							
Company's Complete address:							
Street Nº and Name:	City:		State:	Zip Code:	Country:		
Last Name of Supervisor:	First name of Supe	ervisor:		Phone number o	f employer:		
Type/Nature of employer's business:	1			1			
Job title:		Number	of Hours worked	per week:			
Date started (month/day/year): M/D/Y			e (month/day/yea				
Can you obtain a letter verifying this experienc	e? Yes	No					
PREVIOUS EMPLOYER Name of previous employer:	-	-	-	-			
Company's Complete address:							
Street Nº and Name:	City:		State:	Zip Code:	Country:		
Last Name of Supervisor:	First name of Supe	ervisor:	I	Phone number o	f employer:		
Type/Nature of employer's business:	1						
ob title: Number of Hours worked per week:							
Date started (month/day/year): End Date (month/day/year): M/D/Y M/D/Y							
Describe in detail the duties performed, includi		machines	or equipment dr	iven:			
Can you obtain a letter verifying this experienc	e? Yes	No					

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I hereby confirm that all the information declared on my application has been provided by me and reviewed by me including all personal information, addresses, work experience, family and any other information contained in this application. I acknowledge that the information contained in my application is true and correct, and I have not omitted or misrepresented any material fact. I understand that failure to provide accurate and truthful information can and may result in my immigration case being denied, can result in a finding of immigration fraud by the U.S. government, or can result in my being removed from the Visa Solutions' Program.

Date started (month/day/year): M/D/Y
Full Name:
Signature:

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