

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:

SECURITY AND BACKGROUND

Do you have any criminal records? Yes No	
If yes, explain:	
Have any of your USA visas ever been canceled or revoked? Yes No	
If yes, explain:	

SECURITY AND BACKGROUND

Have you ever been refused a USA visa, been refused admissions to the United States, or withdrawn your application for admission at the port of entry?		Yes	No
If yes, explain:			
Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a USA visa?		Yes	No
If yes, explain:			
Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?		Yes	No
If yes, explain:			
Are you or have you ever been a drug abuser or addict?		Yes	No
If yes, explain:			
Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?		Yes	No
If yes, explain:			
Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?		Yes	No
If yes, explain:			
Has your spouse or children ever had any immigration or criminal record?		Yes	No
If yes, explain:			

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. ? In that case, date of most recent entry into the U.S. (month/day/year): M____/D____/Y____		Spouse Email Address:	
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):	

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	

EDUCATION INFORMATION

Have you attended any educational institutions at High School or above? Yes No If yes, provide the following information:

Name of Institution:			
Street Address:			
City:	State:	Zip Code:	Country:
Course of Study:		Degree, Diploma, or Certificate Received:	
Date of Attendance From: M____/D____/Y____		Date of Attendance To: M____/D____/Y____	

Name of Institution:			
Street Address:			
City:	State:	Zip Code:	Country:
Course of Study:		Degree, Diploma, or Certificate Received:	
Date of Attendance From: M____/D____/Y____		Date of Attendance To: M____/D____/Y____	

EMPLOYMENT INFORMATION

Beginning with your current position, please provide detailed information regarding your work experience during 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				

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

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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				

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Company's Complete address:				
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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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Company's Complete address:				
Street N° and Name:	City:	State:	Zip Code:	Country:
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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____		
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Can you obtain a letter verifying this experience? Yes No				

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Company's Complete address:				
Street N° and Name:	City:	State:	Zip Code:	Country:
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Type/Nature of employer's business:				
Job title:		Number of Hours worked per week:		
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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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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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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				



PERM - EMPLOYEE QUESTIONNAIRE ENGLISH

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:
