

If yes, explain:

PERM - EMPLOYEE QUESTIONNAIRE ENGLISH

Yes

No

EMPLOYEE'S INFORMATION										
Last Name (s):		First Name:				Full Middle N	Full Middle Name:			
Complete current Physical address:										
Street Nº and Name:										
City:		State:		Z	Zip Code:	Code: Country:				
Other address you have had in the last 3	years:									
Street Nº and Name:										
City:		State:		Z	Zip Code:	Country:	Country:			
Street Nº and Name:		I.								
City:		State:		Z	Zip Code:	Country:				
Street Nº and Name:										
City:		State:		Z	Zip Code:	Country:	Country:			
Cell phone number:	Home p	hone number:		E	E-mail Addres	s:				
Country of Citizenship:	y of Birth	1:	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 int	to the U	.S. (month/day/)	year):							
M/D/Y										
If you are currently inside the U.S. provide	e the fol	lowing informati	ion:							
Street Nº and Name:		City:		9	State:	Zip Code:		Country:		
I-94 Arrival/Departure Record Number:		Curr	rent non	iimmig	ırant status in t	the U.S. (type of	visa):			
Alien Registration Number (If any) :					nonimmigrant /D	status expires: /Y				
			'							
CONTACT REFERENCES										
Reference #1 (Family Member)	1									
Full Name:	Phor	none Number:		Relation:		Email:	Email:			
Reference #2 (Family Member)										
Full Name:	Phor	Phone Number:		Relation:		Email:	Email:			
Reference #3 (Friend)										
Full Name:	Phoi	one Number:		elatior	า:	Email:				
SECURITY AND BACKGROUND										
Do you have any criminal records? If yes, explain:	Yes	No								

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Has anyone ever filled out an immigration petition to process your permanent residence or American citizenship?



SECURITY AND BACKGROUND							
Have you ever been refused a USA visa, be of entry? Yes No If yes, explain:	een refused admissi	ons to the United St	tates, or	withdrawn yo	ur application for admi	ission at the	port
Have you ever been unlawfully present, ov USA visa? Yes No If yes, explain:	erstayed the amour	nt of time granted b	y an imm	nigration offic	ial 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 sa	fety or welfar	e of yourself or others?	? Yes	No
Are you or have you ever been a drug abu If 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	controlle	ed substances	? Yes No		
Have you ever been arrested or convicted for lf yes, explain:	or any offense or crir	me, even though sub	ject of a p	pardon, amnes	sty, or other similar actio	on? Yes	No
Has your spouse or children ever had any If yes, explain:	immigration or crim	ninal record? Yes	s N	lo			
SPOUSE INFORMATION							
Marital Status: Legally Married Single	Widowod	Divore	and a		Conconcual Union /Trac	ditional Marri	iago
Spouse legal Last Name(s):	ngle Widowed Divorced Spouse Legal First Name				Consensual Union/Trac Full Legal Middle Nam		lage
Spouse legal East Name(s).		Spouse Legal 1 list	rvarric.		T un Legar Fridare (Vari	ic.	
Date of Birth (month/day/year): M/D/Y			this pers	son apply with	n you?		
City of Birth:	Country of Birt	h:		Country of C	Citizenship:		
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/da	No y/year):		Spouse Email	Address:		
If your spouse is currently inside the U.S. p	provide the following	g information					
I-94 Arrival/Departure Record Number:		Current nonimmigra	ant statu	s in the U.S. (type of visa):		
CHILDREN							
	Legal First Name:			e Name:		Gender: M	F
Date of Birth (month/day/year): M/D/Y		Country of Citize			this person apply with Yes No		
Legal Last Name(s):	Legal First Name:		Middl	e Name:		Gender:	F
Date of Birth (month/day/year): M/D/Y		Country of Citize	enship:		this person apply with Yes No	you?	
	Legal First Name:		Middl	e Name:		Gender:	F
Date of Birth (month/day/year): M/D/Y		Country of Citize	enship:		this person apply with Yes No	you?	
Legal Last Name(s):	Legal First Name:	,	Middl	e Name:		Gender:	F
Date of Birth (month/day/year): M/D/Y		Country of Citize	enship:		this person apply with Yes No	you?	
Legal Last Name(s):	Legal First Name:		Middl	e Name:		Gender:	F
Date of Birth (month/day/year):		Country of Citize	enship:		this 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:	Counti	rv.		
City.	State.	Country.					
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/D/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	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	ervisor:		Phone number of employer:			
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							
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	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	ervisor:		Phone number of employer:			
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							
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):			e (month/day/y			
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:	visor: Phone number of employer:			ver:
Type/Nature of employer's business:						
Job title:		Number	of Hours worke	d per week:		
Date started (month/day/year): M/D/Y		End Date (month/day/year): M/D/Y				
Describe in detail the duties performed, inc	luding the use of tool					
		5,	, 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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