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Luton, Bedfordshire, LU2 8DL, UK

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# Consultation Form

Please Read These Notes

**Please complete all sections carefully and neatly in black or dark blue ink. The information requested on this form is essential to provide a consultation that assesses your eligibility for a US visa; or in order to give you US immigration advice.**

**All information you give us will be treated in the strictest confidence. GetMeAVisa.com can accept no responsibility for a consultation and subsequent application from information, which is untrue or misleading in any way.**

# Personal Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | | | | | | | | | | | | | | |
| Title: | |  | Surname: |  | | | | | | | | | | | | |
| First Name: | |  | | | | | Middle Names: | | | | | |  | | | |
| Sex | | | | | | | | | | Date of birth Day / Month / Year | | | | | | |
| Male  Female | | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | |
| Place of birth | | | | | | | | | | | | | | | | |
| City or Town: | |  | | | | | | | Province/State/County: | | | | |  | | |
| Country: | |  | | | | | | |  | | | | |  | | |
| Country where your passport was issued | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Address in home country | | | | | | | | | | | | | | | | |
| No. & street: |  | | | | City or Town: | | |  | | | | | | Province/ State/County: | |  |
| Zip or Postcode: |  | | | | Country: | | |  | | | | | |  | |  |
| Current Address | | | | | | | | | | | | | | | | |
| No. & street: |  | | | | City or Town: | | |  | | | | | | Province/ State/County: | |  |
| Zip or Postcode: |  | | | | Country: | | |  | | | | | |  | |  |
| Telephone number | | | | | | Work or alternate telephone number | | | | | | | | | Fax number | |
|  | | | | | |  | | | | | | | | |  | |
| E-mail address | | | | | | | | | | | Social security number *(*if none, write "none") | | | | | |
|  | | | | | | | | | | |  | | | | | |
| Occupation | | | | | | | | | | | | Profession | | | | |
|  | | | | | | | | | | | |  | | | | |
| Have you ever been arrested? Yes  No  If yes, please explain: | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

# Marital Status

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Marital Status | | | | | | | | | | | |
| Single | | Married | | | | Divorced | | | | | Unmarried partner |
| Separated | | Widowed | | | | Engaged | | | | | Other |
| Spouse/partner’s date of birth Day / Month / Year | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | |
| Spouse/partner’s place of birth | | | | | | | | | | | |
| City or Town: |  | | | Province/State/County: | | | | |  | | |
| Country: |  | | |  | | | | |  | | |
| Spouse/partner’s passport details | | | | | | | | | | | |
| Number: |  | | | Expiration date:  Day / Month / Year | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | |
| Country of issue: |  | | |  | | | |  | | | |
| Is your spouse/partner a U.S. permanent resident? Yes  No  If Yes**:** | | | | | | | | | | | |
| Date of becoming permanent resident: Day / Month / Year | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | | | |
| Place of permanent residence: | | | | | | | | | | | |
| City or Town: |  | | | Province/State/County: | | | | |  | | |
| Country: |  | | |  | | | | |  | | |
| Spouse/partner’s alien registration no: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Is your spouse/partner a U.S. citizen? Yes  No  If Yes: | | | | | | | | | By: | Birth  Naturalisation | |
| Date of becoming a US citizen: Day / Month / Year | | | | | Place of issuance of citizenship: | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | |  | | | | | | |

# Family Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of children | | |  | | Please complete the following for all of your children | | | | | | | | | |
| Child 1 | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Title: | |  | | Surname: | |  | | | | | | | | |
| First Name: | |  | | | | | | Middle Names: | | |  | | | |
| Sex | | | Date of Birth Day / Month / Year | | | | | | | | | | | |
| Male  Female | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | |
| City or Town: | |  | | | | | | | | Province/State/County: | | |  | |
| Country: | |  | | | | | | | |  | | |  | |
| Current Address | | | | | | | | | | | | | | |
| No. & street: |  | | | | | | City or Town: | |  | | | | Province/ State/County: |  |
| Zip or Postcode: |  | | | | | | Country: | |  | | | |  |  |
| Child 2 | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Title: | |  | | Surname: | |  | | | | | | | | |
| First Name: | |  | | | | | | Middle Names: | | |  | | | |
| Sex | | | Date of Birth Day / Month / Year | | | | | | | | | | | |
| Male  Female | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | |
| City or Town: | |  | | | | | | | | Province/State/County: | | |  | |
| Country: | |  | | | | | | | |  | | |  | |
| Current Address | | | | | | | | | | | | | | |
| No. & street: |  | | | | | | City or Town: | |  | | | | Province/ State/County: |  |
| Zip or Postcode: |  | | | | | | Country: | |  | | | |  |  |
| Child 3 | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Title: | |  | | Surname: | |  | | | | | | | | |
| First Name: | |  | | | | | | Middle Names: | | |  | | | |
| Sex | | | Date of Birth Day / Month / Year | | | | | | | | | | | |
| Male  Female | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | |
| City or Town: | |  | | | | | | | | Province/State/County: | | |  | |
| Country: | |  | | | | | | | |  | | |  | |
| Current Address | | | | | | | | | | | | | | |
| No. & street: |  | | | | | | City or Town: | |  | | | | Province/ State/County: |  |
| Zip or Postcode: |  | | | | | | Country: | |  | | | |  |  |
| Child 4 | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Title: | |  | | Surname: | |  | | | | | | | | |
| First Name: | |  | | | | | | Middle Names: | | |  | | | |
| Sex | | | Date of Birth Day / Month / Year | | | | | | | | | | | |
| Male  Female | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | |
| City or Town: | |  | | | | | | | | Province/State/County: | | |  | |
| Country: | |  | | | | | | | |  | | |  | |
| Current Address | | | | | | | | | | | | | | |
| No. & street: |  | | | | | | City or Town: | |  | | | | Province/ State/County: |  |
| Zip or Postcode: |  | | | | | | Country: | |  | | | |  |  |
| Child 5 | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | |
| Title: | |  | | Surname: | |  | | | | | | | | |
| First Name: | |  | | | | | | Middle Names: | | | |  | | |
| Sex | | | Date of Birth Day / Month / Year | | | | | | | | | | | |
| Male  Female | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | | | | | | |
| Place of birth | | | | | | | | | | | | | | |
| City or Town: | |  | | | | | | | | Province/State/County: | | |  | |
| Country: | |  | | | | | | | |  | | |  | |
| Current Address | | | | | | | | | | | | | | |
| No. & street: |  | | | | | | City or Town: | |  | | | | Province/ State/County: |  |
| Zip or Postcode: |  | | | | | | Country: | |  | | | |  |  |
| Other members of your family who want to enter the USA with you | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | Relationship | | |
|  | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | |  | | |
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# Addresses

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Residences in the last five years (list present address first) | | | | | | | |
| From Month / Year | | To Month / Year | | | | | |
| |  |  |  | | --- | --- | --- | |  | / |  | | | |  |  |  | | --- | --- | --- | |  | / |  |   q | | | | | |
| No. & street: |  | | | City or Town: |  | Province/ State/County: |  |
| Zip or Postcode: |  | | | Country: |  |  |  |
| From Month / Year | | To Month / Year | | | | | |
| |  |  |  | | --- | --- | --- | |  | / |  | | | |  |  |  | | --- | --- | --- | |  | / |  | | | | | | |
| No. & street: |  | | | City or Town: |  | Province/ State/County: |  |
| Zip or Postcode: |  | | | Country: |  |  |  |
| From Month / Year | | To Month / Year | | | | | |
| |  |  |  | | --- | --- | --- | |  | / |  | | | |  |  |  | | --- | --- | --- | |  | / |  | | | | | | |
| No. & street: |  | | | City or Town: |  | Province/ State/County: |  |
| Zip or Postcode: |  | | | Country: |  |  |  |
| Spouse/partner’s residences in the last five years (if different from applicant) (list present address first) | | | | | | | |
| From: Month / Year | | To: Month / Year | | | | | |
| |  |  |  | | --- | --- | --- | |  | / |  | | | |  |  |  | | --- | --- | --- | |  | / |  | | | | | | |
| No. & street: |  | | | City or Town: |  | Province/ State/County: |  |
| Zip or Postcode: |  | | | Country: |  |  |  |
| From: Month / Year | | To: Month / Year | | | | | |
| |  |  |  | | --- | --- | --- | |  | / |  | | | |  |  |  | | --- | --- | --- | |  | / |  | | | | | | |
| No. & street: |  | | | City or Town: |  | Province/ State/County: |  |
| Zip or Postcode: |  | | | Country: |  |  |  |
| From: Month / Year | | | To: Month / Year | | | | |
| |  |  |  | | --- | --- | --- | |  | / |  | | | | |  |  |  | | --- | --- | --- | |  | / |  | | | | | |
| No. & street: |  | | | City or Town: |  | Province/ State/County: |  |
| Zip or Postcode: |  | | | Country: |  |  |  |

# Financial Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Your details | | | | |
| Estimated property equity (value less mortgage) | | | | £ . |
| Savings/investments (exclude pensions) | | | | £ . |
| Gold/precious metals/ diamonds/precious stones or antiques | | | | £ . |
| Cars and vehicles (value less finance) | | | | £ . |
| Redundancy payment expected (if any) | | | | £ . |
| Inheritance expected (if any) | | | | £ . |
| Other assets (see 3.b ‘Other Assets for Applicant’) | | | | £ . |
| Total Assets | | | | £ . |
| Minus debts | | | | £ . |
| Your Total | | | | £ . |
| Spouse/Partner Details | | | | |
| Estimated property equity (value less mortgage) | | | | £ . |
| Savings/investments (exclude pensions) | | | | £ . |
| Gold/precious metals/ diamonds/precious stones or antiques | | | | £ . |
| Cars and vehicles (value less finance) | | | | £ . |
| Redundancy payment expected | | | | £ . |
| Inheritance expected (if any) | | | | £ . |
| Other assets (see 3.b ‘Other Assets for Spouse’) | | | | £ . |
| Total Assets | | | | £ . |
| Minus debts | | | | £ . |
| Spouse/Partner’s Total | | | | £ . |
| GRAND TOTAL | | | | £ . |
|  | | | |  |
| Other Assets | | | | |
| Other Assets of Applicant | | | | |
|  | | | | |
|  | | | | |
| Other Assets of Spouse | | | | |
|  | | | | |
|  | | | | |
| Do you own a business? | Number of Employees | | Approximate turnover | |
| Yes  No |  | |  | |
| Does your spouse/partner own a business? | Number of Employees | | Approximate turnover | |
| Yes  No |  | |  | |
| Are you a senior executive in a business? | | Approximate turnover | | |
| Yes  No | |  | | |
| Is your spouse/partner a senior executive in a business? | | Approximate turnover | | |
| Yes  No | |  | | |

# Visa Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you ever applied for an immigrant or non-immigrant U.S. visa before? Yes  No  If yes: | | | | | | | | | | | | | |
| Where: | | | | | | | | | When was the visa issued: Day / Month / Year | | | | |
|  | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | |
| Type of visa: | | | | | | | | | Was the visa refused? | | | | |
|  | | | | | | | | | Yes  No | | | | |
| Has your U.S. visa ever been cancelled? Yes  No | | | | | | | | | | | | | |
|  | Has anyone ever filed an immigrant visa petition on your behalf? Yes  No | | | | | | | | | | | | |
|  | Has labor certification for employment in the U.S. ever been requested by you or on your behalf? Yes  No | | | | | | | | | | | | |
|  | Have you or anyone acting for you ever indicated to a U.S. consular or immigration employee a desire to immigrate to the U.S.? Yes  No | | | | | | | | | | | | |
| Are any of the following in the U.S.? If yes, tick the appropriate relationship and include what that person is doing in the U.S. e.g. studying, working, etc. | | | | | | | | | | | | | |
| Husband/wife | | |  | | | | | | Son/daughter | |  | | |
| Father/mother | | |  | | | | | | Brother/sister | |  | | |
| Fiancé/fiancée | | |  | | | | | |  | |  | | |
| Are you presently in the US? Yes  No If you are presently in the U.S, please answer the following: | | | | | | | | | | | | | |
| Date you last entered the U.S.: Day / Month / Year | | | | | | | | | Expiration date of visa: | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | |
| Type of visa with which you entered: | | | | | | | | | Expiration date of authorized stay (I-94): | | | | |
| B-1 | | B-2 | | C-1 | | | D-1 | |  | | | | |
| E-1 | | E-2 | | F-1/F-2 | | | H-1/H-2 | |
| J-1/J-2 | | K-1 | | L-1/L-2 | | | M-1/M-2 | | Passport number: | | | | |
| O-1/O-2 | | P-1/P-2 | | other: |  | | | |  | | | | |
| Visa number: | | | | | | | | | Date your passport was issued: | | | | |
|  | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | |
| I-94 number: | | | | | | | | | Date your passport expires: | | | | |
|  | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | |
| Are you currently or have you ever been lawfully admitted to the U.S. as a permanent resident? Yes  No If yes: | | | | | | | | | | | | | |
| What is your alien registration number? | | | | | | | | | Name as it appears on your alien registration card: | | | | |
|  | | | | | | | | |  | | | | |
| Date: Month / Day / Year | | | | | Place: | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | City or Town: | | |  | | Province/ State/County: | | |  |
| Did you voluntarily give up your permanent residence in the U.S? Yes  No | | | | | | | | | | | | | |
| Was your permanent residence ever revoked for being outside the U.S. for more than one year? Yes  No | | | | | | | | | If yes, give approximate date:Day / Month / Year | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | |
| Have you ever been refused admission to the U.S? Yes  No If yes, please explain: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| State the dates of previous residence or visits to the U.S. | | | | | | | | | | | | | |
| Type of visa | | | | | | Date of Entry Day / Month / Year | | | | | | Date of departure Day / Month / Year | |
|  | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |
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|  | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |
|  | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |

# Educational Background

|  |  |  |  |
| --- | --- | --- | --- |
| Education in the U.S. If your degree was obtained in the U.S., attach a copy of each degree you have (i.e. all bachelors, masters, doctorate and post-doctorate qualifications) | | | |
| Education outside the U.S. If your degree was obtained outside the U.S., attach a copy of the degree and certified translation. Also indicate the following: | | | |
| Degree earned | Name of school | Date Started Day / Month / Year | Date Finished Day / Month / Year |
|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | |
|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | |
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|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | |

# Spouse/Partner’s Educational Background

|  |  |  |  |
| --- | --- | --- | --- |
| If your spouse/partner’s degree was obtained in the U.S., attach a copy of each degree (i.e. all bachelors, masters, doctorate and post-doctorate qualifications) | | | |
| If your spouse/partner’s degree was obtained outside the U.S., attach a copy of the degree and certified translation. Also indicate the following: | | | |
| Degree earned | Name of school | Date Started Day / Month / Year | Date Finished Day / Month / Year |
|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | |
|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | |
|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | |
|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | |

# Employment Information

Please attach your cv/resumé to this questionnaire.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of years work experience | | |  | |  | | | | | |
| List previous employment over the past 10 years, with the most recent first | | | | | | | | | | |
|  | Job title |  | | | | | | | | |
|  | Salary |  | | | | | Hours per week | |  | |
|  | Address | | | | | | | | | |
|  | No. & street: |  | | City or Town: | |  | | Province/ State/County: |  | |
|  | Zip or Postcode: |  | | Country: | |  | |  |  | |
|  | From: Day / Month / Year | | | | | To: Day / Month / Year | | | | |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | |
|  | Equipment, tools, hardware, software, etc. used on the job | | | | | | | | | |
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|  | Job duties | | | | | | | | | |
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|  |  | | | | | | | | | |
|  | Job title |  | | | | | | | | |
|  | Salary |  | | | | | Hours per week | |  | |
|  | Address | | | | | | | | | |
|  | No. & street: |  | | City or Town: | |  | | Province/ State/County: |  | |
|  | Zip or Postcode: |  | | Country: | |  | |  |  | |
|  | From: Day / Month / Year | | | | | To: Day / Month / Year | | | | |
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|  | Equipment, tools, hardware, software, etc. used on the job | | | | | | | | | |
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|  | Job duties | | | | | | | | | |
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|  |  | | | | | | | | | |
|  | Job title |  | | | | | | | | |
|  | Salary |  | | | | | Hours per week | |  | |
|  | Address | | | | | | | | | |
|  | No. & street: |  | | City or Town: | |  | | Province/ State/County: |  | |
|  | Zip or Postcode: |  | | Country: | |  | |  |  | |
|  | From: Day / Month / Year | | | | | To: Day / Month / Year | | | | |
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|  | Equipment, tools, hardware, software, etc. used on the job | | | | | | | | | |
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|  | Job duties | | | | | | | | | |
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|  |  | | | | | | | | | |
|  | Job title |  | | | | | | | | |
|  | Salary |  | | | | | Hours per week | |  | |
|  | Address | | | | | | | | | |
|  | No. & street: |  | | City or Town: | |  | | Province/ State/County: | |  |
|  | Zip or Postcode: |  | | Country: | |  | |  | |  |
|  | From: Day / Month / Year | | | | | To: Day / Month / Year | | | | |
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|  | Equipment, tools, hardware, software, etc. used on the job | | | | | | | | | |
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|  | Job duties | | | | | | | | | |
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| If you have held more than three jobs, please provide the requested information about these jobs on a separate piece of paper. | | | | | | | | | | |

# Employment Visas

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| If you intend to apply for an employment-based visa, please fill out the following.  If you plan on obtaining a visa by different means, disregard this section. | | | | | | | | | | | | | | | | | | | | |
| Information about the job and employer Please answer as fully and accurately as possible. If pertinent material (e.g., company brochure, job description, marketing brochure) is available, please attach a copy. | | | | | | | | | | | | | | | | | | | | |
| Name (of organization or individual) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Address in home country | | | | | | | | | | | | | | | | | | | | |
| No. & street: |  | | | | City or Town: | | | |  | | | | Province/ State/County: | | | | |  | | |
| Zip or Postcode: |  | | | | Country: | | | |  | | | |  | | | | |  | | |
| Telephone number | | | | | | Fax number | | | | | | | | IRS employer i.d. number | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | |
| Person who will sign the job offer | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | Surname: |  | | | | | | | | | | | | | | | | |
| First Name: | |  | | | | | | Middle Names: | | |  | | | | | | | | | |
| General information about the employer: | | | | | | | | | | | | | | | | | | | | |
| Number of employees: | | | | | | | | | | Date business established: Day / Month / Year | | | | | | | | | | |
|  | | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | | | | | | | | | | | |
| Annual gross $: | | | | | | | | | | Annual net $: | | | | | | | | | | |
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| A brief, non-technical description of the nature of the business activity | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | |
| Job title | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Job duties in detail | | | | | | | | | | | | | | | | | | | | |
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| Qualifications needed to perform the job duties | | | | | | | | | | | | | | | | | | | | |
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| Reasons why the individual was chosen over other candidates for the position i.e. special skills, education, knowledge about particular aspect of the work | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Number of employees supervised | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Hours worked per week | | | | | | | | | | Hours | | | | | | | | | | |
|  | | | | | | | | | | from | |  | | | | am/pm to | | |  | am/pm |
| Pay Rate | | | | | | | | | | Anticipated overtime hours per week | | | | | | | Overtime rate | | | |
| Hourly  Weekly  Monthly  Annually | | | | | | | | | |  | | | | | | |  | | | |
| If you receive additional benefits such as commissions or room & board, please describe | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Number of employees who perform the same job | | | | | | | If this is a newly created position write “New” otherwise state how long it has existed | | | | | | | | Title of your anticipated immediate supervisor | | | | | |
|  | | | | | | |  | | | | | | | |  | | | | | |
| Address where you will work if different from that listed above | | | | | | | | | | | | | | | | | | | | |
| No. & street: |  | | | | City or Town: | | | |  | | | | Province/ State/County: | | | | |  | | |
| Zip or Postcode: |  | | | | Country: | | | |  | | | |  | | | | |  | | |

# Miscellaneous Information

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| A visa may not be issued to persons who are within specific categories defined by law as inadmissible to the United States (except when a waiver is obtained in advance). Complete information regarding these categories and whether any may be applicable to you can be obtained from this office. Generally, they include persons:   * Afflicted with contagious diseases (i.e., tuberculosis) or who have suffered serious mental illness; * Arrested, convicted for any offence or crime even though subject of a pardon, amnesty, or other such legal action; * Believed to be narcotic addicts or traffickers; * Removed, excluded or deported from the U.S.A. at any time; * Who have sought to obtain a visa by misrepresentation or fraud; * Who are or have been members of certain organizations including communist organizations and those affiliated therewith; * Who ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion under the control, direct or indirect, of the Nazi government of Germany, or of the government of any area occupied by, or allied with, the Nazi government of Germany. |
| Do any of these appear to apply to you? Yes  No  If yes, please attach an explanation |
| Please state in detail the nature of your query |
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| Please attach any additional information or immigration concerns that you have, on a separate piece of paper. |

# Declaration

|  |  |
| --- | --- |
| I declare that all information and particulars provided by me are true and that, this information is held by you with my consent. | |
| Signed: | Dated: Day / Month / Year |
|  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | / |  | / |  | |
| Full Name: | |
|  | |

# Office use only

|  |  |  |
| --- | --- | --- |
| Ref: | Date recv: | VSN: |
|  |  |  |