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U.S. Company's Full Legal Name:

EMPLOYEE (BENEFICIARY) INFORMATION

1. Given (First) Name: 2. Family (Last) Name: 3. Middle Name*u:

4. Other Names: (aliases, maiden name, previous names)

5. Date of Birth: 6. Sex: 7. Social Security Number: 8. A-Number: (if any)
A-

; . Ek\ of Birth: 10. Province of Birth: 33. Country of Birth: 14. Countries of Citizenship:

12. Rcuur qtv'P wo dgt: 15. Rcuur qtv'Eqwpt { 'qh'Kuvg< 16. F cvg'qh'Kuvg: 17. F cvg'qh'Gzr kcvkqp:

NO YES

18. Ctg'cp { 'f gr gpf gpv'cee qo r cp { lpi 'vj g'dgpghlekt { 'v'vj g'WUOy j q'y kmpggf "c"xlucA

"
39. Dgpghlekt { \u'J ki j guv'Ngxgrl'qh'Gf vecvklqp:

c0P q'F kr mqo c

f 0O qtg'vj cp'3" { gct'qh
eqmgi g'dw'pq'f gi tgg

i 0O cuvgt)u'F gi tgg

d. J ki j 'Uej qqnl'F kr mqo c
""qt "gs wlxcrp v.

g0Cuqekcvg)u'F gi tgg"

j 0Rtqhguukqpcnl'F gi tgg

e0Uqo g'eqmgi g'etgf k'dw'lguu"
""vj cp'3" { gct"

h0Dcej gmt)u'F gi tgg

k0F qevqtcvg

F c v g ' F g i t g g ' C y c t f g f : ' ' ' ' ' ' ' ' O c l q t ' q t ' h g r f ' q h ' u w f { :

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Y c u ' j k u ' f g i t g g ' g c t p g f ' k p ' j g ' W U A

Name ' q h ' j g ' l p u k w k q p :

V { r g ' q h ' F g i t g g :

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Zip/Postal Code:

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3 : 0 D g p g h e k t { u ' E w t t g p v ' C f f t g u u <

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Country:

Zip/Postal Code:

"3; . Beneficiary's Telephone Number:

42. Beneficiary's E-Mail Address:

23. Choice of Embassy for U.S. Visa Processing:

24. Beneficiary's Foreign Address: (k h a l r e a d y g i v e n a b o v e . ' r m c u g ' y t k g ') U c o g)

25. Has the beneficiary ever had a U.S. Visa? If yes, please describe the type of visa and circumstances in the box below.

NO

YES

26. Has the beneficiary ever been denied a U.S Visa by the USCIS? If yes, please explain the circumstances in the box below. NO YES

27. Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent? NO YES

INFORMATION ABOUT U.S. POSITION

1. Job Title: 2. U.S. Salary:
&

3. County where the beneficiary will work: 4. Title of the person who will supervise the beneficiary:

5. Titles of people the beneficiary will supervise: 6. Number of people to be supervised:

7. Will the beneficiary work off-site? NO YES NO YES
8. Is this a full-time position?

9. If part-time, hours per week: 10. Wages per week or per j qwt: 11. Intended Start Date:
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12. Beneficiary's Work Address: (if the beneficiary will work in a different location)

Street Number and Name: Suite/Apt. Number:

City: State/Province:

Country: Zip/Postal Code:

PLEASE ATTACH THE FOLLOWING DOCUMENTS
TO THE COMPLETED QUESTIONNAIRE

1. A DETAILED description of beneficiary's proposed position in the U.S.
4. If beneficiary previously held J-1 or J-2 status, a copy of either a DS-2019 or a copy of the J visa stamp in beneficiary's passport.
5. A copy of the beneficiary's passport bio page, current/previous U.S. Visa Stamp(s) and Form I-94 (if applicable), front and back. If beneficiary's family will also come to the U.S., please attach copies of the same.
6. A copy of the beneficiary's updated resume.
7. A copy of beneficiary's Academic Credentials, i.e. university degree with translations, if applicable, and educational evaluation if possible.
8. If the beneficiary is presently or was previously in school in the U.S., a copy of the beneficiary's I-20 and Work Authorization Card (EAD card).
9. If the beneficiary has worked previously in the U.S., copies of ALL previous Approval Notices from the USCIS (Form I-797).

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