



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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Date application completed: M____/D____/Y____
--



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.? <input type="checkbox"/> Yes <input type="checkbox"/> 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____	

SPOUSE INFORMATION		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Consensual Union		
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
City of Birth:	Country of Birth:	Country of Citizenship:
Have your spouse ever been in the U.S. ? <input type="checkbox"/> Yes <input type="checkbox"/> No		
In that case, date of most recent entry into the U.S. (month/day/year): M____/D____/Y____		
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: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
Legal Last Name(s):	Legal First Name:	Middle Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (month/day/year): M____/D____/Y____		Country of Citizenship:	Will this person apply with you? <input type="checkbox"/> Yes <input type="checkbox"/> No

Beginning with your current position, please provide detailed information regarding your work experience during the past three (3) years and any additional work experience related to the job for which you are applying today for 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No				