

Accurate Background International Criminal, Education, and Employment Verification
Questionnaire

****SUBMIT PHOTOCOPIES OF INTERNATIONAL PASSPORTS OR GOVERNMENT ISSUED IDS****

If you are unable to provide any of the information requested, enter "N/A" in the appropriate field.

Step 1: General Information

Current full and complete legal name:

A. _____
*(First) *(Middle) *(Last)

Full and complete legal name while living internationally (if different than current):

B. _____
*(First) *(Middle) *(Last)

C. *Gender: ☐ Male ☐ Female *Are you currently a Refugee? Yes ☐ No ☐

D. *Date of Birth (MM/DD/YYYY): _____ *Place of Birth: _____

E. *Current or Valid Passport/National ID #: _____

F. *Type of ID: (Circle One) Passport National ID *Issuing Country: _____

G. *Mother's full and complete name: _____

(First) (Middle) (Last)

H. *Mother's full and complete maiden (unmarried) name: _____

(First) (Middle) (Last)

I. *Father's full and complete name: _____

(First) (Middle) (Last)

Only complete the below section if applicable:

Mexico only:

Brazil only:

J. RFC # OR CURP #: _____ CPF #: _____ Location CPF number issued: _____

Colombia/Costa Rica/Dominican Republic/Ecuador/El Salvador only:

K. Cedula #: _____

Step 2: *International residential addresses for the last seven (7) years (begin with current/most recent address):

Address 1:

(House Number and Street Name)	(Apt./Unit#)	(City)
(State/Province)	(Zip/Postal Code)	(Country)
		(Dates at residence)

Address 2:

(House Number and Street Name)	(Apt./Unit#)	(City)
(State/Province)	(Zip/Postal Code)	(Country)
		(Dates at residence)

Address 3:

(House Number and Street Name)	(Apt./Unit#)	(City)
(State/Province)	(Zip/Postal Code)	(Country)
		(Dates at residence)

Address 4:

(House Number and Street Name)	(Apt./Unit#)	(City)
(State/Province)	(Zip/Postal Code)	(Country)
		(Dates at residence)

Address 5:

(House Number and Street Name)	(Apt./Unit#)	(City)
(State/Province)	(Zip/Postal Code)	(Country)
		(Dates at residence)

Address 6:

(House Number and Street Name)	(Apt./Unit#)	(City)
(State/Province)	(Zip/Postal Code)	(Country)
		(Dates at residence)

Address 7:

(House Number and Street Name)	(Apt./Unit#)	(City)
(State/Province)	(Zip/Postal Code)	(Country)
		(Dates at residence)

Step 3: International Education Information

I have not attended school outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 4)

Degree #1:

****SUBMIT PHOTOCOPY OF DIPLOMA AND MARKS SHEET WITH SCHOOL INFORMATION****

A. Is your current name the name that appears on school records? Yes: ☐ No: ☐

***If No, your name as it appears in school records:**

B. _____
(First) (Middle) (Last)

C. ***Complete name of school/university attended internationally:**

D. **Name of school campus (*if different from school name):**

E. ***Complete address of school:**

(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

F. ***Phone:** _____ **Fax:** _____

G. **Website:** _____ **Email:** _____ **Student ID:** _____

H. ***Name of degree claimed as issued by school (Do not use U.S. equivalent):**

I. ***Degree Type: (Circle one/U.S. Equivalent)** High School / Associates / Bachelors / Masters / Doctorate / Other _____

J. ***Start date of attendance:** _____ ***End date of attendance:** _____ **GPA:** _____
*(mm/dd/yyyy) *(mm/dd/yyyy)

K. ***Graduation Date:** _____ ***Date Degree Issued:** _____ ***Major:** _____
(mm/dd/yyyy) (mm/dd/yyyy)

I have not attended a second school outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐

(If you have checked yes, please move forward to step 4)

Degree #2:

****SUBMIT PHOTOCOPY OF DIPLOMA AND MARKS SHEET WITH SCHOOL INFORMATION****

A. Is your current name the name that appears on school records? Yes: ☐ No: ☐

B. *If No, your name as it appears in school records:

(First)

(Middle)

(Last)

C. *Complete name of school/university attended internationally:

D. *Name of school campus if different from school name:

E. *Complete address of school:

(Street Name and Number)

(City)

(State/Province)

(Zip/Postal Code)

(Country)

F. *Phone: _____ Fax: _____

G. Website: _____ Email: _____ Student ID: _____

H. *Name of degree claimed as issued by school. Do not use U.S. equivalent:

I. *Degree Type: (Circle one/U.S. Equivalent) High School / Associates / Bachelors / Masters / Doctorate / Other _____

J. *Start date of attendance: _____ *End date of attendance: _____ GPA: _____
*(mm/dd/yyyy) *(mm/dd/yyyy)

K. *Graduation Date: _____ *Date Degree Issued: _____ *Major: _____
(mm/dd/yyyy) (mm/dd/yyyy)

If you have more than two degrees, please photocopy this blank form and add additional degrees as applicable

Step 4: International Employment Information

I have not been employed outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 5)

Employer #1:

****SUBMIT PHOTOCOPIES OF ANY SERVICE CERTIFICATES, EXPERIENCE LETTERS AND RELEASES****

A. Is your current name the name that appears in employer records? Yes: ☐ No: ☐

B. ***If no, your name as it appears in employer records:**

(First) (Middle) (Last)

C. ***Employer's full company name:**

D. ***Complete address of employer:**

(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

E. ***Main Phone#:** _____ **Fax:** _____

F. **Website:** _____ **Email:** _____

G. ***Start date of employment:** _____ ***End date of employment:** _____
(mm/dd/yyyy) (mm/dd/yyyy)

H. **Department employed:** _____ **Ending position title:** _____

I. **Employee Code/ID:** _____

J. ***Paid or Unpaid (Circle one) *If Paid, Salary:** _____ Hour / Week / Every 2 Weeks / Month / Year (Circle One)

K. ***Supervisor's Name:** _____ **Supervisor's title:** _____

L. **Supervisor's phone#:** _____

M. ***Is this your current employer or related to your current employer?** Yes ☐ No ☐ ***May we contact this employer?** Yes ☐ No ☐

I have not had a second employer outside of the United States, and will be leaving this section blank: Yes: ☐ No: ☐
(If you have checked yes, please move forward to step 5)

Employer #2:

****SUBMIT PHOTOCOPIES OF ANY SERVICE CERTIFICATES, EXPERIENCE LETTERS AND RELEASES****

A. Is your current name the name that appears in employer records? Yes: ☐ No: ☐

B. *If no, your name as it appears in employer records:

(First) (Middle) (Last)

C. *Employer's full company name:

D. *Complete address of employer:

(Street Name and Number) (City) (State/Province) (Zip/Postal Code) (Country)

E. *Main Phone#: _____ Fax: _____

F. Website: _____ Email: _____

G. *Start date of employment: _____ (mm/dd/yyyy) *End date of employment: _____ (mm/dd/yyyy)

H. Department employed: _____ Ending position title: _____

I. Employee Code/ID: _____

J. *Paid or Unpaid (Circle One) *If Paid, Salary: _____ Hour / Week / Every 2 Weeks / Month / Year (Circle One)

K. *Supervisor's Name: _____ Supervisor's title: _____

L. Supervisor's phone#: _____

M. *Is this your current employer or related to your current employer? Yes ☐ No ☐ *May we contact this employer? Yes ☐ No ☐

If you have more than two employers, please photocopy this blank form and add additional employers as applicable.