

**Important Disclosure:**

It is extremely important to enter your information accurately according to your personal documents, such as your passport. Remember, this form will serve as a legal document and will be used as proof of your process. The information you provide will be used by our lawyers to create your ETA 9089 and other government documents.

Make sure you have all the necessary information about your relatives, as well as your complete CV, readily available to fill out the form.

All fields must be completed. Any fields left blank will be considered as not applicable. All descriptions should be provided in English.

PERSONAL INFORMATION

PLEASE FILL OUT YOUR FULL NAME AS IT APPEARS IN YOUR PASSPORT OR ID

First Name:		Middle Name:		First last name:		Second Last name:	
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date of Birth (MMDDYYYY):	Age (Years):	Gender:	Country of Birth:	Citizenship			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Are you legally married?		Date of marriage (MMDDYYYY):		Country where Married:		Civil status: (Single, Fiance, Widow, etc)	
Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address where you currently reside:						Postal Code:	
<input type="text"/>						<input type="text"/>	
City of Residence:		State of Residence:		Country of Residence:			
<input type="text"/>		<input type="text"/>		<input type="text"/>			

Don't leave this space blank, look for the zip code (postal code on Google)

PERSONAL INFORMATION

The data entered here must correspond to the main applicant. Not the spouse or children. Avoid entering employment or educational emails

Personal Email:	Country code / Phone number
<input type="text"/>	<input type="text"/>

INFORMATION OF THE SPONSOR YOU APPLIED FOR

Fill out your sponsor's correct information as it is available in the JOB APPLICATION previously filled out

Your sponsor's name:	Position or job you applied for:	City:	State:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACADEMIC INFORMATION

Fill out the information as it appears in the Diplomas you have, if you do not have one of the following academic programs check NO

Academic Program	Yes	No	Name of Institution:	Date of Graduation (MMDDYYYY):
High School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bachelor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Post Graduate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Address of the High School Institution:

Address of the HIGH SCHOOL institution:			
<input type="text"/>			
City:	State:	Country :	Zip Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Don't leave this space blank, look for the zip code on Google

ENGLISH LANGUAGE PROFICIENCY

Writing:	Listening:
Reading:	Speaking:

WORK EXPERIENCE OF PAST 3 YEARS

The name of the employer has to be the one registered legally, if you have been working as an entrepreneur or self employed, fill it out as it is, don't skip the dates and the job description.

Company name	Start date (MMDDYYYY)	End date (MMDDYYYY)	Current	Job title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Job description	
				Working Hours Per Week	
				City	
				Country	
				Address	
				Zip Code	
Company name	Start date (MMDDYYYY)	End date (MMDDYYYY)		Job title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Job description	
				Working Hours Per Week	
				City	
				Country	
				Address	
				Zip Code	
Company name	Start date (MMDDYYYY)	End date (MMDDYYYY)		Job title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	Job description	
				Working Hours Per Week	
				City	
				Country	
				Address	
				Zip Code	

DEPENDENTS INFORMATION

Fill out the information as it appears in the passport or ID of your family member (Spouse, son, daughter) (Fiance, if you are not legally married yet) with FULL NAMES

Relative 1

Degree of kinship	Gender	Country of Birth:	Citizenship:
<input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	<input type="text"/>

First Name:		Middle Name:		Surnames:			
Date of birth (MMDDYYYY):		Highest level of education					
		None <input type="checkbox"/> Highschool <input type="checkbox"/> University (Bachelor) <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>					
Relative 2							
Degree of kinship		Gender		Country of Birth:		Citizenship:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>					
First Name:		Middle Name:		Surnames:			
Date of birth (MMDDYYYY):		Highest level of education					
		None <input type="checkbox"/> Highschool <input type="checkbox"/> University (Bachelor) <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>					
Relative 3							
Degree of kinship		Gender		Country of Birth:		Citizenship:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>					
First Name:		Middle Name:		Surnames:			
Date of birth (MMDDYYYY):		Highest level of education					
		None <input type="checkbox"/> Highschool <input type="checkbox"/> University (Bachelor) <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>					
Relative 4							
Degree of kinship		Gender		Country of Birth:		Citizenship:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>					
First Name:		Middle Name:		Surnames:			
Date of birth (MMDDYYYY):		Highest level of education					
		None <input type="checkbox"/> Highschool <input type="checkbox"/> University (Bachelor) <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>					
Relative 5							
Degree of kinship		Gender		Country of Birth:		Citizenship:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>					
First Name:		Middle Name:		Surnames:			
Date of birth (MMDDYYYY):		Highest level of education					
		None <input type="checkbox"/> Highschool <input type="checkbox"/> University (Bachelor) <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>					
Relative 6							
Degree of kinship		Gender		Country of Birth:		Citizenship:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>					
First Name:		Middle Name:		Surnames:			
Date of birth (MMDDYYYY):		Highest level of education					
		None <input type="checkbox"/> Highschool <input type="checkbox"/> University (Bachelor) <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>					
Relative 7							
Degree of kinship		Gender		Country of Birth:		Citizenship:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>					
First Name:		Middle Name:		Surnames:			
Date of birth (MMDDYYYY):		Highest level of education					
		None <input type="checkbox"/> Highschool <input type="checkbox"/> University (Bachelor) <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>					
Relative 8							
Degree of kinship		Gender		Country of Birth:		Citizenship:	
		Male <input type="checkbox"/> Female <input type="checkbox"/>					
First Name:		Middle Name:		Surnames:			
Date of birth (MMDDYYYY):		Highest level of education					
		None <input type="checkbox"/> Highschool <input type="checkbox"/> University (Bachelor) <input type="checkbox"/> Master <input type="checkbox"/> PhD <input type="checkbox"/>					
EMERGENCY CONTACT INFORMATION							
Name		Country code / Phone number			Degree of kinship		
Email							
IMMIGRATION RECORDS							
Please answer for the principal applicant and dependents							
Have you ever been to the United States of America?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever had a social security number?		Yes <input type="checkbox"/> No <input type="checkbox"/>					
If YES, What is your social security number?							
Are you currently in the US?		Applicant Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, what is your current status? (Pending Asylum, F1, J1, etc)		Applicant 					
		Dependents Yes <input type="checkbox"/> No <input type="checkbox"/>					
		Dependents 					
		Dependents 					

On your last entry, under which visa did you enter the US?
(B1/B2, F1, J1, etc)

Applicant

Dependents

If you are currently in the US, please provide your most recent I-94 number (use the link below with full name and data) <https://i94.cbp.dhs.gov/i94/#/recent-search>

Applicant

Dependents

Do you currently hold a US Visa?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

If YES, fill the table with current information:

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US VISA RECORD

Full name of the applicant or dependent	Type of Visa (B1/ B2/ J1/ F1/ H1B etc.)	Expedition date (MMDDYYYY)	Expiration date (MMDDYYYY)

Have you ever been rejected for a US visa?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

If YES fill the table:

US VISA VISA REJECTION

Name	Type of Visa (B1/ B2/ J1/ F1/ H1B etc.)	Rejection date (MMDDYYYY)	Rejection Reason

Have you ever overstayed your visa or I-94?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

Have you ever been unlawfully present in the US?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

If YES why

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Have you ever been denied entry to the United States?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

If YES why

--

Have you ever been deported from any country?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

If YES why

--

Have you ever been before an immigration Judge/hearing officer?

INADMISSIBILITIES

Medical Conditions for any family members

Name	Condition

Significant medical procedures for any family members

Name	Medical procedure	Date (MMDDYYYY)

Have you ever been diagnosed with a sexually transmitted disease?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

If YES elaborate

--

Have you ever been diagnosed with Tuberculosis?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

If YES elaborate

--

Do you have health insurance?

Applicant
Yes ☐ No ☐

Dependents
Yes ☐ No ☐

If YES which one?

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Do you have any criminal record?

Applicant
Yes ☐ No ☐

Dependents (14 years or above)
Yes ☐ No ☐

If YES elaborate

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If YES you have a criminal record, please fill the table:

Name	Type of record	Date (MMDDYYYY)	Outcome (Explain more)

Have you ever been convicted of a crime?

Applicant

Yes ☐ No ☐

Dependents

Yes ☐ No ☐

If YES elaborate

In the last year have you consumed any illegal substances?

Applicant

Yes ☐ No ☐

Dependents

Yes ☐ No ☐

If YES elaborate

Do you have any substantial debt? Such as student loans, mortgage etc

Applicant

Yes ☐ No ☐

Dependents

Yes ☐ No ☐

If YES elaborate