**BASED ON FAMILY PETITION**

**BIOGRAPHICAL QUESTIONNAIRE**

|  |  |
| --- | --- |
| Full Name: |  |
| Other names used: | (Ex. Maiden Name) |
| A# |  |
| Date of Birth: |  |
| City and Country of Birth: |  |
| Country of Citizenship: |  |
| Place of Residency: |  |
| Height: | Feet Inches    **Eye Color Hair Color** |
| Weight in Pounds: |  |
| Race (Select all applicable boxes) | **□ White**  **□ Asian**  **□ Black or African American**  **□ American Indian or Alaska Native**  **□ Hawaiian Native or Other Pacific Island** |
| Marital Status | **□ Single □ Engaged □ Married**  **□ Free Union □ Widower □ Divorced** |

**IF YOU MARRIED OR ENGAGED, PLEASE ANSWER THE FOLLOWING SECTION:**

**How many times have you been married? \_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Complete Name of Spouse or Fiancé:** |  |
| **Date of Birth:** |  |
| **City and Country of Birth:** |  |
| **Country of Citizenship:** |  |
| **Date of Marriage:** |  |
| **Place of Marriage:** |  |
| **Place of Residence:** |  |

**if you are divorced or a widower, plEase answer the following section:**

|  |  |
| --- | --- |
| **Name of Ex-spouse:** |  |
| **City and Country of Birth:** |  |
| **Country of Citizenship:** |  |
| **Date of Marriage:** |  |
| **Date of Marriage Termination:** |  |
| **How did the marriage end? (Divorce, annulment, death, etc.)** |  |

PARENTS/SIBLINGS INFORMATION

**¿IS YOUR FATHER OR MOTHER AN AMERICAN CITIZEN? If yes, please provide the following information:**

|  |  |
| --- | --- |
| **How did they obtain the American Citizenship?** | **\_\_\_\_\_\_ Birth \_\_\_\_\_\_\_ Naturalization** |
| **In what year?** |  |
| **How old were you?** |  |

**¿IS YOUR FATHER OR MOTHER AN AMERICAN RESIDENT? If yes, please complete the following information:**

|  |  |
| --- | --- |
| **How did they obtain American Resident?** | \_\_\_\_\_\_\_**Family Petition \_\_\_\_\_\_Employment \_\_\_\_\_\_Other** |
| **In what year?** |  |

**INFORMATION ABOUT YOUR FATHER**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **City and Country of Birth** |  |
| **City and Country of Residence** |  |

**INFORMATION ABOUT YOUR MOTHER**

|  |  |
| --- | --- |
| **Full Name** |  |
| **Date of Birth** |  |
| **City and Country of Birth** |  |
| **City and Country of Residence** |  |

Regarding the following people, are any of them currently in the U.S.A or do they have an American Residence, or American Citizenship? Answer Yes or No, and indicate the condition of that person who is currently in the U.S.A (For Example: Legal Permanent Resident, American Citizen, Visitor Visa, Student Visa, Worker Visa, etc.)

|  |  |
| --- | --- |
| □ Yes □ No Husband/Wife |  |
| □ Yes □ No Father/Mother |  |
| □ Yes □ No Boyfriend/Girlfriend |  |
| □ Yes □ No Son/Daughter |  |
| □ Yes □ No Brother/Sister |  |

**IF YOU HAVE ANY SIBLINGS WITH AMERICAN CITIZENSHIP OR RESIDENT CARD, please complete the following information:**

INFORMATION ABOUT YOUR CHILDREN

|  |  |
| --- | --- |
| **How did they obtain American Citizenship/Resident Card?** | \_\_\_\_\_\_\_**Family Petition \_\_\_\_\_\_Employment \_\_\_\_\_\_Other** |

Provide the following information about all of your children (son and daughters), regardless of age.

|  |  |
| --- | --- |
| 1. **Full Name of the child:** |  |
| **Date of Birth:** |  |
| **Place of Birth:** |  |
| **Does the child live with you?** | □ **Yes** □ **No** |

|  |  |
| --- | --- |
| 1. **Full Name of the child:** |  |
| **Date of Birth:** |  |
| **Place of Birth:** |  |
| **Does the child live with you?** | □ **Yes** □ **No** |

|  |  |
| --- | --- |
| 1. **Full Name of the child:** |  |
| **Date of Birth:** |  |
| **Place of Birth:** |  |
| **Does the child live with you?** | □ **Yes** □ **No** |

|  |  |
| --- | --- |
| 1. **Full Name of the child:** |  |
| **Date of Birth:** |  |
| **Place of Birth:** |  |
| **Does the child live with you?** | □ **Yes** □ **No** |

|  |  |
| --- | --- |
| 1. **Full Name of the child:** |  |
| **Date of Birth:** |  |
| **Place of Birth:** |  |
| **Does the child live with you?** | □ **Yes** □ **No** |

|  |  |
| --- | --- |
| 1. **Full Name of the child:** |  |
| **Date of Birth:** |  |
| **Place of Birth:** |  |
| **Does the child live with you?** | □ **Yes** □ **No** |

***(SHOULD YOU NEED MORE SPACE, PLEASE USE THE BACK OF THIS PAGE)***

IMMIGRATION HISTORY

|  |  |
| --- | --- |
| Which countries have issued you a Passport? |  |
| Has your passport ever been stolen or lost? | □ **Yes** □ **No If yes, please provide the following information:**  Date it was stolen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Did you report it to the police? □ Yes □ No |
| **Are you currently living in the United States?** | □ **Yes** □ **No If yes, please provide the following information:**  **Since when have you lived in the U.S.A:  Month** \_\_\_\_\_\_\_\_\_\_ **Year** \_\_\_\_\_\_\_\_\_  **¿Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you ever had an American Visa?** | □ **Yes** □ **No If yes, please provide the following information:**  **Consulate where your Visa was issued**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Expiration: \_\_\_\_\_\_\_\_\_\_\_\_**  **Visa Classification? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Has your American Visa ever been denied or revoked?** | □ **Yes** □ **No If yes, please provide the following information:**  **Consulate where your Visa was denied: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Was denied more than once?** □ **Yes** □ **No**  **¿How many? \_\_\_\_\_\_\_\_\_\_\_\_**  **Visa Classification? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever applied for a Green Card before?** | □ **Yes** □ **No** **If yes, please provide the following information:**  **When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever been detained or interrogated by an immigration officer?** | □ **Yes** □ **No If yes, please provide the following information:**  **Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/ Year** \_\_\_\_\_\_\_\_\_\_  **Were you detained more than once?** □ Yes □ No **¿How many times? \_\_\_\_\_\_\_\_**  **Visa Classification? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you been denied to enter the U.S.A?** | □ **Yes** □ **No If yes, please provide the following information:**  **Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/ Year** \_\_\_\_\_\_\_\_\_\_  **Were you denied more than once?** □ **Yes**  □ **No**  **¿How many? \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever been in Deportation process?** | □ **Yes** □ **No If yes, please provide the following information:**  **Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/ Year** \_\_\_\_\_\_\_\_\_\_  **Final result:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Have you been deported more than once?** □ Yes □ No  **¿How many? \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever been deported or expelled from the U.S.A?** | □ **Yes** □ **No If yes, please provide the following information:**  **Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/ Year** \_\_\_\_\_\_\_\_\_\_  **Reason of Deportation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever been detained or interrogated by a police officer?** | □ **Yes** □ **No If yes, please provide the following information:**  **Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/ Year** \_\_\_\_\_\_\_\_\_\_  **Reason of Detention:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Was Arrested?** □ **Yes** □ **No How many days? \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Have you ever been detained, accused or convicted for a felony including immigration matters?** | □ **Yes** □ **No If yes, please provide the following information:**  **Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Month/ Year** \_\_\_\_\_\_\_\_\_\_  **What kind of felony?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Final result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Did you go to trial?** □ **Yes** □ **No** |
| **Do you have a Driver Licenses?** | □ **Yes** □ **No If yes, please provide the following information:**  **From Which State?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **When does it expire?** **Month/Year** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you ever had traffic tickets?** | **Yes** **No If yes, please provide the following information:**  dcsdcwefewfrtwe  dcsdcwefewfrtwe  **When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Did you paid the fine? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

|  |  |
| --- | --- |
| **Have you ever received Government Assistance such as: Food Stamps, Medicaid, Tanf, Gold Card, etc.?** | **Yes No If yes, please provide the following information:**  dcsdcwefewfrtwe  dcsdcwefewfrtwe  **Since when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**HAS ANYONE EVER FILED A PETITION FOR YOU, YOUR PARENTS OR YOUR SPOUSE?**   
**If yes, please provide the following information:**

|  |  |
| --- | --- |
| □ **You** □ **Parents** □ **Spouse** | |
| **When?** | **Month** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Year** \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Under whose name?** |  |
| **Who filed the petition?** |  |
| **Result:** | □ **Approved** □ **Denied** □ **Pending** |
| **Do you have any relatives who belong to the Army or are a Veteran?** | □ **Yes** □ **No**  **If yes, what relation do they have with you?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

INFORMATION OF THE ARRIVALS/DEPARTURES TO THE U.S.A

|  |  |  |
| --- | --- | --- |
| **First Arrival to the U.S.A**  **Date:** **Month/Year**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Place of Arrival:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Were you inspected by an Immigration Officer?** □ **Yes** □ **No** | **Last Arrival to the U.S.A**  **Date:** **Month/Year**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Place of Arrival:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Were you inspected by an Immigration Officer**?  □ **Yes** □ **No** | |
| When did you come to live to the U.S.A? |  | |
| Where did you arrive? | Mexican Town \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City in the United States \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **List of all your arrivals and departures:** | | |
| **Arrival(s)**  **1. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **4. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **5. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Departure(s)**  **1. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **3. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **4. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **5. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**¿HAVE YOU, YOUR PARENTS OR YOUR SPOUSE EVER BEEN A VICTIM OF A CRIME?** □ **Yes** □ **No**

|  |  |
| --- | --- |
| **Date when it occurred:** |  |
| **Was it reported:** | □ **Yes** □ **No** |
| **Summary of the event:** |  |

\

PLEASE PROVIDE THE LAST ADDRESS WHERE YOU RESIDED OUTSIDE THE US:

HISTORY OF RESIDENCE IN THE UNITED STATES

|  |  |
| --- | --- |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live in this address? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

**PLEASE LIST THE ADDRESSES YOU RESIDED IN THE US WITHIN THE PAST 5 YEARS:**

|  |  |
| --- | --- |
| 1. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 2. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 3. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 4. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 5. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 6. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 1. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 1. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 1. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 1. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |
| 1. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 1. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

|  |  |
| --- | --- |
| 1. Full Address: (Number, Street, City, State, Zip Code) |  |
| For how long did you live here? | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Was the residence under your name? | □ Yes □ No |
| Who did you live with? |  |

***(SHOULD YOU NEED MORE SPACE, PLEASE USE THE BACK OF THIS PAGE)***

EMPLOYMENT HISTORY

|  |  |
| --- | --- |
| **Are you currently working in the U.S.A with a Social Security Number?** | □ **Yes** □ **No If yes, please provide the following information:  ¿Is it valid?** □ Y**es**  □ **No** □ **Do not know** |
| **Occupation:** |  |
| **Do you pay Taxes in the U.S?** | □ **Yes** □ **No If yes, please provide the following information:**  **Since when?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

List all the employments you have worked at within the past 5 years. Starting with your current employment:

|  |  |
| --- | --- |
| 1. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 2. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 3. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 4. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 5. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 6. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 7. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 8. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 9. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

|  |  |
| --- | --- |
| 10. Name of the Company: |  |
| Full Address: (Number, Street, City, State, Zip Code) |  |
| Telephone Number: |  |
| Name and Surname of your Supervisor: |  |
| Date of Employment: | From (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  To (Month/Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have any evidence of employment? Ex. Paystubs, W-2 Form etc. | □ Yes □ No |

*(SHOULD YOU NEED MORE SPACE, PLEASE USE THE BACK OF THIS PAGE)*

Have you ever been a member of, involved in, or in any way associated with, any organization, association, fund, foundation, party, club, society or similar group in the United States or in any other location in the world?

ADDITIONAL INFORMATION

**□ Yes □ No** **If yes, please provide the following information:**

|  |  |  |
| --- | --- | --- |
| **Name of the Group** | **Purpose of the Group** | **Date of Membership Since (Month/Year)/ Until (Month/Year)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Have you ever been part of the military?

**□ Yes □ No** **If yes, please provide the following information:**

|  |  |  |
| --- | --- | --- |
| **Country** | **Range** | **Date of Membership Since (Month/Year)/ Until (Month/Year)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

* I certify that I have read and understood all the questions that conform this questionnaire and that the answers that I have provided are correct to the best of my personal knowledge.
* I understand that any false statement or allegation may result in a permanent denial of any immigration benefit or entrance to the United States.

Signature of the Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_