

A. Principal Beneficiary (Worker)

1) Full Name		2) City and Country of Birth		3) Has Beneficiary been in U.S.		
4) All Other Names Used (including maiden name)		5) A Number (if any)		6) Social Security Number (if any)		
7) If not in US, Desired Consular (City)		8) Name and address in native language, if not native language is not roman.				
9) Home Phone	10) Cell Phone	11) Office Phone	12) Fax	13) E-Mail		
14) Father's full name		15) Father's Date, City and Country of Birth		16) City and Country of Residence		
17) Mother's full name (maiden)		18) Mother's Date, City and Country of Birth		19) City and Country of Residence		
20) Current spouse's full name (maiden)		21) Place of Current Marriage		22) Date of Current Marriage		
23) Former spouse's full name (maiden)		24) Former spouse's Date, City and Country of Birth		25) Date and Place of Marriage		
26) Beneficiary's residence last five years. List present address first						
Street and Number				City	State/Country	Zip Code
27) Beneficiary's last address outside the United States of more than one year						
Street and Number				City	State/Country	Zip Code
28) Beneficiary's Employment last five years (if none, so state). List present employment first.						
Full name and address of employer				Occupation	From	To
					month/year	month/year
						Present
29) Show below last occupation abroad if not shown above						
Full name and address of employer				Occupation	From	To
					month/year	month/year
30) Current US Address (if any)				31) Current Foreign Address (if any)		
32) Activity to be performed by beneficiary in the US company.		33) Position Being Offered		34) Proposed Wages/Salary		

B) Principal Applicant's Spouse (if none please write none)

1) Full Name		2) City and Country of Birth	3) Has Beneficiary been in U.S.	
4) All Other Names Used (including maiden name)		5) A Number (if any)	6) Social Security Number (if any)	
7) If not in US, Desired Consular (City)		8) Name and address in native language, if not native language is not roman.		
9) Father's full name		10) Father's Date, City and Country of Birth	11) City and Country of Residence	
12) Mother's full name (maiden)		13) Mother's Date, City and Country of Birth	14) City and Country of Residence	
15) Former spouse's full name (maiden)		16) Former spouse's Date, City and Country of Birth	17) Date and Place of Marriage	
18) Beneficiary's Employment last five years (if none, so state). List present employment first.		From	To	
Full name and address of employer		Occupation	month/year	month/year
				Present
19) Show below last occupation abroad if not shown above		From	To	
Full name and address of employer		Occupation	month/year	month/year

C) Children's Information - if none please write none

1) Full Name	Accompanying?	City of Birth	Country of Birth	SS # (if any)	A # (if any)
2) Is any of your children currently employed or ever been employed in the past? If so please list all employment.					
3) Has any of your children ever been married or have any children?					

D) Questions to Principal Beneficiary and Family

1) Has anyone been removed or deported or had any other immigration problems? (if yes, please provide information):
2) Has an immigration (green card) application been filed for any one? (if yes, please provide information):
3) Has anyone been arrested, charged, or had any dealings with police or had other criminal problems? (if yes provide details):
4) Has anyone been previously employed in the US? (If yes, please provide information):
5) Please list all previously issued visas:
6) Please list all previously refused visas:
7) Has anyone previously applied for employment authorization? If so, when and where? Was it approved?
8) List all organizations, clubs, that anyone has belonged to in the past or belongs to currently.
9) Has anyone served in a military? (if yes, provide, name of military (army, navy...), dates location and nature of service).

E) Information about the US Petitioning Company (if any)

1) Name of the Company		2) Company Address			
3) Manager/Officer's Name and Title (contact person)		4) Type of Business			
5) Company Phone	6) Company Fax	7) Company Contact Person's E-mail Address			
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers

F) Information about Affiliated Company outside of US (if any)

1) Name of the Company		2) Company Address			
3) Manager/Officer's Name and Title (contact person)		4) Type of Business			
5) Company Phone	6) Company Fax	7) Company Contact Person's E-mail Address			
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers

G) Needed Documents:

Check List

Beneficiary and Family:

1. Copy of I-94 and Passports for all individuals applying.	
2. Copy of Government Document proving family relationship (Birth Certificate, Marriage Certificates...)	
3. Resume (with details of prior experience including job duties, hours worked, periods of employment.)	
4. Certificate of Employment, Income Tax, W-2, Letters and others proving prior related experience	
5. University/College Degrees and Transcripts	
7. Evidence of exceptional ability (such as):	
a. An official academic record showing that the alien has a degree, diploma, certificate, or similar award	
b. Evidence in the form of letters from current or former employers showing that the alien has at least 10 years of full-time experience in the occupation sought;	
c. A license to practice the profession or certification for a particular profession or occupation;	
d. Evidence that the alien has commanded a salary, or other compensation for services which demonstrates exceptional ability;	
e. Evidence of membership in professional associations;	
f. Evidence of recognition for achievements and significant contributions to the industry or field by peers,	
8. Licenses and Permits (if job requires such),	
9. Copies of all prior applications and approval notices and denial notices, I-20, DS-2019, etc.	
10. Criminal Documents (if any)	
11. Copy of Prior Employment Authorization Card(s) (if any).	
12. Six passport photographs of the principal beneficiary and family members.	
13. Medical Examination from a Physician designated by US CIS	
US Entity (if any):	
14. Certificate & Articles of Formation or of Incorporation (if Petitioner is a corporation or LLC)	
15. Share Certificate or Unit Certificate (if Petitioner is a corporation or LLC)	
16. Partnership Agreement (if Petitioner is a partnership)	
17. Assumed Name Certificate (if any)	
18. Copies of Lease Agreement and Assignment of Lease	
19. Organizational Chart	
20. Pictures of the Business/Office/Factory	
21. Copies of Bank Statements (last three months)	
22. Copies of Employer's Quarterly Reports	
23. Copies of Receipts and Invoices	
24. Copies of Advertisements	
25. Latest Tax Returns	
26. Latest Financial Statements ie: Income Statement/Balance Sheet	
27. Business Plan or Company Brochure (if any - three copies)	