Law Office of William Jang, PLLC EB-3(Professional) Information Sheet							
		A. Principal E	Beneficiary (Wo	orker)			
·			City and Country of Birth		3) Has Beneficiary been in U.S.		
<u>.,,</u>				2) Only and Country of Direct		o, mas zemenetary seem in cre.	
4) All Other Names	Used (including maid	den name)	5) A Number (i	5) A Number (if any)		6) Social Security Number (if any)	
1) / • • • • • • • • • • • • • • • • •	0000 (0.0.0	1011 1141110)	of Hame)				
7) If not in US, Desi	ired Consular (City)	8) Name and address in native language, if not na		guage, if not nati	ive language is n	ot roman.	
	<del></del>		1				
9) Home Phone	10) Cell Phone	11) Office Phone	12) Fax	13) E-Mail			
		1=) = 11	21: 10: 11:	(5) (1	I 10		
14) Father's full nan	ne	15) Father's Date, City and Country of Birth		16) City and Country of Residence			
17) Mother's full na	me (maiden)	18) Mother's Date	18) Mother's Date City and Country of Righ			19) City and Country of Residence	
17) Motrici o Idii Ilai	me (maiden)	18) Mother's Date, City and Country of Birth		y Or Direit	10) Only and Journay 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		d Country of Birtl	t 25) Date and Place of Marriage		
OC) Demoficiendo ro	-i-lenes lost five year	- List propert addre	Cust		From	Το	
	sidence last five year			o ,	From	To	
Street at	nd Number	City	State/Country	Zip Code	month/year	month/year Present	
			<u> </u>			1100011	
27) Beneficiary's la:	st address outside the	L - United States of m	ore than one ve	l ear	From	То	
,	nd Number	City	State/Country		month/year	month/year	
28) Beneficiary's Emp	ployment last five years		present employr		From	То	
	Full name and addre	ess of employer		Occupation	month/year	month/year	
						Present	
		<del></del>					
29) Show below last occupation abroad if not shown above					From	To	
Full name and address of employer				Occupation	month/year	month/year	
30) C	Current US Address (i	f any)		31) Current Fore	eign Address (if any)		
					T 202		
32) Activity to be performed by beneficiary in the US company.			33) Position Being Offered		34) Proposed Wages/Salary		

	ipal Applicant's Sp						
1) Full Name	2) City and Country of Birth		3) Has Beneficiary been in U.S.				
All Other Names Used (including maid	5) A Number (if any)		6) Social Security Number (if any)				
4) All Other Names Osed (including maid	3) A Number (if arry)		o) Social Security Number (ii arry)				
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			
12) Wolfier 3 full flame (maider)	City and Country of Bitti		14) Oity and Country of Residence				
15) Former spouse's full name (maiden)	16) Former spouse's	6) Former spouse's Date, City and Country of Birth			17) Date and Place of Marriage		
		, ,	,	, s			
18) Beneficiary's Employment last five years		t present employr		From	To		
Full name and addre	ss of employer		Occupation	month/year	month/year Present		
					Present		
19) Show below last occupation abroad i				From	То		
Full name and addre	ss of employer		Occupation	month/year	month/year		
			•				
1) Full Name	hildren's Information Accompanying?	on - if none ple City of Birth	Country of Birth	SS # (if any)	Λ # (if opy)		
i) Full Name	Accompanying?	City of Birth	Country of Birth	SS # (if any)	A # (if any)		
		<u> </u>					
Is any of your children currently	<i>y</i> employed or ever b	been employed	in the past? If s	o please list all e	employment.		
2) Hop only of your skildren area has married on have seen skildren 2							
Has any of your children ever been married or have any children?							
D)	Questions to Princ	ipal Beneficia	rv and Family				
1) Has anyone been removed or deporte				ease provide info	ormation):		
					•		
2) Has an immigration (green card) application been filed for any one? (if yes, please provide information):							
2) Lies anyone been arrested aborred or be	d any dealings with no	oliaa ar bad atbar	ariminal problems	2 (if you provide d	ataila\.		
<ol><li>Has anyone been arrested, charged, or ha</li></ol>	a any dealings with po	olice or had other	criminai problems	? (II yes provide d	etalis):		
4) Has anyone been previously employed in the US? (If yes, please provide information):							
1) The arry and dear providedly employed in the det. (if yee, 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?							
7) Has anyone previously applied for employment authorization: It so, when and where? Was it approved?							
8) List all organizations, clubs, that anyone has belonged to in the past or belongs to currently.							
<ol><li>Has anyone served in a military? (if ye</li></ol>	s, provide, name of	military (army,	navy), dates lo	cation and natur	e of service).		

E) Information about the US Petitioning Company (if any)							
1) Name of t	he 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			
	0, 0	40) 11 4 1		40) =01//	1 40) # 4)44 1		
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers		
	<del>-</del>	A COULT	10 (110 (11				
4) Name of 6		ntion about Affiliated Company outside of US (if any)					
Name of the Company		2) Company Address					
2) Managor/Offic	eor's Name and Title	(contact person)					
3) Wallagel/Offic	er's Name and Title	(contact person)					
5) Company Phone 6) Company Fax			7) Company Contact Person's E-mail Address				
5) Company i none	0) Company Lax		1) Company Contact 1 erson's	L-IIIaii Addiess			
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers		
oj real Established	3) G1033 Income	10) 1101 11001110	11 Website / Idai ess	12) LIIV	10) II OI VVOIROIS		
		G) Needed Docum	nents:		Check List		
			ary and Family:		CHOOK LIST		
1. Copy of I-94 and I	Passports for all indiv		ny una rumny.				
			(Birth Certificate, Marriage Cer	tificates)			
	•		,				
<ol> <li>Resume (with details of prior experience including job duties, hours worked, periods of employment.)</li> <li>Certificate of Employment, Income Tax, W-2, Letters and others proving prior related experience</li> </ol>							
5. University/College Degrees							
7. University/College Transcripts							
	mits (if job requires s	uch)					
	· ·		·				
		proval notices and de	enial notices, I-20, DS-2019, etc	<b>).</b>			
10. Criminal Docume	` ,	' O 1/-) /'t )					
	nployment Authorizat	. , , , ,	family, as a sub-ana				
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							
22. Copies of Emplo							
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)							