Law Office of William Jang, PLLC EB-3(Unskilled) Information Sheet							
		A. Principal E	Beneficiary (Wo	orker)			
·			City and Country of Birth		3) Has Beneficiary been in U.S.		
-,,					of the Beneficiary seem in ever		
4) All Other Names	Used (including maid		5) A Number (if any)		6) Social Security Number (if any)		
Till Ottlo: Hallies	Osca (moraling man	erriane) 3) A Number (ii any)		i diiy,			
7) If not in US, Des	ired Consular (City)	8) Name and address in native language, if not na		ive language is n	ot roman.		
	<u> </u>		<u> </u>				
9) Home Phone	10) Cell Phone	11) Office Phone	12) Fax	13) E-Mail			
				4 = 1 .11	I		
14) Father's full nar	ne	15) Father's Date, City and Country of Birth		y of Birth	16) City and Country of Residence		
17) Mother's full na	mo (maidan)	19) Mother's Date	40\ Mathada Data City and Cayntin of Dinth		10) City and Country of Pasidence		
17) MUHELS IUII HA	me (maiden)	18) Mother's Date, City and Country of Birth		у ОГ БІІПІ	19) City and Country of Residence		
20) Current spouse		21) Place of Currer	21) Place of Current Marriage		22) Date of Current Marriage		
20) Garront Spouss	Tail Harris (History)	21) 1 1000 01 00110	It Marriage		22) Bate of Garrent marriage		
23) Former spouse	's full name (maiden)	24) Former spouse	24) Former spouse's Date, City and Country of Bir		t 25) Date and Place of Marriage		
			<u>.</u> .		_	_	
	esidence last five year				From	То	
Street ar	nd Number	City	State/Country	Zip Code	month/year	month/year	
			 			Present	
			 				
27) Panafiaian/e la	st address outside the	United States of m	ara than and ve		From	То	
	st address outside the	City	State/Country		month/year	month/year	
0.1001 3.	Id Nambol	City	Otato, Ocaria,	Zip 0000	monunyou.	month, you	
28) Beneficiary's Emp	oloyment last five years	(if none, so state). List	t present employr	nent first.	From	То	
	Full name and addre			Occupation	month/year	month/year	
						Present	
	_	_					
20) Show halow las	et occupation abroad i	if not shown above			From	То	
29) Show below last occupation abroad if not shown above Full name and address of employer				Occupation	month/year	month/year	
i dii name and address of employer				300 ap 2			
30) Current US Address (if any)			31) Current Foreign Address (if any)			any)	
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 Osea (including maid	3) A Number (II 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)	12) Matharia Data City and Country of Birth			14) City and Country of Residence			
12) Mother's full name (maiden) 13) Mother's Date, City and Country of Birtle			y Or Billii	14) City and Country of Residence			
15) Former spouse's full name (maiden)	6) Former spouse's Date, City and Country of Birth			17) Date and Place of Marriage			
· · · · · · · · · · · · · · · · · · ·		,,		,			
18) Beneficiary's Employment last five years	•	present employr		From	То		
Full name and addre	ss of employer		Occupation	month/year	month/year		
					Present		
19) Show below last occupation abroad it	not shown above			From	То		
Full name and addre	ss of employer		Occupation	month/year	month/year		
	nildren's Informatio						
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.							
Has any of your children ever been married or have any children?							
	Questions to Princ			oggo provide infe	ormation):		
1) Has anyone been removed or deported or had any other immigration problems? (if yes, please provide information):							
2) Has an immigration (green card) applic	cation been filed for	any one? (if ye	es, please provid	e 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 ha	d any dealings with po	olice or had other	criminal problems	? (if yes provide de	etails):		
4) Has anyone been previously employed in the US? (If yes, please provide information):							
E) Diseas list all provinces decises.							
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).							
o, mas anyone served in a military? (ii ye	s, provide, name or	miniary (allily,	i iavy), uales 10	cation and natur	C UI SCIVICE).		

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	Company Phone 6) Company Fax 7) Company Contact Person's E-mail Address			E-mail Address			
	0) 0 1	40) 11 4 1		40) =01//	1 40 11 4 14 1		
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers		
	=/ 1 6	A COULT	10 (110 (11				
4) Name of t		tion about Affiliated Company outside of US (if any)					
1) Name of t	he Company	2) Company Address					
3) Manager/Officer's Name and Title		(contact person)					
3) Manager/Onic	ers name and mie	(contact person)					
5) Company Phone 6) Company Fax 7) Company Contact Person's E-mail Address							
3) Company i none	o) Company Lax		1) Company Contact Leison's	L-mail Address			
8) Year Established	9) Gross Income	10) Net Income	11 Website Address	12) EIN#	13) # of Workers		
o) real Established	3) G1033 IIIO0IIIC	10) 1101 11001110	11 Website / Idai ess	12) LIIV	10) II OI VVOIRCIS		
		G) Needed Docum	nents:		Check List		
			ary and Family:		CHOOK LIST		
1 Copy of I-94 and	Passports for all indiv		ny una rumny.				
			(Birth Certificate, Marriage Cer	tificates)			
 Resume (with details of prior experience including job duties, hours worked, periods of employment.) Certificate of Employment, Income Tax, W-2, Letters and others proving prior related experience 							
5. Highschool Degre	-	,					
7. Certificates of Training or other documents showing completion of related education							
			Ction of related education				
	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.						
		noval notices and di	erilai flotices, 1-20, DS-2019, etc	··			
10. Criminal Documents (if any) 11. Copy of Prior Employment Authorization Card(s) (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							
22. Copies of Emplo							
23. Copies of Receip							
24. Copies of Advertisements							
25. Latest Tax Returns							
26. Latest Financial Statements ie: Income Statement/Balance Sheet							
27. Business Plan o	7. Business Plan or Company Brochure (if any - three copies)						