

**NICOLE BROUSSARD OLOFINLADE
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QUESTIONNAIRE FOR CORPORATE EMPLOYEES/EMPLOYERS

NAME

(last, first, middle)

MARITAL STATUS

NAME OF SPOUSE

DATE OF MARRIAGE

(last, first, middle)

CITY/PROVINCE/COUNTRY OF BIRTH

(You)

(Spouse)

DATE OF BIRTH (month/day/year)

(You)

(Spouse)

COUNTRIES OF NATIONALITY

(You)

(Spouse)

DATES AND COUNTRIES OF BIRTH OF CHILDREN

INDICATE ANY FAMILY MEMBERS OF YOURS OR YOUR SPOUSE'S WHO WERE EVER U.S. CITIZENS OR PERMANENT RESIDENTS

U.S. SOCIAL SECURITY NUMBER (if any)

FOREIGN ADDRESS

U.S. ADDRESS (if any)

PHONE NUMBER

FAX NUMBER

PRESENT OR LAST POSITION

Name of employer

Address of employer

Job Title

Occupational Title of person to whom you report

Date employment began

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Date employment ended (if applicable) _____

Number and job titles of people supervised _____

PREVIOUS ENTRIES TO U.S.

<u>Year of Entry</u> (if in U.S., list present entry first)	<u>Length of Stay</u>	<u>Type of Visa</u>	<u>Expiration of Visa Status</u> (if in U.S. presently)
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Name of Proposed U.S. employer _____

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Documents to Be Provided by Employee

Curriculum Vitae or Résumé

Degrees and Diplomas (and transcripts, if available)

Any U.S. Immigration Documents for you and your spouse—Copies of passport, I-94 card, IAP-66 Forms, Approval Notices, etc.

Detailed description of work performed during last three years (attach)

Please answer the questions below completely, in order that we may accurately advise you on documents you will need to present in order to be issued a visa for the United States. **Please copy this form and complete it for each member of the family who will be traveling to the United States.**

Name	_____		Any other Names Used (e.g., maiden)	_____	
Passport Number	_____	Issue Date	_____	Expiration Date	_____
Color of Hair	_____	Color of Eyes	_____	Complexion	_____
Height	_____	Marks of Identification	_____		

Have you ever applied for a United States visa before, whether nonimmigrant (temporary) or immigrant (permanent)? YES " NO "

If yes, where? _____ When? _____ What type _____

Visa was ISSUED DENIED

Has your United States visa ever been cancelled? YES NO

If yes, where? _____ When? _____ By whom? _____

Have you or anyone acting for you ever indicated to a U.S. Consular or Immigration Employee a desire to immigrate to the U.S.? YES NO

Has anyone ever filed an immigrant visa petition on your behalf? YES NO

Has labor certification for employment in the U.S. ever been requested by you or on your behalf? YES NO

Are any of the following in the U.S. (If YES, circle appropriate relationship and indicate that person's status in the U.S., i.e., studying, working, U.S. permanent resident, U.S. citizen, etc.)

Husband/Wife	_____	Fiancé/Fiancée	_____	Brother/Sister	_____
Father/Mother	_____	Son/Daughter	_____		

Please list the countries where you have lived for more than 6 months during the past 5 years. Begin with your present residence.

Countries	Cities	Approximate Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Are any of the following applicable to you?

(A YES answer does not automatically signify ineligibility for a visa, but if you answered YES to any of the above, please discuss this issue with us as promptly as possible.)

Have you ever been afflicted with a communicable disease of public health significance, a dangerous physical or mental disorder or been a drug abuser, or addict? YES NO

Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other such legal action? YES NO

Have you ever been a controlled substance (drug) trafficker, or a prostitute or procurer? YES NO

Have you ever sought to obtain or assist others to obtain a visa, entry into the U.S. or any U.S. immigration benefit by fraud or willful misrepresentation? YES NO

Were you deported from the U.S.A. within the last 5 years? YES NO

Do you seek to enter the United States to engage in export control violations, subversive or terrorist activities, or any unlawful purpose? YES NO

Have you ever ordered, incited, assisted, or otherwise participated in the persecution of any person because of race, religion, national origin, or political opinion under the control, direct or indirect, of the Nazi Government of Germany, or of the government of any area occupied by, or allied with, the Nazi Government of Germany, or have you ever participated in genocide? YES NO

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Information to Be Provided by Employer

Name of Employer _____

Name of Employee _____

Job Title for Proposed Position _____

Detailed Job Description for Proposed Position (please attach) (incorporate attached managerial or specialized knowledge criteria for corporate transferees)

Salary Offer _____

Beginning and Ending Dates of Intended
Employment _____

Supervisor (or other person who can provide technical information about job offered)

Name _____

Title _____

Phone _____

Fax _____

Location or Locations where services will be performed in U.S.

Number and Job Titles of people to be supervised in proposed
position

Occupational Title of person to whom applicant will report

If your company has employed this individual previously or presently in or out of U.S.

1. Name of Employer _____

2. J o b
Title _____

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3. Duties and Responsibilities, including managerial
responsibilities

4. Number and job titles of people supervised

5. Dates of Employment

6. Relationship, if any, of overseas employer to proposed U.S.
employer