## **Alien Employment Certification Questionnaire**

Last Name				
Middle Name				
First Name				
Street				
Apt No.				
City				
State				
Zip Code				
Phone (O)				
Phone (R)				
Cell Phone				
E Mail				
Fax				
Sponsoring Employer				
Company Name				
Address		A		
Phone				
Fax				
Address where the employee/beneficiary is currently working (or will work) if different from above				
Street				
City				
State				
Zip Code				
Nature of Employer's Business				
Position / Job Title				
Work Schedule		am to pm		
Date present employment began				

Job Title when hired into present position	
Current Salary	
Title of Supervisor	
Personal Information	
Date of birth	
Country of citizenship	
City State and Country of birth	
Personal Information	
College or University	
Address	A.
Field of study	
Date Started	
Date Graduated	
Degree / Certificate received	
College or University	
Address	de
Field of study	
Date Started	
Date Graduated	
Degree / Certificate received	
'	
College or University	
Address	de la companya de la
Field of study	
Date Started	
Date Graduated	
Degree / Certificate received	
Current Work Experinece	
Employer's Name	

Address	A.
Job Title	
Nature of Business	
Date Started	
Date Ended	
Describe in detail the duties performed, including the use of hardware/software tools, machines or equipment. To the extent possible, relate these duties to the job you will be doing permanently with your current employer	Zi.
Add prior Experience	
Signatory Name	

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