



U.S. Department of State
**FORMATION AND WORK HISTORY
 MMIGRANT VISA APPLICANT**

OMB APPROVAL NO. 1405-0000
 EXPIRES: 01/31/03
 ESTIMATED BURDEN

**YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM
 SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS**

1. First Name(s) Middle Name

2. Date of Birth (<i>mm-dd-yyyy</i>)	3. Place of Birth Country	City/Town	State/Province
--	------------------------------	-----------	----------------

4. Permanent Home Address and Telephone Number (*include apartment number, street, city, state or province, postal zone, and country*)

5. Full Name and Address of Spouse (*if applicable*) (*postal box number unacceptable*)

<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Telephone Number</u>
-----------------------------------	----------------	-------------------------

6. Full Names and Addresses of Children, Parents, and Siblings (*postal box number unacceptable*)

<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Relationship</u>	<u>Telephone Number</u>
-----------------------------------	----------------	---------------------	-------------------------

7. List at Least Two Contacts in Applicant's Country of Residence Who Can Verify Information About Applicant (*do not list immediate family members or other relatives*) (*postal box number unacceptable*)

<u>Name (Last, First, Middle)</u>	<u>Address</u>	<u>Telephone Number</u>
-----------------------------------	----------------	-------------------------

Paperwork Reduction Act Statement

*Public reporting burden for this collection of information is estimated to average 1 hour per response, including time required for searching existing data sources, gathering the necessary data, providing the information required, and reviewing the final collection. In accordance with 5 CFR 1320 5(b), persons are not required to respond to the collection of this information unless this form displays a currently valid OMB control number. Send comments on the accuracy of this estimate of the burden and recommendations for reducing it to: U.S. Department of State (A/RPS/DIR) Washington, DC 20520.

WORK EXPERIENCE - PRESENT

Job Title:	Date (<i>mm-dd-yyyy</i>) From	Date (<i>mm-dd-yyyy</i>) To
Employer's Name and Address:		
Telephone Number		
Describe Your Duties:		

WORK EXPERIENCE - PREVIOUS

Job Title:	Date (<i>mm-dd-yyyy</i>) From	Date (<i>mm-dd-yyyy</i>) To
Employer's Name and Address:		
Telephone Number		
Describe Your Duties:		

WORK EXPERIENCE - PREVIOUS

Job Title:	Date (<i>mm-dd-yyyy</i>) From	Date (<i>mm-dd-yyyy</i>) To
Employer's Name and Address:		
Telephone Number		
Describe Your Duties:		

WORK EXPERIENCE - PREVIOUS

Job Title:	Date (<i>mm-dd-yyyy</i>) From	Date (<i>mm-dd-yyyy</i>) To
Employer's Name and Address:		
Telephone Number		
Describe Your Duties:		

I certify that I have read and understood all the questions set forth in this form and the answers I have furnished on this form are true and correct to the best of my knowledge and belief. I understand that any false or misleading statement may result in the permanent refusal of a visa or denial of entry into the United States.

APPLICANT'S SIGNATURE _____ DATE (*mm-dd-yyyy*) _____