

Questionnaire

Please complete the following and return it with your application (Please print):

LAST NAME _____

FIRST NAME _____

Include a photocopy of your current authorization card from the BCIS (Formerly – INS). (Excluding U.S. Citizens.) If your work authorization expires and you do not notify us of a renewal date, your file will be automatically retired.

Please check one of the following:

___ A U.S. Citizen

___ A Lawful Permanent Resident (Green Card) (Alien # A _____)

___ A Canadian Citizen (TN Visa eligible) Expiration Date: ____/____/____

___ A Mexican Citizen (TN Visa eligible) Expiration Date: ____/____/____

___ An Alien authorized to work until ____/____/____
(Alien # or Admission #) _____

___ Asylum

___ Refugee

Visas:

___ H1B1 Visa Expiration Date: ____/____/____

___ F-1 Student

___ OPT (Optional Practicum Training)/ CPT Curricular Practical Training
Expiration date: ____/____/____

___ Other _____ Expiration Date: ____/____/____

Note: Any Foreign Nationals or visa holders without work authorizations. (including, but not limited to: Tourist Visa and F2 Visa holders) are ineligible to apply.

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached may be grounds for not hiring me or firing me after I begin work and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

Signature

Date