

MARCOS
NEGRON & AKAIKE
Attorneys & Counselors at Law

Immigrant "Green Card" Employment-Based

Immigrant "Green Card" Employment-Based

Immigrant Visa "Green Card" Information -- [English](#)

Labor Certification Application (LCA/PERM) -- [English](#)

Immigrant Visa "Green Card" Information -- [Japanese](#)

Labor Certification Application (LCA/PERM) -- [Japanese](#)

Completing the attached PDF forms:

If you are completing any attached PDF form on your pc, make sure to print a copy after completion, before quitting the application/software. Depending on your software, you will ONLY be able to save the form, but NOT the information.

If you can save the form AND information, EMAIL your PDF to: KENJIWEB@MNLLP.COM

If you are faxing the completed form, FAX to: 1-212-786-6891

Immigration "News/Updates" -- [English](#).

Immigration "News/Updates" -- [Japanese](#).

Marcos, Negrón & Akaike, LLP is a recipient of the American Bar Association's Pro Bono Publico Service Award.

New York Office: 349 BROADWAY, 3rd Floor, NY, NY 10013 **APPOINTMENT ONLY**
Tel: 212-343-2737 [Fax: 1-212-786-6891](tel:1-212-786-6891) (1-212-343-9022) Email: KENJIWEB@MNLLP.com

Long Island Office: 220 FIFTH AVENUE, BAY SHORE, NY 11706
Tel: 631-665-5884 Fax: 631-968-0946

HOME: [HTTP://www.AKAIKELAW.com](http://www.AKAIKELAW.com)

MARCOS
NEGRON & AKAIKE
Attorneys & Counselors at Law

Immigrant "Green Card" Individual Questionnaire

Immigrant Visa "Green Card" Information -- [English](#)

Immigrant Visa "Green Card" Information -- [Japanese](#)

Labor Certification Application (LCA/PERM) -- [English](#)

Labor Certification Application (LCA/PERM) -- [Japanese](#)

INDIVIDUAL (Intended Permanent Employee) INFORMATION

PERSONAL INFORMATION

1. Full name:

(last/family): _____

(first/given): _____

(middle name): _____

Any other
name used: _____

2. Date of birth:

_____ (month) _____ (day) _____ (year)

3. Place of birth:

(city): _____

(state/province): _____

(country): _____

4. Present nationality/citizenship (country): _____

5. Sex & marital status:

male female

single married divorced widowed

(If you intend to have accompanying family members, ALSO have your family member complete an individual information sheet.)

6. U.S. Social Security #:

no yes, number: _____

7. U.S. Alien registration #:

no yes, number: _____

A: _____

(CONTINUED ON NEXT PAGE)

8. Full U.S. residential address:

(street/apt.): _____
(city/state): _____
(zip code): _____ U.S.A.
preferred contact [x]
 (tel/home): _____
 fax/home): _____
 (tel/work): _____
 (fax/work): _____
 (cel.): _____
 (email): _____

9. Home country address:

(street/apt.): _____
(city/pref.): _____
(country code): _____
(country): _____
preferred contact [x]
 (tel/home): _____
 fax/home): _____
 (other): _____
 (other): _____

10. Nearest U.S. Consulate/Embassy to your home country address:

11. Passport Information:

(date of issuance): _____
(month) (date) (year)
(expiration): _____
(month) (date) (year)
(issuing country): _____

12. Home country national ID #:

no yes, number: _____

13. If you are currently in the United States, current visa/immigration status:

Type of Visa: _____
(e.g., F-1, B, H-1B, H-3, J, M, L-1A, L-1B, O-1, E-1, etc.)

Visa expires: _____
(month) (date) (year)

I-94 Arrival/Departure card expiration date: _____
(small card inside your passport) (month) (date) (year)

If not a "work" visa, do you have an EAD
(employment authorization document):
 no
 yes, expiration:

(month) (date) (year)

EMPLOYMENT INFORMATION

14. Current employment: Company/
Organization: _____

Position/Title: _____

Division/Dept: _____

Degree required: _____

Major required: _____

License/certificates/
memberships
required: _____

Salary: _____ [] full-time [] part
[] yearly [] monthly [] hourly

Benefits: _____

USD\$ _____
(yearly equivalent monetary amount for benefits)

Dates: _____ - current
(start date: mo./yr. ONLY)

15. Intended employment: [] same as above [] different (only complete sections that are different):

(Information about the company
that will file your "green card"
application.)

Company/
Organization: _____

Position/Title: _____

Division/Dept: _____

Degree required: _____

Major required: _____

License/certificates
memberships
required: _____

Salary: _____ [] full-time [] part
[] yearly [] monthly [] hourly

Benefits: _____

USD\$ _____
(yearly equivalent monetary amount for benefits)

Dates: _____ - _____ PERMANENT
(start date: mo./date/yr.)

16. Description of intended employment (duties, responsibilities, activity, etc.):

[] I have attached a description - or - [] Position described below:

(line 1): _____

(line 2): _____

(line 3): _____

(line 4): _____

(line 5): _____

EDUCATION/EXPERIENCE/ABILITY INFORMATION

NOTE: You can complete the following - or - provide a complete/detailed resume (preferred), including the following information.

17. Education:

A) Academic institution
(college, university) name: _____

Address (city and country ONLY): _____

Field/Major of study: _____
Degree or certificate type
(AAS, BA, MA, Ph.D.): _____

Attendance dates: _____
Date started (mo./yr. ONLY) Ended (mo./yr. ONLY)

B) Academic institution
(college, university) name: _____

Address (city and country ONLY): _____

Field/Major of study: _____
Degree or certificate type
(AAS, BA, MA, Ph.D.): _____

Attendance dates: _____
Date started (mo./yr. ONLY) Ended (mo./yr. ONLY)

C) Academic institution
(college, university) name: _____

Address (city and country ONLY): _____

Field/Major of study: _____
Degree or certificate type
(AAS, BA, MA, Ph.D.): _____

Attendance dates: _____
Date started (mo./yr. ONLY) Ended (mo./yr. ONLY)

18. Prior Experience:

(Do NOT include
current employment
information.)

A) Company/
Organization: _____

Address: _____
(city, state/pref., and country ONLY)

Position/Title: _____

Division/Dept: _____

Dates: _____ - _____
(start date: mo./yr. ONLY) (end date: mo./yr. ONLY)

B) Company/
Organization: _____

Address: _____
(city, state/pref., and country ONLY)

Position/Title: _____

Division/Dept: _____

Dates: _____ - _____
(start date: mo./yr. ONLY) (end date: mo./yr. ONLY)

19. Special Ability & Skills (please describe special skills, ability, languages, etc.):

(line 1): _____

(line 2): _____

(line 3): _____

ADDITIONAL INFORMATION

20. Does the "permanent" position being offered, require ANY ability/exp. GAINED at the sponsoring company?

(line 1): _____

(line 2): _____

21. Have you ever been refused/denied entry into the United States (or a visa application denied/refused)?

(line 1): _____

(line 2): _____

INDIVIDUAL'S DOCUMENTS, COMMONLY REQUIRED:

1. Passport(s).
 2. I-94 Arrival/Departure Card (in the United States).
 3. Social Security card and EAD (work authorization document), if any.
 4. Prior/current immigration documents.
 5. Diploma(s), transcript(s) and license(s)/certificate(s).
- Other:
6. Evaluations, if necessary.
 7. Prior employment verification letters, if necessary.
 8. Tax returns & payroll documents from prior/current employment, if necessary.
 9. Relationship documents (for spouses/children), if necessary.

Marcos, Negron & Akaike, LLP is the recipient of the American Bar Association's Pro Bono Publico Service Award.

NY OFFICE: 349 Broadway, 3rd Floor, NY, NY, 10013 **APPOINTMENT ONLY**

TEL: 212-343-2737 **FAX: 1-212-786-6891** (212-343-9022) EMAIL: KENJIWEB@MNLLP.COM Web: AKAIKELAW.com

Immigration News/Updates -- English

Immigration News/Updates -- Japanese