



U.S. Department of State  
**CONTACT INFORMATION AND WORK HISTORY  
 FOR NONIMMIGRANT VISA APPLICANT**

OMB APPROVAL NO. 1405-0144  
 EXPIRES: 01/31/03  
 ESTIMATED BURDEN 1 Hour

PLEASE TYPE OR PRINT YOUR ANSWERS IN THE SPACE PROVIDED BELOW EACH ITEM  
 PLEASE ATTACH AN ADDITIONAL SHEET IF YOU NEED MORE SPACE TO CONTINUE YOUR ANSWERS

<b>1. Last Name(s)</b>			<b>First Name(s)</b>			<b>Middle Name</b>			
<b>2. Date of Birth (mm-dd-yyyy)</b>			<b>3. Place of Birth</b>						
			Country			City/Town			
						State/Province			
<b>4. Permanent Home Address and Telephone Number (include apartment number, street, city, state or province, postal zone, and country)</b>									
<b>5. Full Name and Address of Spouse (if applicable) (postal box number unacceptable)</b>									
<u>Name (Last, First, Middle)</u>			<u>Address</u>			<u>Telephone Number</u>			
<b>6. Full Names and Addresses of Children, Parents, and Siblings (postal box number unacceptable)</b>									
<u>Name (Last, First, Middle)</u>			<u>Address</u>			<u>Relationship</u>		<u>Telephone Number</u>	
<b>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)</b>									
<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 (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
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Employer's Name and Address:

Telephone Number

Describe Your Duties:

**WORK EXPERIENCE - PREVIOUS**

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
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Employer's Name and Address:

Telephone Number

Describe Your Duties:

**WORK EXPERIENCE - PREVIOUS**

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
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Employer's Name and Address:

Telephone Number

Describe Your Duties:

**WORK EXPERIENCE - PREVIOUS**

Job Title:	Date (mm-dd-yyyy) From	Date (mm-dd-yyyy) To
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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) \_\_\_\_\_