

PART III APPLICANT

16. NAME OF APPLICANT
(Family Name) (First Name) (Middle Name)

17. TYPE OF APPLICANT
 Principal owner/investor/trader Supervisor Specialist
 Manager Executive Other _____

18. PRESENT POSITION AND DUTIES (Describe in detail)

19. NAME AND ADDRESS OF EMPLOYER

20. YEARS WITH PRESENT EMPLOYER 21. HIGHEST LEVEL OF EDUCATION
School: Major/Subject: Degree: Year:

22. OTHER RELEVANT EXPERIENCE AND EDUCATION (Attach curriculum vitae - Optional)

23. POSITION IN UNITED STATES Title: _____
Description of duties (include names and titles of all immediate subordinates):

24. ANNUAL U.S. SALARY AND BENEFIT PACKAGE \$ _____ Salary \$ _____ Allowances/Benefits \$ _____ TOTAL	25. NAME OF PERSON IN UNITED STATES BEING REPLACED: _____
	Type of Visa: _____ If NOT a replacement, is this:
	Date issued: _____ a. An increase in staff? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Place issued: _____ b. Continuation of existing employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

26. IF THE APPLICANT IS A SPECIALIST OR ESSENTIAL SKILLED WORKER, CAN A U.S. WORKER FILL THIS POSITION? (NOTE: Questions 26-28 not applicable to executives/managers)
 Yes No IF NO, WHY NOT?

27. WILL A U.S. WORKER BE TRAINED TO REPLACE THIS INDIVIDUAL?
 Yes No

28. DESCRIBE THE BUSINESS PRESENT OR PLANNED TRAINING PROGRAM FOR U.S. SPECIALISTS AND ESSENTIAL PERSONNEL

29. I do solemnly swear or affirm that all statements which appear in this application and attachments are true and complete to the best of my knowledge and belief.

Signature of Responsible Officer Printed Name and Position or Office Date

30. NAME AND ADDRESS OF PERSON WHO MAY BE CONTACTED ABOUT THIS APPLICATION

Telephone: _____
FAX: _____