

Application form - Imerica Consulting -

Please attach additional pages for any relevant information that cannot be included within the limits of this application form. For a correct completion of this document, please follow the instructions contained within.

Please fill in all the blanks. Your application will not be registered in our database if any of the requested information is missing. The form has to be signed and dated. In case of omission(s) or false presentation of the reality, Imerica Consulting will cancel your application from its database. Please inform Imerica Consulting, within 48 hours, of any change that might occur regarding the data or answers provided below.

Thank you for the time taken to fill in this form. We wish you a successful career!

I. Personal data

Name				Surname			
Date of birth	day	month	year	Place of birth			
Height (cm)				Weight (kg)			
Address (as in ID)							
Actual address (if different)							
Phone				Mobile			
E-mail							
Civil status	<input type="checkbox"/> Unmarried		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widow
				↓Wife/Husband↓	↓Former wife/husband↓		
Name (including surname)				Date of birth	day	month	year
Address							
Wife/Husband's employer							
Do you have children?				<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Name and surname	Date of birth			Address			
	day	month	year				
	day	month	year				
	day	month	year				
	day	month	year				
	day	month	year				

Data regarding your parents

If deceased, please specify.

Imerica Consulting SRL

Office: 107 Sucevei, Oradea, 410095 CUI: 16351482 Labor Dept. no. 11/2004

Operator of personal data code 5993/2007

Tel: 0259-440283

Tel/Fax: 0359-101102

Mobile: 0741-137242

Name of mother (including surname)		Phone	
Address			
Name of father (including surname)		Phone	
Address			

Data regarding your brother(s)/sister(s)

If deceased, please specify.

Name and surname	Age	Address

Military status	<input type="checkbox"/> to serve	<input type="checkbox"/> dispensed	<input type="checkbox"/> already served
-----------------	-----------------------------------	------------------------------------	---

Skilled or trained in handling weapons or explosives?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a gun possession license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

II. Studies (including vocational training)

Please list your studies in reversed chronological order, starting with the most recent ones.

Name of organization providing education	Period (month/year)				Principal subject(s) of study
	From		To		
	month	year	month	year	
	month	year	month	year	
	month	year	month	year	
	month	year	month	year	

III. Foreign languages

Please list all known languages.

Level ↓	English								
	Write	Read	Speak	Write	Read	Speak	Write	Read	Speak

None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beginner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advanced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Professional experience

Please fill in a table for each job you had or have, in reversed chronological order, starting with the last/present one.

1. Name and address of employer	Period				Position
	From		To		
	month	year	month	year	
Wage					
Reason(s) for quitting the job					
Description of duties	-				
Do you agree with reference checking?					<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Name and address of employer	Period				Position
	From		To		
	month	year	month	year	
Reason(s) for quitting the job					
Description of duties	-				
Do you agree with reference checking?					<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Name and address of employer	Period				Position
	From		to		
	month	year	month	year	
Reason(s) for quitting the job					

Description of duties	- - -
Do you agree with reference checking?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Name and address of employer	Period				Position
	From		To		
	month	year	month	year	
Reason(s) for quitting the job					
Description of duties	- - -				
Do you agree with reference checking?					<input type="checkbox"/> Yes <input type="checkbox"/> No

V. Skills and working availability

Do you possess a valid driving license?	<input type="checkbox"/> No <input type="checkbox"/> Yes Category:
---	--

Additional information (skills, awards, member of any association etc.) Please provide detailed information.
.....
.....

Are you willing and capable of physical work?	<input type="checkbox"/> Yes, light work <input type="checkbox"/> No <input type="checkbox"/> Yes, hard work
Are you willing and capable of work involving direct English speaking contact with clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which is the compact timeframe you would like to spend working in United States of America?	
<input type="checkbox"/> 1 mo. <input type="checkbox"/> 3 mo. <input type="checkbox"/> 6 mo. <input type="checkbox"/> 9 mo. <input type="checkbox"/> 12 mo. <input type="checkbox"/> over 12 months	
In which field would you like to work in the United States of America?	
.....	

VI. Relations with United States of America

Do you have relatives living in United States of America or Canada? (regardless of their status and the time spent there)	<input type="checkbox"/> No <input type="checkbox"/> Yes, USA <input type="checkbox"/> Yes, Canada
<input type="checkbox"/> Wife/Husband <input type="checkbox"/> Children <input type="checkbox"/> Parent(s) <input type="checkbox"/> Grand-parent(s) <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Brother/Sister-in-law <input type="checkbox"/> Other relatives	

Do you have friends living in United States of America or Canada? (regardless of their status and the time spent there)	<input type="checkbox"/> No <input type="checkbox"/> Yes, USA <input type="checkbox"/> Yes, Canada
--	---

Have you ever traveled to USA?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Period	month	year	month	year	Where?	Visa type	
Period	month	year	month	year	Where?	Visa type	

Have you ever been refused a US visa?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date	day	month	year	Reason		Visa type	
Date	day	month	year	Reason		Visa type	

Have you or somebody else for you ever filed an immigration petition for USA?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of petition	day	month	year				
Result	<input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Waiting for result						

Have you or somebody else for you ever filed an immigration petition for a country other than USA?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of petition	day	month	year			Country:	
Result	<input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Waiting for result						

Have you ever applied for Diversity Visa Program Lottery?						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date of application	month	year					
Result	<input type="checkbox"/> Accepted <input type="checkbox"/> No answer received						

Do you have a US Social Security Number?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
--	------------------------------	-----------------------------

VII. Legal status

Do you have a valid passport?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Pass. no				
Date of issue	day	month	year	Date of expiry	day	month	year
Are/Were you citizen or permanent resident of any country? (besides your home country)							
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Resident <input type="checkbox"/> Citizen Country..... Since.....							
Please list all countries you visited in the last 10 years							
Please list all countries that issued you a visa							

Have you been convicted for any criminal offence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
---	-----------------------------	------------------------------

Offence		Year		Sanction	
				<input type="checkbox"/> Fine <input type="checkbox"/> Imprisonment years	
Is there any legal decision prohibiting you to leave your home town?			<input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Year taken:		
Is there any other legal decision taken against you?			<input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Decision		
Are you involved at any court in any criminal trial?			<input type="checkbox"/> No <input type="checkbox"/> I'm under investigation <input type="checkbox"/> Yes ▶ Your status in the trial		
<input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff <input type="checkbox"/> Civil part <input type="checkbox"/> Responsible part <input type="checkbox"/> Witness <input type="checkbox"/> Expert <input type="checkbox"/> Interpreter					
Are you involved at any court in any civil or commercial cases?			<input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Your status ▶ Nature of the case		
<input type="checkbox"/> Defendant <input type="checkbox"/> Plaintiff <input type="checkbox"/> Witness <input type="checkbox"/> Expert <input type="checkbox"/> Interpreter		<input type="checkbox"/> Civil <input type="checkbox"/> Commercial <input type="checkbox"/> Divorce			
Is there any final court decision taken against you?				<input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Nature of decision	
<input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> Commercial <input type="checkbox"/> Divorce					
Are you founding member in any legal entity in your home country?			<input type="checkbox"/> No <input type="checkbox"/> Yes ▶ Legal status ▶ Percentage (in case of a company)		
<input type="checkbox"/> Association <input type="checkbox"/> Foundation <input type="checkbox"/> Union <input type="checkbox"/> Limited <input type="checkbox"/> Shared <input type="checkbox"/> Other.....		<input type="checkbox"/> Singular owner (in case of a company) <input type="checkbox"/> Shareholder.....% (in case of a company)			
Do you have an active loan contract with any bank?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Bank		Expiring	month	year	Amount
Bank		Expiring	month	year	Amount

Do you have any bank account depositing over 500 \$?		<input type="checkbox"/> No <input type="checkbox"/> Yes
Bank		
Bank		

Describe the properties you own in Romania Please provide detailed information.
.....
.....
.....

VIII. Health information

Do you suffer of any chronic disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---------------------------------------	--

In case of an affirmative answer, please name it/them.	
Are you allergic to any substances or organic compounds? In case of an affirmative answer, please provide the nature of such substances or organic compounds.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you vegetarian? In case you have special food requirements, please list them.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any disability? In case of an affirmative answer, please provide details on the nature of your disability.	<input type="checkbox"/> Yes <input type="checkbox"/> No

IX. Information for emergency situations

In case of an emergency (accident, calamity etc.) during your stay in United States of America, please provide information of a contact person in **United States of America**?

Name (add surname)		Relation (relative, friend etc)	
Address (in USA)		Phone	

In case of an emergency (accident, calamity etc.) during your stay in United States of America, please provide information of a contact person in **your home country**?

Name (add surname)		Relation (relative, friend etc)	
Address		Phone	

X. References

Please list persons who could provide references regarding you, your skills and competencies. Your relatives do not qualify for this section.

Name	Address, Phone	Position	Relation friend, boss etc.

How have you reached Imerica Consulting? please provide name and surname of resource person
--

XI. Motivation

Your motivation for visiting/working/studying in the United States of America
--

.....

Imerica Consulting SRL is registered as operator of personal data under no. 5993/2007 according to Law 677/2001. By signing into Imerica Consulting database you are entitled to all rights specified by Law 677/2001 including but not limited to those stipulated by art. 12-15 like: right of information, right of access, intervention and object to and relating to processing of personal data.

By signing this document in the space provided bellow, I _____ agree with full knowledge and understanding for my personal data to be processed and stored by Imerica Consulting SRL over a period of 3 years with the purpose of getting a job placement with US employers. I also specifically agree for this data to be transmitted to USA by Imerica Consulting SRL for the purpose mentioned above.

I specify that I am signing this document with full knowledge of the stipulations of Law no.156/2000 regarding the protection of Romanian citizens working abroad and of Law no.677/2001 for the protection of persons concerning the processing of personal data and free circulation of such data.

I hereby certify that the data and answers provided in this application form are true, complete and correct to best of my knowledge.

Date	day	month	year	Signature	
------	-----	-------	------	-----------	--