

APPLICATION FOR EMPLOYMENT AUTHORIZATION IN CANADA - QUESTIONNAIRE TO BE COMPLETED BY PRINCIPAL APPLICANT/SPOUSE/EACH DEPENDANT OVER 18

1. Applicant(s)	Principal Applicant	Spouse and children accompanying applicant		
Family Name				
First Name				
Middle Name				
Relationship				
Sex				
Date of Birth (m/d/y)				
Place of Birth				
Citizenship				
Passport No.				
Passport Issue Date				
Passport Expiry Date				
Marital status				
2. Present address of principal applicant:		3. Single entry visa(s) requested <input type="checkbox"/>		
Telephone Number:		4. Multiple entry visa(s) requested <input type="checkbox"/>		
5. My present occupation is:		6. I have held my present job for:		Months or Years
7. The name and address of my employer and the type of business are:				
8. The name of my future employer in Canada are:		9. The address of my future employer in Canada:		

10. My occupation in Canada will be			11. My salary will be: CDN\$				
12. I am expected to start my employment on:	DD	MM	YY	13. My employment is expected to finish:	DD	MM	YY

14. Have you or any member of your family ever:

a)	Been treated for any serious physical or mental disorders or any communicable or chronic diseases?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
b)	Been convicted of any crime in any country?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
c)	Been refused admission to or ordered to leave Canada?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
d)	Been refused a visa to travel to Canada?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
e)	Obtained a Canadian Social Insurance Number?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
f)	In period of either peace or war, have you ever been involved in the commission of a war crime or crime against humanity, such as: willful killing, torture, attacks upon, enslavement, starvation or other inhumane acts committed against civilians or prisoners of war, or deportation of civilians?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

If the answer to any above is 'YES', give details below:

--	--	--	--	--	--

15. During the pass five years, have you or any family member accompanying you lived in any other country for more than six months:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
---	--------------------------	-----	--------------------------	----

If answer to question 15 is 'YES' list countries and length of stay:

Name	Country	Length of Stay	Name	Country	Length of Stay

I declare that I have answered all required questions in this application fully and truthfully.

Signature of Applicant

Date

**For free evaluation, please fax or email to Randhawa Law Office
2nd Floor - Suite 107, 5120 - 42nd Street N.E.
Calgary, Alberta, Canada T3J 4K3
Fax: 1-403-590-6007
Email: randhawalawoffice@tulus.net
Attn: Surinder Randhawa**