**US EMBASSY, ANKARA, TURKEY**

**CONSULAR SECTION**

**IMMIGRANT VISA UNIT**

*Please complete this form for each traveling family member over the age of 16*

***Please use additional blank sheet if needed.***

**Name:**

**Case Number:**

**EMPLOYMENT HISTORY (please include your entire employment history)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the Employer | Address of Employer | Job Title | Dates of Service |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
|  |  |

**EDUCATION BACKGROUND (please include your entire educational background)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of the School | Location of School | Course of Study | Dates of Attendance |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**MILITARY SERVICE** YES NO

|  |  |  |
| --- | --- | --- |
| Years of Service | Rank/Position | Specialty/Branch |
|  |  |  |

**FOREIGN TRAVEL or RESIDENCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country traveled/resided | Town/City/State | Dates of Travel/Residence | Purpose | Type of visa |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**CONTACT INFORMATION SHEET**

**Please complete this form and forward it along with your documents.**

**Please do not leave any fields blank including U.S. Address**

Your Full Name :

|  |
| --- |
|  |

**Local Mailing Address:**

**Telephone Numbers**

Mobile : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**U.S. Mailing Address**

**c/o Name :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**U.S. Address :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**U.S. Phone Number :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**