

Consul's Checklist for E-2 Applicant

This form is to check the qualifications of the native teacher who applied for E-2 Visa. Please correctly and truthfully answer the following questions.

1. Personal Data

1) NAME IN FULL(As in Passport)		2) DATE OF BIRTH
3) NATIONALITY	4) SEX M. <input type="checkbox"/> , F. <input type="checkbox"/>	5) PASSPORT NUMBER
6) PHONE NUMBER		7) HOME ADDRESS

2. Immigration Data

8) Have you ever obtained E-2 Visa before? Yes <input type="checkbox"/> , No <input type="checkbox"/>
9) Have you ever been punished for the violation of the Immigration Law of Korea? Yes <input type="checkbox"/> , No <input type="checkbox"/>

3. Employment Data

10) Employer Information
a. Name of Contracted Agency / Academy : ()
b. Name of Employer : ()
c. Phone Number in Korea : ()
d. Address in Korea : ()

4. Academic Career

11) Is Your College / University of graduation been authorized by the Government? And, are the Degrees officially certified? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please answer a~d. below.
a. College / University of graduation : ()
b. College / University Address : ()
c. College / University Home Page : ()
d. College / University Phone No. : ()
12) Do you agree to confirm your academic career? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Fill in the following blanks to confirm your academic career.
a. Date of Entrance : (), b. Date of Graduation: ()
c. Degree Name : ()
d. Major : (), e. Study Period : (Years)

5. Criminal Record

13) Have you ever been arrested OR convicted in your country OR foreign country for the violation of laws? Yes <input type="checkbox"/> , No <input type="checkbox"/>

6. Medical Record

14) Do you have OR Have you had any Infectious Diseases which threaten Public Health? Yes <input type="checkbox"/> , No <input type="checkbox"/>
15) Do you have any serious mental disorder? OR Did you have any? Yes <input type="checkbox"/> , No <input type="checkbox"/>
16) Have you ever taken any Narcotic (Drug) OR Have you ever been addicted to alcohol? Yes <input type="checkbox"/> , No <input type="checkbox"/>
17) Are OR were you HIV (AIDS) positive? Yes <input type="checkbox"/> , No <input type="checkbox"/>

7. Consul's Additional Question

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□. 인터뷰 결과 (OFFICIAL ONLY)

인터뷰 일시		총 합 의 견	담당영사	
인터뷰 장소			성명	
인터뷰 방식			서명	