

Unit 203 RVGS Commercial Bldg. No. 84 Gloria Diaz St. BF Resort, Las Piñas 1747 Contact us: (02) 72146327 | +63 9175037482 | +63 9215555353 Email: inquiry@pitatravelandtours.com | pitatravelandtours@gmail.com

Website: www.pitatravelandtours.com

U.S VISA APPLICATION QUESTION GUIDE

(Please do not leave anything blank. Incomplete form will not be processed.)

PERSONAL INFORMATION:

Full Name (as it appears on the passport):			
Date of Birth:	Place of Birth:		
Nationality:	Marital Status:		
Do you hold or have held any nationality other than the	one you indicated above? YES ☐ NO ☐		
Are you a permanent resident of another country other t	han your country of origin? YES ☐ NO ☐		
National Identification Number (if applicable):			
Complete Home Address:			
Country:	Postal Code:		
Set Home Address as Mailing Address? YES ☐ NO			
Country:	Postal Code:		
Landline Number:	Mobile Number:		
Office Number:	_ Email:		
PASSPORT DETAILS:			
Passport No:	_ Issuing Authority:		
City Issued:	Country Issued:		
Issuance Date:	Expiration Date:		
Have you ever lost a passport or had one stolen? YES			
TRAVEL INFORMATION:			
Purpose of Trip to the U.S:			
Have you made specific travel plans? YES ☐ NO ☐	Are there other persons travelling with you? YES ☐ NO ☐		
Name of travel companions and your relationship with t	hem:		
Intended Date of Arrival:	_ Intended Length of Stay:		
Person/Entity Paying for your Trip:	Funds for this Trip: USD		



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Have you ever been to the U.S? YES ☐ NO ☐	Have you ever been issued a U.S Visa? YE	ES 🗆 NO 🗆		
Previous Visa Number:	Latest arrival in the US:	How long:		
Have you ever been denied of a U.S Visa, or been admission at the port of entry? YES ☐ NO ☐	n denied admission to the U.S, or withdraw	n your application for		
Has anyone ever filed an immigrant petition on you	r behalf? YES NO			
U.S CONTACT INFORMATION:				
Name of Contact Person in the U.S:	Relationship with you:			
Complete Address:	Email address:			
Status: US Citizen ☐ Permanent Resident ☐ Other	r:Phone number:			
FAMILY INFORMATION:				
FATHER				
Complete Name:	Occupation:	Occupation:		
Date of Birth:	Place of Birth:			
Nationality:	Address:			
Will accompany you to the U.S? YES ☐ NO ☐				
MOTHER				
Complete Name:	Occupation:			
Date of Birth:	Place of Birth:			
Nationality:	Address:			
Will accompany you to the U.S? YES ☐ NO ☐				
SPOUSE				
Complete Name:	Occupation:	_ Occupation:		
Date of Birth:	Place of Birth:			
Nationality:	Address:			
Date of Marriage:	Place of Marriage:			
Will accompany you to the U.S? YES ☐ NO ☐				
If deceased, please indicate the date and place of de	eath:			



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WORK/EDUCATION/TRAINING INFORMATION:					
Current Occupation:	Date Started:				
Employer/School:					
Address:	Country/Region:				
City:	Postal Code:				
Office Number:	Monthly Salary (if employed): PHP				
Briefly describe your Duties/Responsibilities:					
Were you previously employed?	Employer Name:				
Employer Address:	Employer Number:				
Country/Region:	Postal Code:				
Job Title:	Supervisor's Name:				
Employment Date From:	_ To:				
Briefly describe your Duties/Responsibilities:					
Have you attended any educational institutions at secondary level or above? YES □ NO □ HIGH SCHOOL					
Name of School(s):					
School Addresses:					
Country/Region: Postal Code:					
Date of Attendance From: To:					
COLLEGE					
Name of School:	Course:				
School Addresses:					
Country/Region:	Postal Code:				
Date of Attendance From:	To:				
POST-GRADUATE (if applicable)					
Name of School:	Course:				

School Addresses:

Country/Region: _____ Postal Code: _____

Date of Attendance From:______ To: _____



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TRAV	VET.	HIST	ORY:
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Have y	you traveled to the U.S in the last five	ve years? YES□ N	10 □		
1.	Arrival:		Departure:		
2.	Arrival:		Departure:		
3.	3. Arrival:		Departure:		
4.	. Arrival: Departure:		Departure:		
5.	Arrival:		Departure:		
Have y	you traveled to other countries in the	e last five years? YI	ES□ NO□		
1.	Country:	Arrival:		Departure:	
2.	Country:	Arrival:		Departure:	
3.	Country:	Arrival:		Departure:	
4.	Country:	Arrival:		Departure:	
5.	Country:	Arrival:		Departure:	
	e Languages you speak:				
	I attest that a	all the given inform:	ation are true and c	correct.	
		Signature over Printe	ed Name/Date		