



H2B PROGRAM

For office use only

EMPLOYER ID _____	Participant No.	
JOB START DATE ____ / ____ / ____ month day year	Country:	
JOB END DATE ____ / ____ / ____ month day year	Representative:	
	Date received:	

APPLICATION CHECKLIST

LAST NAME			
FIRST NAME		MIDDLE NAME	
DATE OF BIRTH	____ - ____ - ____ month day year	GENDER	

FORM		COMMENTS
APPLICATION FORM	<input type="checkbox"/>	
TERMS OF PARTICIPATION	<input type="checkbox"/>	
EMPLOYER'S APPLICATION FOR EMPLOYMENT	<input type="checkbox"/>	
PERSONAL REFERENCE FORM	<input type="checkbox"/>	
PROFESSIONAL REFERENCE FORM	<input type="checkbox"/>	
REFERENCE LETTER FROM AN EMPLOYER This letter should be written by your former employer, dated and signed	<input type="checkbox"/>	
CRIMINAL BACKGROUND CHECK CONFIRMATION The criminal background check confirmation must not be older than 1 month, must be dated and stamped by appropriate authorities	<input type="checkbox"/>	
TRANSLATION OF CRIMINAL BACKGROUND CHECK If not originally issued in English, the criminal background check confirmation must be translated into English by a certified translator, stamped and signed	<input type="checkbox"/>	
COPY OF HIGH SCHOOL DIPLOMA + TRANSLATION	<input type="checkbox"/>	
COPY OF PASSPORT INFORMATION PAGE	<input type="checkbox"/>	
2 PASSPORT SIZE PHOTOS	<input type="checkbox"/>	