

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 , No

6. Medical Record

14) Do you have OR Have you had any Infectious Diseases which threaten Public Health?
Yes , No

15) Do you have any serious mental disorder? OR Did you have any?
Yes , No

16) Have you ever taken any Narcotic (Drug) OR Have you ever been addicted to alcohol?
Yes , No

17) Are OR were you HIV (AIDS) positive?
Yes , No

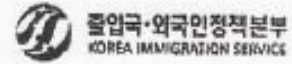
7. Consul's Additional Question

□. 인터뷰 결과 (OFFICIAL ONLY)

인터뷰 일시	
인터뷰 장소	
인터뷰 방식	

중 합 의 견		담당영사	
		성명	
		서명	

【별첨 1】



E-2 Applicant's Health Statement

This form is to check the E-2 Visa Applicant's Health. Please fill in the blanks accurately and truthfully. Please keep in mind that if you fill in the blanks with incorrect information, you would face disadvantages such as visa disapproval, cancellation of stay permit, deportation, etc.

1) NAME IN FULL(As in Passport)		2) DATE OF BIRTH
3) NATIONALITY	4) SEX	5) PASSPORT NUMBER

6) Have you ever caught infectious diseases that threaten Public Health before?
Yes (Infectious Disease name: _____), No

7) Have you ever taken any Narcotic (Drug) OR Have you ever been addicted to alcohol?
Yes (Narcotic name: _____), No

8) Have you ever received treatment for Mental/ Neurotic/ Emotional Disorder?
Yes (Disorder name: _____), No

9) Are OR were you HIV (AIDS) positive?
Yes , No

10) Have you had any serious Diseases OR Injuries for the last 5 years?
Yes (name & recent situation: _____), No

NOTICE :

You MUST make Alien Registration at your District Immigration Office (OR Branch Office) within 90 days after your arrival in Korea. And, when you register, You MUST submit your Health Certificate obtained from the hospital which has been designated by the Korean Government.

Date: _____

Applicant's Signature: _____