רח' דרך מנחם בגין 156 (קומה 24) תל אביב 63142 טלפון: 03-5250332 / פקס: 077-4704207

דוא"ל: [usa@smvisa.co.il](mailto:usa@smvisa.co.il) www.smvisa.co.il

**U.S VISA APPLICATION**

יש למלא את הטופס במלואו, באנגלית ובכתב ברור. פרטים חסרים יעכבו את הטיפול.

שים לב! אי דיוק בפרטים או הצגת מידע כוזב עלול לגרום לסירוב לוויזה

**יש לצרף לטופס הבקשה צילום דרכון נוכחי וצילום וויזה אחרונה, אם הייתה.**

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| **1. PRIVATE DETAILS** | | | |
|  | **Given Nam**e |  | **Surnames** |
| Sure name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Given name | **Full name in Hebrew** | Surname  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Given name | **Have you ever used another name?** |
| \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_ | **Date of Birth** | M / F | **Sex** |
|  | **National ID no** |  | **Marital Status** |
|  | **Country Of Birth**  **יוצאי ברה"מ לשעבר- יש לציין מדינה לאחר הפירוק** |  | **City Of Birth** |
| No  Yes- | **Do you have other Nationalities?** |  | **Nationality** |
| Yes \_\_\_\_\_\_\_\_\_\_\_\_\_  Passport no. | **Do you hold other passports?** | No  Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Did you have other nationality in the past?** |
| **Are you a permanent resident of a country/region other than your country/region of origin (nationality) If yes please indicate.** | | | |
|  | **U.S. Taxpayer ID Number** |  | **U.S. Social Security Number** |

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| **2. LAST VISITS** | | | |
| **Provide information on your last 5 U.S. visits:** | | Yes / No | **Have you ever been in the U.S.?** |
| / / | **Length of Stay** | / / | **Travel Date of Arrival** |
| / / | **Length of Stay** | / / | **Travel Date of Arrival** |
| / / | **Length of Stay** | / / | **Travel Date of Arrival** |
| / / | **Length of Stay** | / / | **Travel Date of Arrival** |
| / / | **Length of Stay** | / / | **Travel Date of Arrival** |
| country \_\_\_\_\_\_\_\_\_\_\_\_\_  no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Do you or did you hold a U.S. Driver's License?** Yes / No | Yes / No | **Have you ever been issued a U.S. Visa?** |
|  | **Last Visa Number** | \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Date Last Visa was Issued** |
|  | **Country where last visa was issued** |  | **Last Visa Type** |
| **Have you ever been refused a U.S. Visa, been refused admission to the United States, or withdrawn your application for admission at the point of entry?** Yes (explain when, where and why) / No | | | |
| Yes / No | **Have you ever ten- printed in the U.S. embassy?** | | |
| **Has your U.S. Visa ever been cancelled or revoked?** Yes (explain when, where and why) / No | | | |
| **Has your U.S. Visa ever been lost or stolen?** Yes (explain when, where and how) / No | | | |
| **Has anyone ever filed an immigrant petition on your behalf with the United States Citizenship and Immigration Services?** Yes (explain who and when) / No | | | |

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| **3. ADDRESSES AND PHONES** | | | |
| **חובה לציין כתובת מדויקת ומלאה. לכתובת זו ישלח דרכונך חזרה מהקונסוליה** | | | **Home Address**  City, Street, no, apt. no.  Zip code |
| Yes / No - if not, provide mailing address: | | | **Is your home address is your mailing address?** |
|  | **Secondary Phone Number** |  | **Primary Phone Number** |
|  |  |  | **Work Phone Number** |
|  | | | **Email** |

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| **3. TRAVEL DETAILS** | | | |
|  | **Intended Date of Arrival** |  | **Have you ever lost/ stolen your passport**  **If yes explain when and where** |
|  | **Intended Length of Stay in U.S.** |  | **Purpose of Your Trip to U.S.** |
|  | | | **Address and telephone no where you'll stay in the U.S** |

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| **other company:**  company name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  full address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  tel. no.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  relation to me  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **other person:**  full name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  tel. no  \_\_\_\_\_\_\_\_\_\_\_\_  relation to me  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  full address  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **self** | | **Person/Entity Paying for Your Trip** |
|  | | | **Other Persons Traveling with You:**  full name and relation to you. | |
| group name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Are you traveling with a group?** | |
|  | | | **Are you a member of any social media platform? If yes where and by what name** | |
|  | | | **Have you used another emaile in the last five years** | |
|  | | | **Have you used additional phone number in the last 5 years** | |
|  | | | **Would you like to give details about social media different from the current if was at the last 5 years** | |

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| **4. U.S CONTACT אם אין, נא לציין פרטי מלון/כתובת בה תשהה** | | | |
|  | | **Contact Person Full Name in the U.S.**  **OR Organization Name in the U.S.** | |
|  | | **U.S. Contact Full Address** | |
|  | **Relation to You** |  | **Phone Number** |
|  | | | **Email (if known)** |

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| **5. FAMILY** | | | |
|  | **Father's Given Names** |  | **Father's Surnames** |
| Yes / No | **Is your father in the U.S.?** | \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Father's Date of Birth** |
|  | **Mother's Given Names** |  | **Mother's Surname** |
| Yes / No | **Is your mother in the U.S.?** | \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Mother's Date of Birth** |
|  | **Full Name** | Yes : spouse / parent / child / fiancé(e) / sibling  No | **Do you have any immediate relatives, not including parents in the U.S.?** |
|  | **Tel. No** |
| **Do you have any other relatives in the United States?**  Yes / No | U.S citizen  Legal Permanent Residents (LPR)  Nonimmigrant  Work Visa  Other:  I don't know | | **Relative's Status in the U.S** |

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| **6. SPOUSE'S DETAILS** – for married and widowed applicants | | | |
| \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Spouse's Date of Birth** |  | **Spouse's Full Name** |
|  | **Spouse's Country of Birth** |  | **Spouse's City of Birth** |
|  | **Spouse’s Address** |  | **Spouse's Nationality** |
| **FORMER SPOUSE'S DETALIS** – for divorced applicants | | | |
| **Number of Former Spouses** \_\_\_\_\_ | | | |
|  | **Former Spouse's** **Given Names** |  | **Former Spouse's** **Surnames** |
|  | **Former Spouse's**  **Nationality** | \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Former Spouse's**  **Date of Birth** |
|  | **Former Spouse's**  **Country Of Birth** |  | **Former Spouse's**  **City Of Birth** |
| \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Date Marriage Ended** | \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Date of Marriage** |
|  | **Country Where the Marriage Ended** |  | **How the Marriage Ended** |

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| **.7 OCCUPATION work / studies details.**  Pupils over 14- provide school details  Retired / Not Employed – provide previous work details | | | |
| Yes | | | **Do you work?** |
| No- explain why: | | |
|  | | | **Present Employer or School Name** |
|  | | | **Full Address** |
|  | **Job Title** |  | **Phone Number** |
|  | **Briefly Describe your Duties** | חובה | **Monthly Salary in NIS (if employed)** |
|  | **Supervisor's full name** |
| \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Employment Date To** | \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Employment Date from** |

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| **8. HEALTH** | |
| No  Yes (explain) | **Do you have a communicable disease of public health significance? (Communicable diseases of public significance include chancroid, gonorrhea, granuloma inguinale, infectious leprosy, lymphogranuloma venereum, infectious stage syphilis, active tuberculosis, and others diseases as determined by the Department of Health and Human Services.)?** |
| No  Yes (explain) | **Do you have a mental or physical disorder that poses or is likely to pose a threat to the safety or welfare of yourself or others?** |
| No  Yes (explain) | **Are you or have you ever been a drug abuser or addict?** |
| **9. PERSONAL BACKGROUND** | |
| No  Yes (explain) | **Have you ever been arrested or convicted for any offense or crime, even though subject of a pardon, amnesty, or other similar action?** |
| No  Yes (explain) | **Have you ever violated, or engaged in a conspiracy to violate, any law relating to controlled substances?** |
| No  Yes (explain) | **Are you coming to the United States to engage in prostitution or unlawful commercialized vice or have you been engaged in prostitution or procuring prostitutes within the past 10 years?** |
| No  Yes (explain) | **Have you ever been involved in, or do you seek to engage in, money laundering?** |
| No  Yes (explain) | **Have you ever committed or conspired to commit a human trafficking offense in the United States or outside the United States?** |
| No  Yes (explain) | **Have you ever knowingly aided, abetted, assisted or colluded with an individual who has committed, or conspired to commit a severe human trafficking offense in the United States or outside the United States?** |
| No  Yes (explain) | **Are you the spouse, son, or daughter of an individual who has committed or conspired to commit a human trafficking offense in the United States or outside the United States and have you within the last five years, knowingly benefited from the trafficking activities?** |

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| No  Yes (explain) | **Do you seek to engage in espionage, sabotage, export control violations, or any other illegal activity while in the United States?** |
| No  Yes (explain) | **Do you seek to engage in terrorist activities while in the United States or have you ever engaged in terrorist activities?** |
| No  Yes (explain) | **Have you ever or do you intend to provide financial assistance or other support to terrorists or terrorist organizations?** |
| No  Yes (explain) | **Are you a member or representative of a terrorist organization?** |
| No  Yes (explain) | **Have you ever ordered, incited, committed, assisted, or otherwise participated in genocide?** |
| No  Yes (explain) | **Have you committed, ordered, incited, assisted, or otherwise participated in extrajudicial killings, political killings, or other acts of violence?** |
| No  Yes (explain) | **Have you ever engaged in the recruitment or the use of child soldiers?** |
| No  Yes (explain) | **Have you, while serving as a government official, been responsible for or directly carried out, at any time, particularly severe violations of religious freedom?** |
| No  Yes (explain) | **Have you ever been directly involved in the establishment or enforcement of population controls forcing a woman to undergo an abortion against her free choice or a man or a woman to undergo sterilization against his or her free will?** |
| No  Yes (explain) | **Have you ever been directly involved in the coercive transplantation of human organs or bodily tissue?** |
| No  Yes (explain) | **Have you ever been the subject of a removal or deportation hearing?** |
| No  Yes (explain) | **Have you ever sought to obtain or assist others to obtain a visa, entry into the United States, or any other United States immigration benefit by fraud or willful misrepresentation or other unlawful means?** |
| No  Yes (explain) | **Have you failed to attend a hearing on removability or inadmissibility within the last five years?** |
| No  Yes (explain) | **Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a U.S. visa?** |
| No  Yes (explain) | **Have you ever withheld custody of a U.S. citizen child outside the United States from a person granted legal custody by a U.S. court?** |
| No  Yes (explain) | **Have you voted in the United States in violation of any law or regulation?** |
| No  Yes (explain) | **Have you ever renounced United States citizenship for the purpose of avoiding taxation?** |
| No  Yes (explain | **Have you attended a public elementary school on student (F) status or a public secondary school after November 30, 1996 without reimbursing the school?** |

**Additional Form For All Men Over 14 and Women**

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| **PREVIOUS WORK** | | | |
|  | **Employer/ Company name** | Yes / No | **Were you previously employed?** |
|  | | | **Full Address** |
|  | **Job Title** |  | **Telephone number** |
|  | **Briefly describe your duties** | surname  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  given name | **Supervisor's full name** |
| \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Employment Date To** | \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Employment Date from** |

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| **EDUCATIONAL BACKGROUND** | | | |
| Yes / No | **Have you attended any educational institutions other than elementary schools?** | | |
|  | | | **Name of Institution** |
|  | | | **Full address** |
|  | | | **Course of study** |
|  | **Date of Attendance To** |  | **Date of Attendance from** |
|  | | | **Name of Institution** |
|  | | | **Full address** |
|  |  |  | **Course of study** |
|  | **Date of Attendance To** |  | **Date of Attendance from** |

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| **EDUCATIONAL BACKGROUND- PART TWO** | | | |
| Yes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / No | | **Do you belong to a tribe or a clan?** | |
| **Provide a List of Languages You Speak** | | | |
|  | | | **Have you traveled to any countries within the last five years?**  **If yes – to which countries?** |
| No / Yes (explain) | **Have you belonged to, contributed to, or worked for any professional, social, or charitable organization?** | | |
| No / Yes (explain) | **Do you have any specialized skills or training, such as firearms, explosives, nuclear, biological, or chemical experience?** | | |

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| **MILITARY SERVICE** | | | |
|  | **Name of Country** | Yes / No | **Have You Ever Served In The Military?** |
|  | **Rank/Position** |  | **Branch of Service** |
|  | | | **Military Specialty** |
| \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Date of Service To** | \_\_\_\_ /\_\_\_\_ / \_\_\_\_\_ | **Date of Service From** |
| No / Yes (explain) | **Have you ever served in, been a member of, or been involved with a paramilitary unit, vigilante unit, rebel group, guerrilla group, or insurgent organization?** | | |