



IRAQI CITIZENS AND NATIONALS EMPLOYED BY FEDERAL CONTRACTORS, GRANTEES & COOPERATIVE AGREEMENT PARTNERS

The following questions must be answered for each Iraqi citizen and national formerly or presently employed under a Department of State contract, grant or cooperative agreement. Please ATTACH a passport-size photo and TYPE responses in the space provided below each item.

Employee

1. Family/Tribal Name

(Please list all variations)

2. First and Middle Names

(Please list all variations)

3. Date of Birth (dd mmm yyyy)

4. Gender

Male

Female

.tif or .bmp Formats Only

Attach Passport-Size Photo Here of Full Frontal View of the Face

.tif or .bmp Formats Only

Family

5. Father's Full Name (Last, First, Middle)

(Please list all variations)

6. Mother's Full Name (Last, First, Middle)

(Please list all variations)

7. Grandfather's Full Name (Last, First, Middle)

(Please list all variations)

Employment

8. Name of Employer

9. Employer Human Resources Point of Contact

(Please list name, email, and phone number)

10. Employee Supervisor

(Please list name, email, and phone number)

11. Dates of Employment (dd mmm yyyy)

Location of Employment

Employee Badge Number

From

To

From

To

From

To

12. Is the person in good standing?

Yes

No

13. Comments

Privacy Act & Paperwork Reduction Act Statements

AUTHORITY: The information solicited on this form is requested pursuant to Section 1248 of the Refugee Crisis in Iraq Act of 2008 included in the National Defense Authorization Act of 2008 (P.L. 110-181).

PURPOSE: The primary purpose for soliciting the information is to verify the employment of Iraqi citizens and nationals by Federal contractors, grantees and cooperative agreement partners.

ROUTINE USES: The information solicited on this form will be used by the Departments of State and Homeland Security to adjudicate refugee, asylum, special immigrant visa, and other immigration claims and applications. Failure to provide the information requested on this form may result in delay or denial of application or claim.

PAPERWORK REDUCTION: Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/ISS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.