

**Public Affairs Section
American Embassy
Nassau, The Bahamas**

*You may either complete this
form or reproduce it for completion*

Date: _____
(month/day/year)

Biographic Data

Surname,

First,

Middle

Name:			
Maiden Name:		Sex:	
Home Address & Tel. No.:			
Business Name & Address:			
Business Tel:		Fax:	
E-mail:			
Cellular Tel.:			
Program being considered for:			
Program Dates:			
Date & Place (City & Country) of Birth:			
Nationality: <i>include any previous nationalities)</i>			
Current Position			
How Long in Current Position? (Indicate Starting Dates; Describe Duties & Responsibilities):			
Other languages Spoken:			

Academic and Professional Training (<i>include institutions, years, and degrees earned</i>):	
Significant Past Positions (<i>Dates Involved & Responsibilities</i>):	
Honors & Memberships (<i>Professional, Social, Sports, Academic, etc.</i>):	
Publications:	
Spouse's Name:	
Children's Names & Ages:	
Travel Abroad (<i>DATES IMPORTANT! Where, When, Business or Pleasure?</i>)	
Dietary Restrictions	

Please List Any U.S. Government Grants Received:	
Person to be Contacted in Case of Emergency <i>(Name, Address, and Telephone Number):</i>	
Smoker / Non-smoker?	
Have you ever been denied a U.S. visa? If so, when?	
State whether you have legal residence status in the U.S. (a green card) or if you are in the process of getting one:	