

**APPLICANT INFORMATION FORM**

A. Personal Information							
Full Name (First, Middle, Last)							
Any other name used previously?							
Present Address							
Email address							
Phone (with country code)				Fax			
Height							
Eye Color							
City, Country of Birth							
Date of Birth							
Native Language (Mother Tongue)							
Settlement funds available in CAD \$							
What city, province do you intend to reside?							
Existing PNP application or nomination from any Province (Y/N)							
If Yes, please provide expiry date and Name of Province							
Education Credential Assessment Report Detail							
Name of Agency ( WES; ICES etc.)							
Date of Assessment							
Certificate number							
Result of Assessment							
Language Test Exam Appeared in		IELTS General		CELPIP General		TEF	
Test Date				Test Result			
Listening		Reading		Writing		Speaking	
A Certificate of Qualification (Trade Certificate) from a Canadian province or territory (Y/N)							

Website: [www.gillvisa.com](http://www.gillvisa.com)

Email: [info@gillvisa.com](mailto:info@gillvisa.com)

**APPLICANT INFORMATION FORM**

B. Current Employment Information		
Current Job	Name of Employer	
	Job Title	
	Start Date	
	Employer Contact Address	
	Location Address	
Have any full time 1 year Job Offer in Canada? (Y/N)		
If yes, please provide LMIA copy / LMIA exempt work permit under international, provincial agreement		

C. Personal History/ Work/ Education/Unemployment					
Please provide a list of all activities undertaken after high school. Examples of activities are Working, Studying, Travelling, Unemployed, In Detention, government or Military service)					
<b>NOTE: Please do not leave any gaps in the personal history</b>					
From Date DD-MM-YYYY	To Date DD-MM-YYYY	Activity/ Job Title	City, Country	Status in Country	Name & Address of (Company/ School)

**APPLICANT INFORMATION FORM**

**D. Addresses:** Please provide a list of all addresses where you have lived since the age of 18 or last 10 years (whichever is less)

**NOTE: Please do not leave any gaps in the address history**

From Date DD-MM-YYYY	To Date DD-MM-YYYY	Apt Number (if applicable) and Street Number	Street Name	City/town	Province	Country

**E. Travel History:** List all dates of travel made outside country of origin and current residence in the last 10 years or for 18 years of age, whichever is most recent. For additional space, please use the Additional Comments Section

From Date DD-MM-YYYY	To Date DD-MM-YYYY	City of Travel	Country of Travel	Purpose of Travel
Date and city (port) of first Entry in Canada				
Date and city (port) of latest entry in Canada				

**APPLICANT INFORMATION**

<b>F. Background Information: Please answer the questions with Yes or No if you or any family member have</b>	
1. Been convicted of a crime or offence in Canada for which a pardon has not been granted under the Criminal Records Act of Canada?	
2. Ever committed, been arrested for, been charged with or convicted of any criminal offence in any country?	
3. Made previous claims for refugee protection in Canada or at a Canadian visa office abroad, in any other country or countries, or with the United Nations High Commissioner for Refugees?	
4. Been refused refugee status, or an immigrant or permanent resident visa (including a Certificate de sélection du Québec (CSQ) or application to the Provincial Nominee Program) or visitor or temporary resident visa, permit, denied entry or ordered to Canada or any other country?	
5. Been involved in an act of genocide, a war crime or in the commission of a crime against humanity?	
6. Used, planned or advocated the use of armed struggle or violence to reach political, religious or social objectives?	
7. Been associated with a group that used, uses, advocated or advocates the use of armed struggle or violence to reach political, religious or social objectives?	
8. Been a member of an organization that is or was engaged in an activity that is part of a pattern of criminal activity?	
9. Been detained, incarcerated, or put in jail?	
10. Had any serious disease (like tuberculosis, renal failure) or any physical or mental disorder?	
11. Have served in any country's armed forces and performed any military/paramilitary service?	
12. Have held any government positions (civil servant, judge, police officer etc.) in any country?	
If responded Yes to any of the above questions, please provide details in the space below.	

**APPLICANT INFORMATION**

<b>G. Family Information</b>		
Current Marital Status above questions, please provide details in the space below.		
<b>SINGLE</b>	<b>MARRIED</b>	<b>WIDOW</b> <b>COMMON LAW</b>
If MARRIED / COMMON LAW, please provide detail below:		
Date of Marriage (DD/MM/YYYY)		
Full Name of Partner (First Name, Last Name)		
Date of Birth		
City, Country of Birth		
Present Address of Partner		
Present Occupation, language skill of Partner ( send resume)		
If WIDOW, please provide detail below:		
Date of Death (DD/MM/YYYY)		
City and country of Death,		
Previous Marriage (if applicable)		
Were you previously MARRIED or in a COMMON-LAW relationship?		
<b>No</b>	<b>Yes</b>	
If YES, please provide detail about your previous spouse or partner below:		
Full Name of Partner (First Name, Last Name)		
Type of relationship	<b>Married</b>	<b>Common Law</b>
From (DD/MM/YYYY)		
To (DD/MM/YYYY)		
Date of Birth (DD/MM/YYYY)		
Parents Information: Provide information about your father and mother		
<b>Father</b>	Full Name (First Name)	
	(Last Name)	

**APPLICANT INFORMATION**

Father	Date of birth					
	City, Country of Birth					
	Marital Status					
	Present Address					
	Present Occupation					
	If deceased, Date and City of Death					
Mother	Full Name (First Name)					
	(Last Name)					
	Date of birth					
	City, Country of Birth					
	Marital Status					
	Present Address					
	Present Occupation					
	If deceased, Date and City of Death					
Sibling Information: List your brothers/sisters/half-brothers/half-sisters/step-brothers/step-sisters						
Name First Name, Last name		Relationship	Date of birth	Place of birth	Marital Status	Current Address /If deceased Date, city and Country of Death
Children Information: List your son/daughter/step-son/step-daughter						

**Children INFORMATION**

Name First Name, Last name	Relationship Son or Daughter	Eye Color	Height	Marital Status	City, Country of Birth	City, Country Address

Family Members in Canada: List all relatives of you or your spouse living in Canada

Name First Name, Last name	Relationship	Status in Canada	Present Address

Additional Comments: Provide any other information relevant to your application and also send your resume

Signature:

Date:

Click on print Button and  
save as PDF