

MEDISEARCH INTERNATIONAL, INC.

Healthcare Recruitment Specialists

240 EAST LAKE STREET
ADDISON, ILLINOIS 60101
TEL: 630.941.8341 /FAX: 630.941.1486
EMAIL: info@medisearch.org

Dear Colleague:

Thank you for your interest in Medi-Search International. Based on the information provided to us, we are pleased to inform you that we do have facilities that are very much interested in adding someone of your caliber to their professional nursing staff.

We have enclosed a service agreement that corresponds to an employment based immigrant petition. The facility is willing to sponsor your employment and immigrant visa based on a minimum 18 month commitment. The scope of your employment will be based on the laws of the governing state that you will work as a Licensed Pending Registered Nurse. Upon successful completion of the NCLEX and unrestricted licensure in the state of employment, your employment term will be a minimum of 18 months commencing from the date of RN licensure and your contract can be mutually renewed upon expiration.

In addition to the service agreement, you will find an additional checklist of items that is required for approval of your immigrant visa. Please make sure you fill out all forms in full and provide the information requested on the checklist. Should you have any questions or concerns, please feel free to contact us via email, fax or phone.

We look forward to welcoming you to our team of medical professionals.

Sincerely,

Rea S. Lorence
Director of Project Development

RSL:jmk
Enclosures

MEDISEARCH INTERNATIONAL, INC.

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DOCUMENT CHECK LIST

Thank you for your interest in applying with MEDI-SEARCH INTERNATIONAL. In order to process your immigration papers quickly and effectively, we need copies of the following documents:

- Signed Service Agreement _____
- Statement of Alien Qualification (ETA 750B) **4 originals** _____
- CGFNS Certificate _____
- IELTS or TOEFL Results (if available) _____
- College Diploma _____
- Board Certificate _____
- Transcript of College Records _____
- Current RN License _____
- Employment Certificates _____
- Marriage Contract (if married) _____
- Date of Birth (for all dependents) _____
- Passport# (for all dependents) _____
- I-94# (if already in the U.S.) _____
- Social Security Number _____
- Present Address/Phone# _____
- Work Address and Phone# _____
- Contact Person in the U.S. (if any) _____
- Address /Phone# of Contact _____
- Photo (2) _____
- Resume _____

If you have any questions regarding the above items, please contact our office.

Please be advised that currently it is extremely difficult to get H-1B petition approvals for nurses. What we can do now is file your immigrant petition and once approved you may apply to the nearest U.S. Embassy for adjustment of status. We can not give you any other information regarding processing times, other than what Immigration gives us. We can assure you that once your application is received in our offices, with the necessary documents, it is processed immediately. However, once your papers have left our offices and are in the hands of the U.S. Immigration, the situation is beyond our control. All we can do is advise you on the status.

Sincerely,

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ADDISON, ILLINOIS 60101
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Agreement made this _____ day of _____ by and between MEDI-SEARCH INTERNATIONAL, INC. 240 East Lake Street, Addison, Illinois, hereinafter referred to as the "AGENCY" and _____, hereinafter referred to as the "APPLICANT".

WITNESSETH

WHEREAS the AGENCY is in need of qualified professional applicants for referral to U.S. Healthcare facilities located in the United States,

WHEREAS the APPLICANT desires to be employed by one of these U.S. Healthcare Facilities located in the United States and,

NOW THEREFORE, in consideration of the mutual promises and obligations contained herein the parties mutually agree as follows:

1. The AGENCY is need of qualified APPLICANT for referral to U.S. Healthcare Facilities located in the United States and,
2. The AGENCY will arrange to obtain an I-140 (immigrant) petition approval on behalf of the APPLICANT.
3. The AGENCY will assist in registration for the State Board Examination for APPLICANT if said APPLICANT is not licensed in the United States.
4. APPLICANT agrees to forward to the AGENCY application fee to cover INS petition filings, as agreed upon in this agreement and stipulated in the Payment Schedule. Possible additional fees shall also include, but not limited to necessary application fees needed for Credential Evaluations, State Board Licensures and/or Examinations. AGENCY will advise APPLICANT of the possible additional fees that pertain to his/her case.
5. APPLICANT agrees to arrive to the United States within 30 days from the date of visa issuance.
6. APPLICANT agrees and understands that AGENCY has no control over the Employer's need for APPLICANT's services. APPLICANT agrees and acknowledges that AGENCY is not responsible and will be held harmless for any delays experienced by APPLICANT prior to or after his/her arrival in the United States. APPLICANT further acknowledges that such delays may ultimately adversely affect APPLICANT's offer of employment position with the employer. Should an offer of employment be withdrawn due to such a delay or unforeseen changes in the employer's need for said APPLICANT, APPLICANT agrees to hold AGENCY harmless from such withdrawal of employment offer and that APPLICANT acknowledges that he/she will not be entitled to a refund for any fees paid or due to AGENCY.
7. APPLICANT authorizes AGENCY to seek alternative Employer(s) or facilities, in the event the need of the Employer or facility changes differs or is modified and/or requires postponement and/or cancellation of Employer's offer of employment.
8. APPLICANT agrees and understands that he/she will not seek employment at another facility on his/her own without first consulting with the AGENCY.
9. APPLICANT agrees to pay AGENCY all fees due as referenced in Payment Schedule of this agreement, incorporated by reference herein, should APPLICANT secure employment elsewhere due to his/her own efforts or through the efforts of others.
10. APPLICANT agrees and understands that the AGENCY and Healthcare Facility do not provide temporary and/or permanent housing unless specifically specified in the offer of employment. Therefore, the APPLICANT agrees and understands that he/she will be responsible for all costs of temporary/permanent housing, unless specified in the offer of employment.

11. *"If APPLICANT requests transfer of employment, APPLICANT will be charged an administrative fee and the customary Immigration filing fee"* ¹
12. *"AGENCY agrees that upon acceptance of a new employment offer by the APPLICANT and the receipt of the filing fee, the AGENCY will file a petition to the Department of Immigration and Naturalization Service for a change of employer."* ²
13. APPLICANT hereby acknowledges that if he/she is in default of any payments due or otherwise cancels or notifies AGENCY of his/her intent to cancel, withdraw or default from this agreement, AGENCY will initiate immediate cancellation of any petitions in process or approved. AGENCY will withdraw acceptance of employment offers presented to the APPLICANT through the resources, efforts or labor of the AGENCY and/or its affiliates, on behalf of the APPLICANT. AGENCY will notify Employer and any United States or State level agencies involved in the processing of the APPLICANT's petition including but not limited to, United State Embassies, Port Authorities, and State Department of Professional Regulations, the cancellation of this agreement, and request immediate revocation of all petitions issued or in process for and on behalf of the applicant.
14. Applicants agrees to forward the necessary fees and documents requested by the AGENCY, to process said petitions. The AGENCY will not be held responsible for filing delays due to APPLICANT's failure to submit documents and/or fees" ³
15. APPLICANT agrees and acknowledges that he/she will not be entitled to any refunds. All monies received by the AGENCY will be acknowledged and applied towards the services rendered up to the date of the termination of the contract. Furthermore, APPLICANT agrees that he/she is liable for the entire contract amount including collection and attorney fees incurred by the AGENCY if this agreement is cancelled or in default.
16. There are no understandings not contained in this agreement with respect tot he subject matter. This agreement shall supersede and cancel all representations, proposals, previous contracts, arrangements, understandings or agreements, whether oral or written, that may have existed between parties with respect to the subject matter of this agreement and constitutes the sole and entire agreement between the parties.
17. No amendment to this agreement shall be effective unless it is in writing and signed by the parties or theirs duly authorized representative.
18. In the event any part of this agreement shall be declared null and void or otherwise unenforceable, such as decision shall not effect the validity the rest of the agreement and only that portion declared null and void or unenforceable shall be stricken from the agreement. The rest of the agreement will still have the same effect with or without the stricken provision.
19. This agreement shall not be construed as to create between AGENCY and APPLICANT, the relationship of principal and agent, employer and employee, joint ventures, co-partners, or any other similar relationship, the existence of which is hereby expressly denied by both AGENCY and APPLICANT, and neither party shall be liable to, nor is this agreement intended to inure to the benefit of, any third party, for any engagement, contract representation or transaction of the other.
20. The laws of the State of Illinois shall govern this agreement. In case of a dispute resulting in the commencement of legal proceedings by either APPLICANT or AGENCY, the parties hereby agree that proper venue for filing of legal action shall be in a court of competent jurisdiction in DuPage County, Illinois. The prevailing party in any legal action shall be entitled to recover all fees and costs of suits incurred, as well as reasonable attorney fees incurred.

IN WITNESS WHEREOF, the parties hereto have signed this entire Agreement as of the end and date above first written.

MEDI-SEARCH INTERNATIONAL

Date

APPLICANT

Date

CGFNS HOLDERS

BASIC (does not reflect any current promotions)

PAYMENT SCHEDULE

Application Fee: \$250.00
Dependent Processing \$500.00 per dependent

All payments should be paid in US Bank Drafts of Money Orders to:

MEDI-SEARCH INTERNATIONAL, INC.
240 E. Lake Street, Suite #200
Addison, Illinois 60101 U.S.A

Additional Information:

It is imperative that you notify our office via Fax, Telephone or e-mail before you purchase your airline tickets. We will instruct you specifically on your port of entry and give you pertinent phone numbers that you will need to ensure a smooth arrival and transition and arrival.

PART B. STATEMENT OF QUALIFICATIONS OF ALIEN

FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: If alien is in the U.S., contact nearest office of Immigration and Naturalization Service. If alien is outside U.S., contact nearest U.S. Consulate.
IMPORTANT: READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.
 Print legibly in ink or use a typewriter. If you need more space to fully answer any questions on this form, use a separate sheet. Identify each answer with the number of the corresponding question. Sign and date each sheet.

1. Name of Alien (Family name in capital letters)				First name	Middle name	Maiden name
2. Present Address (No., Street, City or Town, State or Province and ZIP code)					Country	3. Type of Visa (If in U.S.)
4. Alien's Birthdate (Month, Day, Year)	5. Birthplace (City or Town, State or Province)			Country	6. Present Nationality or Citizenship (Country)	
7. Address in United States Where Alien Will Reside						
8. Name and Address of Prospective Employer if Alien has job offer in U.S.					9. Occupation in which Alien is Seeking Work	
10. "X" the appropriate box below and furnish the information required for the box marked						
a. <input type="checkbox"/> Alien will apply for a visa abroad at the American Consulate in _____		City in Foreign Country		Foreign Country		
b. <input type="checkbox"/> Alien is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at _____		City		State		
11. Names and Addresses of Schools, Colleges and Universities Attended (Include trade or vocational training facilities)	Field of Study	FROM	TO	Degrees or Certificates Received		
		Month Year	Month Year			

SPECIAL QUALIFICATIONS AND SKILLS

12. Additional Qualifications and Skills Alien Possesses and Proficiency in the use of Tools, Machines or Equipment Which Would Help Establish if Alien Meets Requirements for Occupation in Item 9.	
13. List Licenses (Professional, journeyman, etc.)	
14. List Documents Attached Which are Submitted as Evidence that Alien Possesses the Education, Training, Experience, and Abilities Represented	
Endorsements	DATE REC. DOL
(Make no entry in this section - FOR Government Agency USE ONLY)	O.T. & C.

(Items continued on next page)

15. WORK EXPERIENCE. List all jobs held during the last three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.

a. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
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DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT	NO. OF HOURS PER WEEK
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b. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
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DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT	NO. OF HOURS PER WEEK
--	-----------------------

c. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
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DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT	NO. OF HOURS PER WEEK
--	-----------------------

16. DECLARATIONS

DECLARATION OF ALIEN ➤ ➤ Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.

SIGNATURE OF ALIEN	DATE
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AUTHORIZATION OF AGENT OF ALIEN ➤ I hereby designate the agent below to represent me for the purposes of labor certification and I take full responsibility for accuracy of any representations made by my agent.

SIGNATURE OF ALIEN	DATE
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NAME OF AGENT (Type or print)	ADDRESS OF AGENT (No., Street, City, State, ZIP code)
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