

International Visa Service

Put The World In Your Passport

REQUIREMENTS FOR EMPLOYMENT VISA TO SAUDI ARABIA

1. Original valid passport (has to be valid for the full term of your contract)
2. Four (4) recent passport size photos in color facing the camera on the white background
3. A completed application form
4. A reference note showing the number and the date of the employment visa issued from the Ministry of Foreign Affairs.
5. Letter from the company in Saudi Arabia sponsoring the applicant. The letter MUST indicate the block visa number, date, position and the name of the person requested.
6. Copy of the electronic power of attorney issued through Enjaz issued for "American Visa of DC".
7. A copy of the applicants university degree/diploma, which MUST be validated by the Saudi Arabian Cultural Mission. Please note that the diploma and position MUST match (for ex: diploma in engineering and position as engineer). If diploma is not available, please include a copy of the resume and copies of certificates showing you are qualified to be hired for your position.
8. A copy of the employment contract signed by both the sponsor and the applicant.
9. Three (3) copies of the medical report. A licensed physician certifying that the applicant is free of any contagious diseases should issue the medical report. The physician must fill out and sign each copy of the medical report (the saying "please see attached" can appear on the medical report. It has to be filled out in full by your doctor.)

20 East 49th Street, 3rd Floor, New York NY 10017

Tel: 212-759-5540

E-mail: cs@ivsdc.com

The physician's license number and address should appear on each copy of the medical form. Medical reports should be used within three (3) months from the date of issuance. Children under the age of sixteen (16) do not need a medical report.

10. Two copies of lab results from the medical report.
11. Original recent police report with detailed information about applicant's criminal record, if any.
12. IVS Order Form

FEES FOR EMPLOYMENT VISAS:

Service fee: \$350.00 – regular process (10 business days)
\$450.00- rush processing (5-7 business days)

Consular fee: \$170.00 – single entry (includes Enjaz online application and payment)

Shipping fee: \$35.00 – FedEx 2 Day delivery, \$45.00 – FedEx Overnight

If you are providing a copy of the resume and certificates showing your qualifications, please note we'll need to authenticate these documents before Saudi Embassy will accept them. Additional fee of \$125 per document will apply.

صورة

Photo



سفارة المملكة العربية السعودية
واشنطن
القسم القنصلي

Royal Embassy of Saudi Arabia
Washington
Consular Section

الإسم الكامل:	Last Name:	Middle Name:	First Name:
إسم الأم:	Mother's Name:		
محل الولادة:	Place of Birth:	تاريخ الولادة:	Date of Birth:
الجنسية الحالية:	Present Nationality:	الجنسية السابقة:	Previous Nationality:
رقم الجواز:	Passport No:	محل الإصدار:	Place of Issue:
تاريخ الإصدار:	Date of Issue:	تاريخ انتهاء صلاحية الجواز:	Expiration Date:
الحالة الاجتماعية:	Marital Status:	الجنس:	Sex:
متزوج <input type="checkbox"/> عازب <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/>		أنثى <input type="checkbox"/> ذكر <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
الديانة:	Religion:		
المهنة:	Qualification:	المؤهل العلمي:	Profession:
عنوان المنزل ورقم التلفون:	Home Address and Telephone No.:		

البريد الإلكتروني:	E-mail Address:
عنوان الشركة (المؤسسة) ورقم التلفون:	Business Address and Telephone No.:

الغاية من السفر:	Purpose of Travel:
<input type="checkbox"/> شخصية <input type="checkbox"/> خاصة <input type="checkbox"/> دبلوماسية <input type="checkbox"/> حج <input type="checkbox"/> عمرة <input type="checkbox"/> دراسية <input type="checkbox"/> إقامة <input type="checkbox"/> عمل <input type="checkbox"/>	<input type="checkbox"/> Personnel <input type="checkbox"/> Special <input type="checkbox"/> Diplomat <input type="checkbox"/> Hajj <input type="checkbox"/> Umrah <input type="checkbox"/> Student <input type="checkbox"/> Residence <input type="checkbox"/> Employment
<input type="checkbox"/> زيارة عائلة <input type="checkbox"/> حكومة <input type="checkbox"/> رجال اعمال <input type="checkbox"/> تجارية <input type="checkbox"/> سياحة <input type="checkbox"/> مرور <input type="checkbox"/> تمديد عودة <input type="checkbox"/>	<input type="checkbox"/> Family Visit <input type="checkbox"/> Government <input type="checkbox"/> Businessmen <input type="checkbox"/> Commerce <input type="checkbox"/> Tourism <input type="checkbox"/> Transit <input type="checkbox"/> Re-Entry

طريقة الدفع:	Method of Payment: Company Check: [] Money Order: []
اسم وعنوان الشركة أو اسم الشخص الداعي وعنوانه بالمملكة:	Name and Address of Company or Individual invitee in the Kingdom:

معلومات السفر:	Travel Information:
Date of arrival in Saudi Arabia: <input type="text"/> Via Airline: <input type="text"/> Flight No: <input type="text"/>	
City of Embarkation: <input type="text"/> Port of Entry: <input type="text"/>	
Duration of Stay in the Kingdom: <input type="text"/>	

اسم المحرم:	اسم المحرم:
Relationship of the person traveling with:	Name of traveling companion: <input type="text"/>

*** Application must be filed out its entirety ***

I, the undersigned, hereby certify that:

- أنا الموقع أدناه اوافق على اخذ بصمة الاصابع وقزحية العين
- أقر بأن كل المعلومات التي دونتها صحيحة وسأكون ملتزماً بقوانين المملكة أثناء فترة وجودي بها.
- I agree to have my fingerprints taken and my retinal scanned.
- All the information provided is correct. I will abide by the laws of the Kingdom during the period of my residence.

التاريخ:

التوقيع:

الإسم:

Name:	Signature:	Date:
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MEDICAL REPORT

PHOTO

NAME: _____

NATIONALITY:	SEX:	AGE:	MARITAL STATUS:
PASSPORT NO:	ISSUE PLACE:	ISSUE DATE:	
POSITION APPLIED FOR:			

DEAR SIR / MADAM
PLEASE, ARRANGE TO EXAMINE THE ABOVE MENTIONED CANDIDATE AS TO HIS/HER FITNESS FOR THE ABOVE MENTIONED POSITION.

DATE ___/___/___ RECRUITMENT ATTACHE/OR DOCTOR: _____

HISTORY OF ANY SIGNIFICANT PAST ILLNESS INCLUDING:

- PSYCHIATRIC AND NEUROLOGICAL DISORDERS (EPILEPSY, DEPRESSION...)
- ALLERGY

MEDICAL EXAMINATION				LABORATORY INVESTIGATION		
TYPE OF MEDICAL EXAMINATION		NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL	TYPE OF LABORATORY INVESTIGATION (URINE)	NEGATIVE\ NORMAL	POSITIVE\ ABNORMAL
VISION	R. EYE					
	L. EYE					
EYE	OTHER					
	R. EYE					
EAR	L. EYE					
	R. EAR			(STOOL)		
CHEST X - RAY	L. EAR					
PULMONARY TUBERCULOSIS (SYSTEMIC EXAMINATION)						
BLOOD PRESSURE				(BLOOD)		
HEART						
LUNGS						
ABDOMEN						
(OTHERS)				(SEROLOGY)		
*HERNIA						
*VARICOSE VEINS						
EXTREMITIES						
SKIN						
(VENEREAL DISEASES)						
- CLINICAL						
- LAB						
VDRL						
TPHA						
				PREGNANCY TEST		

CONFIRM IF THE APPLICATION HAS ONE OF THE FOLLOWING:	NO	YES
COMMUNICABLE DISEASES		
MENTAL DISORDER		
MENTAL RETARDATION		
PHYSICAL DISORDERS		
HANDICAP		
PARALYSIS		
BLINDNESS		
HEARING DISORDER		
SPEECH DISORDER		

MENTIONED ABOVE IS THE MEDICAL REPORT FOR MR / MRS / MISS _____, WHO IS
 FIT UNFIT FOR THE ABOVE MENTIONED JOB.
 - TO BE FIT, ALL MEDICAL EXAMINATIONS AND LABORATORY INVESTIGATIONS MUST BE WITHIN NORMAL LIMITS. IN THE EVENT OF AN ABNORMAL/POSITIVE RESULT, A TYPEWRITTEN LETTER SIGNED BY THE PHYSICIAN STATING THE CONDITION AND ANY TREATMENT IMPLEMENTED. THIS LETTER SHOULD ALSO INDICATE WHETHER THIS CONDITION OR TREATMENT WILL HAVE ANY EFFECT ON THE APPLICANT'S WORK.

PHYSICIAN NAME: _____ SIGNATURE: _____
 LICENSE NUMBER: _____ STAMP: _____

THIS FORM MUST BE ATTESTED BY ONE OF THE TWO FOLLOWING AUTHORITIES:

THIS IS TO CERTIFY THAT DR. _____ LICENSE NUMBER: _____, IS CURRENTLY LICENSED TO PRACTICE MEDICINE. AUTHORIZED SIGNATURE : _____ (1)	DEPARTMENT OF HEALTH (2)
STAMP OR SEAL OF THE STATE AUTHORITY (COLLEGE OF PHYSICIANS)	

**INTERNATIONAL VISA SERVICE/
PASSPORT PLUS**

**20EAST 49TH STREET, 3RD FL
NEW YORK NY 10017**

Tel: 212-759-5540 E-mail: cs@ivsd.com



IVS Order Form

Applicant Information

Traveler One (1):		
First Name:	Last Name:	DOB:
Traveler Two (2):		
First Name:	Last Name:	DOB:

Services Requested (check all that apply)

US Passport Services:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> 2 nd Passport	<input type="checkbox"/> Name Change	<input type="checkbox"/> Lost
Visa Services:	<input type="checkbox"/> Tourist	<input type="checkbox"/> Business	<input type="checkbox"/> Employment	<input type="checkbox"/> Residence	<input type="checkbox"/> Family Visit
Type of Visa (entries):	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Multiple	<input type="checkbox"/> Not Sure	
Country/Countries:			Processing Speed Requested:		
Date of Departure from USA:			Date Needed in Your Hands:		

Additional Services

Trip Registration	<input type="checkbox"/> YES <input type="checkbox"/> No	Fee: \$15 (covers US Embassy registration for your trip. Add Trip Reg. Application).
Passport Protection	<input type="checkbox"/> YES <input type="checkbox"/> No	Fee: \$25 (covers lost/stolen/damaged passport replacement up to 3 years from the date of issue. Does not include government, post office and shipping fees). For passport orders only.

Shipping Information (where to ship your paperwork back)

Shipping Method:	<input type="checkbox"/> FedEx Overnight	<input type="checkbox"/> FedEx 2 Day	<input type="checkbox"/> Use My Label/FedEx Account #:
Shipping Address: (no PO BOX)	Company:		Name:
	Street Address:		
	City:	State:	Zip Code:
	E-mail:		Phone Number:

Contact Information (for questions, status updates, additional requests, etc)- this is NOT your emergency contact

Name:		Relationship to Applicant:	
Phone #:		E-mail:	

Payment Information

Form of Payment	<input type="checkbox"/> Check (company) or money order <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover			
Credit Card Info:	Card Number:	Exp. Date:	CVV Code:	
	Cardholder's Name:			
	Billing Address:			
Authorization to Charge:	Signature:	Date:	Amount: \$	

Please send all required documents for processing to the address above. Service and embassy fees are non-refundable and are subject to change without notice. IVS is not responsible for any policy changes at the Passport Agency or any of the Embassies as well as delays, damages or loss of documents resulting from the actions of the Passport Agency, any Embassies, FedEx or postal services. By sending this order form, you agree to receive occasional e-mails from IVS with important updates and announcements.

