H-1B Questionnaire

PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY

PART A. Information about the Applicant (alien for H-1B status)

1. Family Given Middle

Name Name Initial

Or, if an entertainment group, give the group name:

1. Date of Birth Country

month/day/year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of Birth: )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Social Security # USCIS “A” number #

(if any) \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ (if any)

1. If in the United States, complete the following:

a. Date of Arrival b. I-94 number

month/day/year \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_

c. Current Nonimmigrant d. Expires

Status month/day/year

e. Current address:

1. Address Abroad: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Passport Info: Country: Number:

Date Issued: Expires:

1. Describe the proposed duties:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Alien’s present occupation and summary of prior work experience (or attach resume)

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1. Alien’s highest level of education (please indicate if alien has a master’s degree or higher from a U.S. university):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PART B. Information about the Employer

1. If an individual:

Family Given Middle

Name Name Initial

If an organization or company:

Organization/Company Name:

1. Address: Attn.:

Street number:

City: State: Country Zip:

1. IRS Tax #:

4. Name and title of person signing forms on behalf of the company:­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

1. Type of business:
2. Year established:
3. Current number of employees:
4. Gross annual income:
5. Net annual income:
6. Total number of full-time employees (or equivalent) working in the United States, including subsidiaries or affiliates:
7. Has employer ever been determined to be a “willful violator” by U.S. Department of Labor of the H-1B labor condition application regulations? ❑Yes ❑No
8. Current number of H-1B workers employed by the company:

PART C. Basic information about the Proposed Employment

1. Job Title:
2. Minimum Education Requirement:
3. Minimum Experience Requirement:
4. Special Requirements:
5. Address where the person(s) will work if different from above:

1. Is this a full-time position? ❑Yes ❑No

If no, give number of hours per week:

1. Wages: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per week \_\_\_\_\_\_\_\_\_\_ per year
2. Other compensation: Value per week: $

Explain:

1. Dates of intended employment: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Job Title of Alien’s Supervisor:
3. Number of Workers Alien Will Supervise:

Part D: Spouse and Children

Does the applicant have a spouse or unmarried children under 21 years of age who are now in the U.S. and will be changing status? ❑Yes ❑No

If yes, answer the following about each member of the family: NO

1. Full name:
2. Date of birth:
3. Country of birth:
4. Social Security # (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A# (if any):
5. I-94# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Current Nonimmigrant status \_\_\_\_\_\_\_\_\_\_\_\_\_ Expires on (month/day/year):
7. Passport Country of issuance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Valid to:
8. Foreign Address:

NOTE: WE WILL NEED A COPY OF EACH DEPENDENT’S I-94.