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PRACTICE LIMITED TO
U.S. IMMIGRATION LAW

TEL: 973-984-8400
FAX: 973-984-8490

EMPLOYER QUESTIONNAIRE

DATE: _____

EMPLOYER: _____

EMPLOYEE: _____

JOB TITLE: _____

To Whom It May Concern:

My office has met with the above-noted individual in connection with your possible interest in becoming an employer sponsor in the labor certification process. Ultimately, a successful conclusion of this process will result in lawful permanent residency ("green card" status) for the individual. Kindly complete the following which our office will utilize to complete the Department of Labor and Immigration & Naturalization Service forms required for this process. For your information, this questionnaire is for our internal use only and is considered confidential material.

SECTION 1. NAME AND NATURE OF BUSINESS.

FULL NAME of corporation or business entity: _____

NAME AND TITLE OF INDIVIDUAL WHO WILL SIGN PAPERWORK: _____

ADDRESS, TELEPHONE AND FAX NUMBERS:

Principal Place of Business: _____
Street City State/Zip

Place of Employment, if different: _____
Street City State/Zip

Telephone and Fax Numbers: () ()
Telephone Fax

NATURE OF BUSINESS: Please provide brief description of the nature of your company's business, including market, service or product focus, and current or potential clients/customers: _____

DATE BUSINESS ESTABLISHED: _____ TOTAL NO. OF EMPLOYEES: _____

GROSS ANNUAL/NET ANNUAL INCOME: _____

SECTION II. JOB OFFERED:

TITLE OF JOB BEING OFFERED TO/JOB BEING HELD BY ALIEN: _____

START DATE: _____

JOB DESCRIPTION: Provide **DETAILS** about type of work being/to be performed. _____

TYPES OF TOOLS, MACHINERY OR EQUIPMENT UTILIZED/TO BE UTILIZED, if any. (Please use industry specific names/descriptions, if applicable.) _____

**SECTION III:
MINIMUM REQUIREMENTS FOR PERFORMANCE OF THE DUTIES OF THE POSITION:**

EDUCATION: _____

EXPERIENCE: _____

SPECIAL KNOWLEDGE/SKILLS/TRAINING: _____

SECTION IV: JOB SPECIFICS:

Will Employee supervise any employees? _____. If yes, how many and what are their job titles? _____

Name and title of Employee's Supervisor: _____

Number of hours Employee will work/is working per week _____

Possible Daily Schedules to include days of week and hours (from/to):

Salary: \$ _____ per week/year \$ _____ per hour, if applicable

ADDITIONAL INFORMATION

Please use the space below to provide additional information which would be pertinent to how employee distinguishes himself/herself for the position, i.e., unique qualities, abilities, training, education, experience: