

# Susan W. Scheer

ATTORNEY AT LAW

MEMBER OF NJ BAR

THE LIBERTY BUILDING  
18 MACCULLOCH AVE.  
MORRISTOWN, NJ 07960

PRACTICE LIMITED TO  
U.S. IMMIGRATION LAW

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

## EMPLOYER QUESTIONNAIRE (H-2 Temporary Visa)

To Whom It May Concern:

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:

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**NAME AND TITLE OF INDIVIDUAL WHO WILL SIGN PAPERWORK:**

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**ADDRESS, TELEPHONE AND FAX NUMBERS: Principal Place of Business:**

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Street

City

State/Zip

**Place of Employment, if different:**

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Street

City

State/Zip

**Telephone and Fax Numbers:**

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Telephone

Fax

**DATE BUSINESS ESTABLISHED:** \_\_\_\_\_ **TOTAL NO. OF EMPLOYEES:** \_\_\_\_\_

**GROSS ANNUAL/NET ANNUAL INCOME:** \_\_\_\_\_

**NATURE OF BUSINESS:** Please provide brief description of the following:

- nature of your company's business \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- market, service or product focus \_\_\_\_\_  
\_\_\_\_\_
- current or potential clients/customers: \_\_\_\_\_  
\_\_\_\_\_
- percentage of your business which is derived from spring, summer, fall activity \_\_\_\_\_  
\_\_\_\_\_

**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.  
(Provide explanation of need for seasonal or temporary employment)

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

**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 wk/yr \$ \_\_\_\_\_ per hr, 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, and the seasonal nature of position (9-10 months).

