

H-2B QUESTIONNAIRE

A. PETITIONER: COMPANY INFORMATION AND DOCUMENTATION

Point of Contact: _____

Telephone number: _____ Fax number: _____

Email address: _____

1. Legal corporate name: _____

2. Mailing address (**include county**) _____

3. Main telephone number: _____

4. Employee's intended place of work: _____
(if different from above address) _____

5. Company Federal Tax ID no.: _____ date corp. established: _____

6. Nature of business (3-4 words): _____

7. Describe the seasonal/temporary nature of business, products, services and positions seeking to fill:

7. Total number of employees: _____

8. Gross income last FY: \$ _____ net income last FY: \$ _____

9. Name and Title of company officer signing applications: _____

10. Position(s) offered to foreign national:
Position I Title: _____

Duties and responsibilities: _____

Work schedule (hours per week & daily schedule, e.g. 9 a.m. – 5 p.m.)

Wage offered: \$ _____

Position II Title: _____

Duties and responsibilities: _____

Work schedule (hours per week & daily schedule, e.g. 9 a.m. – 5 p.m.)

Wage offered: \$ _____

Position III Title: _____

Duties and responsibilities: _____

Work schedule (hours per week & daily schedule, e.g. 9 a.m. – 5 p.m.)

Wage offered: \$ _____

Position IV Title: _____

Duties and responsibilities: _____

Work schedule (hours per week & daily schedule, e.g. 9 a.m. – 5 p.m.)

Wage offered: \$ _____

Position V Title: _____

Duties and responsibilities: _____

Work schedule (hours per week & daily schedule, e.g. 9 a.m. – 5 p.m.)

Wage offered: \$ _____

Documents required from Petitioning Company:

- a. Company information: Annual report or marketing materials that describe the nature of your business, products, and services.
- b. Company financial information:
 1. Corporate tax filing (cover page of IRS Form 1120)
 2. Last year's sales figures by month and/or income statement and balance sheets on a monthly basis for one year
- c. Marketing Information: Pamphlets, mailers, menus, brochures, etc.

B: H-2B VISA WORKER INFORMATION

copy and give to each worker to fill out;

fax to (401) 847-0888

or email to sherryl@phpattorneys.com

1. Full Name (as it appears on the Passport): _____

2. Foreign Address:

3. Date of Birth: _____

4. Place of Birth: _____

5. U.S. Social Security Number (if you have one): _____

6. Country of Nationality (of passport): _____

7. U.S. Consulate/Embassy nearest to worker's Foreign Address: _____

8. Any INS problems of applications denied by INS? _____

If so, please explain: _____

9. Date and manner of last entry into U.S.: _____

10. Dates of all previous visits to U.S.:

Entry date:

Departure Date:

Type of Visa used:

Expiration:

