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PLEASE RESPOND TO:

- SAN DIEGO OFFICE
 EL CENTRO OFFICE

DATE: _____

LEGAL PLAN (IF ANY): _____

MEMBER ID# OR SS#: _____

EMPLOYMENT IMMIGRATION INTAKE QUESTIONNAIRE

Please provide the following information:

Information About Prospective Employer (Petitioner)

1. Name of Company or Organization
2. Full Address of Employer
3. Phone Number of Employer (including extension)
4. Employer Contact Information
 - a. Full Name:
 - b. Address:
 - c. Phone Number (including extension):
 - d. E-mail address:
5. IRS Tax# (FEIN – Federal Employer Identification Number)
6. Type of Business
7. Date Established
8. Current # of employees

9. Is the Employer a closely held corporation, partnership, or sole proprietorship in which the alien has an ownership interest, or is there a familial relationship between the owners, stockholders, partners, corporate officers, incorporators, and the alien?
10. Gross Annual Income
11. Net Annual Income
12. NAICS Code
13. Job Title of position to be hired
14. Nontechnical Description of Job
15. Prevailing wage for position (if known)
 - a. Prevailing wage source
 - b. Determination date
 - c. Expiration date
16. Wage Offered:

From:	To: (Optional)	Per: (Choose only one)
\$	\$	_ Hour _ Week _ Bi-weekly _ Month _ Year
17. Address where individual will work if different than address above
18. Is this a full time position?
 - If no, how many hours per week for the position
19. Is this a permanent position?
20. Is this a new position?
21. Education: minimum level required:
 - _ None _ High School _ Associate's _ Bachelor's _ Master's _ Doctorate
 - _ Other. If other, specify the education required:
22. Major Field of Study
23. Is training required in the job opportunity?
 - a. If yes, how many months of training is required?
 - b. Indicate the field of training:
24. Is experience in the job offered required for the job?
 - a. If yes, how many months experience is required?

25. Is there an alternate field of study that is acceptable?
a. If yes, specify the major field of study:
26. Is there an alternate combination of education and experience that is acceptable?
a. If yes, specify the alternate level of education that is acceptable:
 None High School Associate's Bachelor's Master's Doctorate
 Other. If other, specify the education required:

b. If applicable, indicate the number of years experience acceptable.
27. Is a foreign educational equivalent acceptable?
28. Is experience in an alternate occupation acceptable?
a. If yes, number of months experience in alternate occupation required:
b. Identify the job title of the acceptable alternate occupation:
29. Job duties:
30. Are the job opportunity's requirements normal for the occupation?
If no, provide documentation demonstrating that the job requirements are supported by business necessity.
31. Is knowledge of a foreign language required to perform the job duties?
If yes, provide documentation demonstrating that the language requirements are supported by business necessity.
32. Specific skills or other requirements:
33. Does this application involve a job opportunity that includes a combination of occupations?
34. Is the position identified in this application being offered to the alien?
35. Does the job require the alien to live on the employer's premises?

36. Is the application for a live-in household domestic service worker?

Information About Prospective Employee (Beneficiary)

1. Full Name
2. Complete Address
3. Phone number
4. Country of Birth
5. Country of Citizenship
6. Date of Birth
7. List spouse and all children related to Alien for whom the petition is being filed:
Name Relationship Date of Birth Country of Birth
8. Class of Admission
9. Alien Registration Number (if any)
10. Social Security Number (if any)
11. Alien Admission number (I-94)
12. Current Nonimmigrant Status
13. Date of arrival
14. Date authorized to stay
15. Education: highest level achieved relevant to the requested occupation:
 None High School Associate's Bachelor's Master's Doctorate
 Other. If other, specify the education required:
16. Specify Major Filed(s) of Study
17. Year relevant education completed
18. Institution where relevant education specified in Question 11 was received
19. Address of conferring institution

20. Did the prospective employee complete the training required for the requested job opportunity?
21. Does the prospective employee have the experience as required for the requested job opportunity?
22. Does the prospective employee possess the alternate combination of education and experience?
23. Does the prospective employee have the experience in an alternate occupation?
24. Did the prospective employee gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested?
25. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for the position?
26. Is the prospective employee currently employed by the petitioning employer?
27. Prospective Employee Work Experience

Job 1

- a. Employer Name
- b. Employer Address
- c. Type of Business
- d. Job Title
- e. Start Date
- f. End Date
- g. Number of Hours worked per week
- h. Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor)

Job 2

- a. Employer Name
- b. Employer Address
- c. Type of Business
- d. Job Title
- e. Start Date
- f. End Date
- g. Number of Hours worked per week
- h. Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor)

Job 3

- a. Employer Name
- b. Employer Address
- c. Type of Business
- d. Job Title
- e. Start Date
- f. End Date
- g. Number of Hours worked per week
- h. Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor)

Job 4

- a. Employer Name
- b. Employer Address
- c. Type of Business
- d. Job Title
- e. Start Date
- f. End Date
- g. Number of Hours worked per week
- h. Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor)

Job 5

- a. Employer Name
- b. Employer Address
- c. Type of Business
- d. Job Title
- e. Start Date
- f. End Date
- g. Number of Hours worked per week
- h. Job Details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor)