



Perm Questionnaire

U.S. Company Information:

1. U.S. Company's Full Legal Name:

2. Company's Main U.S. Address:

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Zip/Postal Code:

3. Company Telephone Number:

4. Federal Employer Identification Number:

5. Type of Business:

6. State Unemployment Identification Number:
(in state where job is)

7. Date Established:

8. # of Employees in U.S.

9. Gross Annual Income:

10. Name and Title of My Company Contact:

11. Contact's Telephone Number:

12. Contact's E-Mail Address:

13. Contact's Address:

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Zip/Postal Code:

- | | | |
|--|----|-----|
| 14. Does the alien have an ownership interest in the company or a familial relationship with someone who does have such an interest? | NO | YES |
| 15. Has the employer recruited for this or a similar position within the last six months? | NO | YES |
| 16. Has the employer laid-off employees for this or a similar position within the last six months? | NO | YES |
| 17. Has the employer paid for the alien's education? | NO | YES |

EMPLOYEE (BENEFICIARY) INFORMATION

- | | | |
|--|--------------------------------|-------------------------------|
| 1. Given (First) Name: | 2. Family (Last) Name: | 3. Middle Name: |
| 4. Other Names: (aliases, maiden name, previous names) | | |
| 5. Date of Birth: | 6. Sex: | 7. Social Security Number: |
| | | 8. A-Number: (if any)
A- |
| 9. Country of Birth: | 10. Province of Birth: | 11. Countries of Citizenship: |
| 12. Marital Status: | Single | Married |
| | Separated | Divorced |
| | | Widowed |
| 13. Spouse's Name: | 14. Spouse's Country of Birth: | 15. Spouse's Date of Birth: |
| 16. Names of Children/Dates of Birth/Places of Birth/Social Security Numbers (if any): | | |

17. Beneficiary's Current Address:

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Country:

Zip/Postal Code:

18. Beneficiary's Home Telephone Number:

19. Beneficiary's Work Telephone Number:

20. Beneficiary's E-Mail Address:

21. Beneficiary's Foreign Address: (a family address is fine)

22. Has the beneficiary ever had a U.S. Visa? If yes, please describe the type of
U.S. Visa and circumstances in the box below.

NO YES

23. What was the highest level of education the employee achieved relevant to the position?

None High School Associate's Bachelor's Master's Doctorate Other

24. Institution where this education was completed:

25. Major:

26. Year Completed

27. Address of this institution:

Street Number and Name:

City:

Country:

State/Province:

Zip/Postal Code:

INFORMATION ABOUT U.S. POSITION

1. Job Title:

2. U.S. Salary:

3. County where the beneficiary will work:

4. Title of the person who will supervise the beneficiary:

5. Titles of people the beneficiary will supervise:

6. Number of people to be supervised:

7. Hours per week:

8. What percentage of that time will be spent travelling?

9. Wages per week or per year:

10. Work Schedule:

11. Beneficiary's Work Address: (if the beneficiary will work in a different location)

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Country:

Zip/Postal Code:

12. Briefly describe the beneficiary's job duties in the United States. Specify any special requirements for the position, including foreign and computer languages.

INFORMATION ABOUT YOUR PREVIOUS EMPLOYMENT

Please provide the following information about your previous employment. You need only list jobs related to the U.S. position.

Job 1

1. Full Legal Name of Employer:

2. Address of Employer Abroad:

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Country:

Zip/Postal Code:

Telephone Number:

3. Dates of beneficiary's employment with this employer.

Exact Date Started:

Exact Date Ended:

4. Name of Supervisor:

5. Job Title:

6. Hours per week:

7. Type of Business:

8. Describe your job and duties.

Job 2

1. Full Legal Name of Employer:

2. Address of Employer Abroad:

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Country:

Zip/Postal Code:

Telephone Number:

3. Dates of beneficiary's employment with this employer.

Exact Date Started:

Exact Date Ended:

4. Name of Supervisor:

5. Job Title:

6. Hours per week:

7. Type of Business:

8. Describe your job and duties.

Job 3

1. Full Legal Name of Employer:

2. Address of Employer Abroad:

Street Number and Name:

Suite/Apt. Number:

City:

State/Province:

Country:

Zip/Postal Code:

Telephone Number:

3. Dates of beneficiary's employment with this employer.

Exact Date Started:

Exact Date Ended:

4. Name of Supervisor:

5. Job Title:

6. Hours per week:

7. Type of Business:

8. Describe your job and duties.

PLEASE ATTACH THE FOLLOWING DOCUMENTS
TO THE COMPLETED QUESTIONNAIRE

1. If employee previously held J-1 or J-2 status, a copy of either a DS-2019 or a copy of the J visa stamp in employee's passport.
2. A complete copy of the employee's passport including: bio page, current/previous U.S. Visa Stamp(s) and Form I-94 (if applicable), front and back. If employee's family will also come to the U.S., please attach copies of the same.
3. A copy of the employee's updated resume.
4. A copy of employee's Academic Credentials, i.e. university degree with translations, if applicable, and educational evaluation if possible.
5. If the employee is presently or was previously in school in the U.S., a copy of the employee's I-20 and Work Authorization Card (EAD card).
6. If the employee has worked previously in the U.S., copies of ALL previous Approval Notices from the USCIS (Form I-797).
7. If already in employee's possession, copies of employment verification letters from previous employers.