

LL.M. LAW GROUP
IMMIGRATION QUESTIONNAIRE FOR EMPLOYERS

Information to be provided by Employer

Type of employer: U.S. Citizen or permanent resident
Organization
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
Other (please explain on separate page)

Name and title of Employer _____

Name of Employee (Family Name, First, Middle, Maiden) _____

Employee's current visa type (If in U.S.) _____

Address of Employer (principal place of business) _____

Employer contact number(s) and e-mail address _____

Best time to reach _____

Best form of communication Mail Phone Fax e-mail

Present Address of Employee in the U.S. _____

Employee contact number(s) e-mail address _____
Phone # of current residence: _____

Present Foreign
Address of
Employee

Employee
Country of
Citizenship

Employee Country
of Birth

Employee date
of Birth

Employee Alien
Registration
Number (A#)

Employee
admission
number from the
form I-94

Class of admission

Employee Education: highest level achieved relevant to the required occupation:

Employee major
field(s) of study

Year employee completed the relevant education

Institution where relevant education was received and address (City, State/Province, Country, Postal code):

Did you pay for any of the employee's education or training necessary to satisfy any of the job requirements for the current position? Yes No

Job title for proposed position

Occupation title

Occupational code (if known) of proposed employment

Skill Level

Education: minimum level required

Job SOC/O*NET (OES) Code (if known) _____

Prevailing wage tracking number (if applicable) _____

Detailed non-technical job duties description for proposed position: **(please attach on a separate page, and include information regarding minimum education, training and experience necessary for proposed position)**

Major field of study _____

Number of month of training required in the job opportunity (if applicable)
Indicate the field of training _____

Is experience in the job offered required for the job?
If YES, indicate number of months experience required _____

Is there an alternative field of study that is acceptable
If YES, indicate the major field of study _____

Is there an alternate combination of education and experience that is acceptable?
If YES, indicate the alternate level of education required and the number of years experience acceptable. _____

Is a foreign educational equivalent acceptable? _____

Is experience in an alternate occupation acceptable?
If YES, number of months experience in alternate occupation required and identify the job title of the acceptable alternate occupation. _____

Is a foreign educational equivalent acceptable? _____

Are the job opportunity requirements normal for the occupation?
If NO, provide documentation demonstrating that the job requirements are supported by business necessity.

Yes No

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.

Yes No

Specific skills or other requirements for the job opportunity:

Additional qualifications and skills employee possesses and proficiency in the use of tools, machines or equipment which would help establish requirements for listed occupation:

List employee licenses (professional, journeyman, etc.):

Does this job opportunity includes a combination of occupations?

Yes No

Does the job require the employee to live on the employer's premises?

Yes No

Are you applying for a live-in household domestic service worker?
If YES, have you executed employment contract with the employee and provided copy of the contract to the employee?

Yes No

Proposed work
 schedule:

Full time
 Part time Hours per week _____
 Temporary
 Permanent

LL.M. Law Group
 53 W. Jackson Boulevard
 Suite 409
 Chicago, Illinois 60604

National: (877) 8800-USA (872)
 Local: (312) 8800-USA
 Fax: (312) 880-0870
immigration@lmlaw.com

Wages or Salary offer

Per week _____
 2 weeks _____
 Per year _____
 Per month _____
 Overtime _____
 Hourly _____
 Other compensation (explain) _____

Value per week or per year of other compensation

Salary Offer _____

Prevailing wage (if known) Hour Week Bi-Weekly Month Year

Wage Source (if known) SESA
 Collective Bargaining Agreement
 Other _____
 Year Source Published _____

Prevailing wage Determination Date: Expiration Date:

Number of employees this employee will supervise: _____

Beginning and ending dates of intended employment:

Location(s) where services will be performed in the United States (if different than Employer's address):
In the case employee will be working at different locations, submit wages information for both locations

Supervisor information (or other person who can provide technical information about job offered)

Name _____
 Title _____
 Tel _____
 Fax _____

Basis for classification: New employment
 Continuation of previously approved employment without change
 Change of previously approved employment
 New concurrent employment

If you checked other than “new employment” give the most recent prior petition number for employee, or if not available, specify state where case was originally filed:

Previous filing date _____

please attach all supporting documentation

If your company has employed this individual previously or presently in or out of the United States, please complete the following:

1. Name of Employer _____

2. Job Title _____

3. Duties and responsibilities, including managerial responsibilities _____

4. Number and job titles of people supervised _____

5. Dates of employment _____

6. Relationship, if any, of overseas employer to proposed U.S. employer _____

Recruitment Information

Applying for a professional occupation other than a college or university teacher (require bachelor's degree or equivalent) Yes No

1. Applying for a college or university teacher

If YES, answer the following:

Did you select the candidate using a competitive recruitment and selection process? Yes No

Did you use the basic recruitment process for professional occupations? Yes No

Date employee selected: _____

Name and date of national professional journal in which advertisement was placed:

2. If you DID NOT select the candidate using a competitive recruitment a selection process, or this is the first time you petition for this employee answer the following questions:

Start date for the SWA job order _____

End date for the SWA job order _____

Is there a Sunday edition of the newspaper in the area of intended employment: Yes No

Name of newspaper (of general circulation) in which the first advertisement was placed and the date of first advertisement in this newspaper: _____

Name of newspaper or professional journal (if applicable, please circle the appropriate advertisement source) in which second advertisement was placed and the date of publication:

3. Professional recruitment information. Complete at least 3 of the items.

Dates advertised at job fair From: To:

Dates of on-campus recruiting From: To:

Dates posted on employer web site From: To:

Dates advertised with trade or professional organization From: To:

Dates listed with job search web site From: To:

Dates listed with private employment firm From: To:

Dates advertised with employee referral program From: To:

Dates advertised with campus placement office From: To:

Dates advertised with local or ethnic newspaper From: To:

Dates advertised with radio or TV ads From: To:

4. Has the employer received payment of any kind for the submission of current application:

If YES, describe details of the payment including the amount, date and purpose of the payment:

5. Has the bargaining representative for workers in the occupation in which the alien will be employed been provided with notice of current filing at least 30 days but not more than 180 days before the date the application was filed? Yes No
N/A

6. If there is no bargaining representative, has a notice of this filing been posted for 10 business days in a conspicuous location at the place of employment, ending at least 30 days before but not more than 180 days before the date the application is filed? Yes No
N/A

7. Has the employer had a layoff in the area of intended employment or in a related occupation within the six months immediately preceding the filing of the current application? Yes No

If YES, were the laid off U.S. workers notified and considered for the job opportunity for which certification is sought? Yes No
N/A

Provide any additional recruitment information.

Documents to be provided by Employer*

***Applications require several types of supporting documentation. Please provide responses for the following questions and documentation supporting your responses (i.e., articles of incorporation, federal/state tax returns, financial audits):**

1. Tax Identification Number:
2. EIN Number:
3. Social Security # (if petitioner is a sole-proprietor)
4. Date established (month/day/year):
5. Nature of Employer's Business:
6. Current Number of Employees:

7. Number(s) of H-1B Employees:
8. Annual Gross Income:
9. Annual Net Income:
10. If known: NAICS Code _____
DOL/ETA Case Number _____
11. Attach evidence that employee possesses the education, training, experience, and abilities for the job

Employer Certification

I. For sponsors of temporary employee

Employer must certify the following conditions of employment:

- a. I have enough funds available to pay the wage or salary offered the alien.
- b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work.
- c. The wage offered is not based on commissions, bonuses or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
- d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.
- e. The job opportunity does not involve unlawful discrimination by race, creed, national origin, age, sex, religion, handicap, or citizenship.
- f. The job opportunity is not:
 1. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
 2. At issue in a labor dispute involving a work stoppage.
- g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, state or local law.
- h. The job opportunity has been and is clearly open to any qualified U.S. worker.
- i. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
- j. The job opportunity is for full-time, permanent employment for an employer other than the alien.

II. For sponsors of permanent employee

Employer must agree to the following statements:

LL.M. Law Group
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Suite 409
Chicago, Illinois 60604

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Fax: (312) 880-0870
immigration@llmlaw.com

- a. Wages: Pay non-immigrants at least the local prevailing wage or the employer’s actual wage, whichever is higher, and pay for non-productive time. Offer non-immigrants benefits on the same basis as U.S. workers.
- b. Working Conditions: Provide working conditions for non-immigrants which will not adversely affect the working conditions of workers similarly employed.
- c. Strike, Lockout, or Work Stoppage: No strike or lockout in the occupational classification at the place of employment.
- d. Notice: Notice to union or to workers at the place of employment. A copy of this form to H-1B workers.

Declaration of Employer

By signing below or by submitting this Questionnaire via e-mail without signature, I, on behalf of the employer, attest that all of the information and certifications provided in this Questionnaire are true and correct. I agree to make supporting documentation and other necessary records available for purposes of this immigration application and that I will be truthful in all future exchanges with the LL.M. Law Group.

Print name _____

Signature _____

Date _____