

**REQUIRED INFORMATION
FOR
H 1B PETITION**

INFORMATION RELATING TO SPONSORING COMPANY

1. COMPANY NAME: _____
2. COMPANY'S ADDRESS: _____
STREET NAME/NUMBER

CITY STATE COUNTY ZIP
3. EMPLOYER'S FEDERAL EMPLOYER IDENTIFICATION NUMBER (IRS #): _____
4. NAME OF EMPLOYER (HIRING/DESIGNATED OFFICIAL):

FIRST FULL MIDDLE LAST
5. TITLE OF EMPLOYER (HIRING/DESIGNATED OFFICIAL): _____
6. TELEPHONE NUMBER OF COMPANY: _____ EXT. _____
(INCLUDE AREA CODE)
FAX NUMBER: _____ E-MAIL ADDRESS: _____
7. TYPE OF BUSINESS: _____ NAICS CODE: _____
8. CURRENT NUMBER OF EMPLOYEES IN THE US: _____
IF 50 OR MORE INDIVIDUALS ARE EMPLOYED IN THE U.S., ARE MORE THAN 50% OF THOSE
EMPLOYEES IN H-1B OR L NONIMMIGRANT STATUS? YES NO
9. YEAR ESTABLISHED: _____
10. COMPANY'S GROSS ANNUAL INCOME: \$ _____

11. COMPANY'S NET ANNUAL INCOME: \$ _____

12. JOB TITLE OF POSITION PETITIONED FOR: _____

13. DETAILED DESCRIPTION OF PROPOSED DUTIES:

14. IS THE POSITION PETITIONED FOR PART-TIME OR FULL-TIME? _____

IF PART-TIME, HOURS PER WEEK: _____

15. WAGE RATE PAID TO NONIMMIGRANT WORKER: \$ _____ RATE IS PER: _____
YR/HR

16. ANY OTHER COMPENSATION THAN LISTED ABOVE (PLEASE EXPLAIN):

17. PERIOD OF EMPLOYMENT: _____ BEGINNING _____ ENDING _____

18. PHYSICAL LOCATION WHERE NONIMMIGRANT WILL WORK:

STREET NAME/NUMBER

CITY STATE ZIP

19. IF THE NONIMMIGRANT WILL WORK IN MORE THAN ONE LOCATION THAN THE ONE LISTED ABOVE, PLEASE STATE WHERE:

STREET NAME/NUMBER

CITY	STATE	ZIP
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20. IS THE EMPLOYER A “DEPENDENT EMPLOYER?” PLEASE SEE FOOTNOTE FOR DEFINITION^I.

YES NO

21. HAS THE EMPLOYER EVER BEEN FOUND TO BE A “WILLFUL VIOLATOR?” PLEASE SEE FOOTNOTE FOR DEFINITION^{II}.

YES NO

22. IS THE PERSON SEEKING NONIMMIGRANT VISA AN “EXEMPT H-1B NONIMMIGRANT?” PLEASE SEE FOOTNOTE FOR DEFINITION^{III}.

YES NO

23. HAS ANY BENEFICIARY IN THIS PETITION:

A. EVER BEEN GIVEN THE CLASSIFICATION YOU ARE NOW REQUESTING?

YES NO

B. EVER BEEN DENIED THE CLASSIFICATION NOW REQUESTING?

YES NO

IF YES, PLEASE EXPLAIN:

^I **Dependent Employer** means an employer that (a) has 25 or fewer full-time employees who are employed in the U.S. and employs more than 7 H-1B non-immigrants; (b) has at least 26 but not more than 50 full-time equivalent employees who are employed in the U.S. and employs more than 12 H-1B non-immigrants; or (c) has at least 51 full-time equivalent employees who are employed in the U.S. and employs H-1B non-immigrants in a number that is equal to at least 15% of the number of such full-time equivalent employees.

^{II} A **Willful Violator** is an employer whom the Secretary of Labor has found to have willfully failed to meet a condition of the labor condition application described in Section 212(n) of the Immigration and Nationality Act.

^{III} An **“Exempt H-1B Non-immigrant”** is a person who (a) receives wages (including cash bonuses and similar compensation) at an annual rate equal to at least \$60,000; or (b) has attained a master’s degree or higher (or its equivalent) in a specialty related to the intended employment.

D. DATE STATUS EXPIRES: _____
MONTH DAY YEAR

E. STUDENT & EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS) NUMBER (IF ANY):

F. EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) NUMBER (IF ANY):

G. VALID PASSPORT NUMBER: _____

H. DATE PASSPORT ISSUED: _____
MONTH DAY YEAR

I. DATE PASSPORT EXPIRES: _____
MONTH DAY YEAR

J. PASSPORT ISSUED BY _____
(COUNTRY)

12. BENEFICIARY'S PRESENT OCCUPATION:

13. BENEFICIARY'S SUMMARY OF PRIOR WORK EXPERIENCE:

14. BENEFICIARY'S HIGHEST LEVEL OF EDUCATION: _____

15. MAJOR/PRIMARY FIELD OF STUDY: _____

16. HAS THE PERSON SEEKING NONIMMIGRANT VISA EVER BEEN IN DEPORTATION OR EXCLUSION PROCEEDINGS?

YES NO

IF YES, PLEASE STATE REASON:

1ST DEPENDENT (IF APPLICABLE)

1. INDIVIDUAL'S NAME: _____
FIRST FULL MIDDLE

LAST

2. ALL OTHER NAMES USED (INCLUDE ALIASES, MAIDEN NAME, AND NAMES FROM ALL PREVIOUS MARRIAGES): _____

3. CURRENT U.S. ADDRESS: _____
STREET NAME/NUMBER

CITY STATE COUNTRY ZIP

FOREIGN ADDRESS: _____
STREET NAME/NUMBER

CITY STATE/PROVINCE COUNTRY ZIP

4. DATE OF BIRTH: _____ GENDER: _____
MONTH DAY YEAR

5. SOCIAL SECURITY NUMBER (IF ANY): _____

6. ALIEN REGISTRATION NUMBER (IF ANY): _____

7. COUNTRY OF BIRTH: _____ PROVINCE/STATE OF BIRTH: _____

8. COUNTRY OF CITIZENSHIP: _____

9. TELEPHONE NUMBER: _____
(INCLUDE AREA CODE)

10. E-MAIL ADDRESS: _____

11. IF THE NONIMMIGRANT IS IN THE UNITED STATES, COMPLETE THE FOLLOWING:

A. DATE OF LAST ARRIVAL: _____
MONTH DAY YEAR

B. I-94 ADMISSION NUMBER: _____

C. CURRENT IMMIGRATION STATUS: _____

D. DATE STATUS EXPIRES: _____
MONTH DAY YEAR

2ND DEPENDENT (IF APPLICABLE)

1. INDIVIDUAL'S NAME: _____
FIRST FULL MIDDLE

LAST

2. ALL OTHER NAMES USED (INCLUDE ALIASES, MAIDEN NAME, AND NAMES FROM ALL PREVIOUS MARRIAGES): _____

3. CURRENT U.S. ADDRESS: _____
STREET NAME/NUMBER

CITY STATE COUNTRY ZIP

FOREIGN ADDRESS: _____
STREET NAME/NUMBER

CITY STATE/PROVINCE COUNTRY ZIP

4. DATE OF BIRTH: _____ GENDER: _____
MONTH DAY YEAR

5. SOCIAL SECURITY NUMBER (IF ANY): _____

6. ALIEN REGISTRATION NUMBER (IF ANY): _____

7. COUNTRY OF BIRTH: _____ PROVINCE/STATE OF BIRTH: _____

8. COUNTRY OF CITIZENSHIP: _____

9. TELEPHONE NUMBER: _____
(INCLUDE AREA CODE)

10. E-MAIL ADDRESS: _____

11. IF THE NONIMMIGRANT IS IN THE UNITED STATES, COMPLETE THE FOLLOWING:

A. DATE OF LAST ARRIVAL: _____
MONTH DAY YEAR

B. I-94 ADMISSION NUMBER: _____

C. CURRENT NONIMMIGRATION STATUS: _____

D. DATE STATUS EXPIRES: _____
MONTH DAY YEAR

E. STUDENT & EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS) NUMBER (IF ANY):

F. EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) NUMBER (IF ANY):

G. VALID PASSPORT NUMBER: _____

H. DATE PASSPORT ISSUED: _____

MONTH DAY YEAR

I. DATE PASSPORT EXPIRES: _____

MONTH DAY YEAR

J. PASSPORT ISSUED BY : _____

(COUNTRY)

3RD DEPENDENT (IF APPLICABLE)

1. INDIVIDUAL'S NAME: _____
FIRST FULL MIDDLE

LAST

2. ALL OTHER NAMES USED (INCLUDE ALIASES, MAIDEN NAME, AND NAMES FROM ALL PREVIOUS MARRIAGES): _____

3. CURRENT U.S. ADDRESS: _____
STREET NAME/NUMBER

CITY STATE COUNTRY ZIP

FOREIGN ADDRESS: _____
STREET NAME/NUMBER

CITY STATE/PROVINCE COUNTRY ZIP

4. DATE OF BIRTH: _____ GENDER: _____
MONTH DAY YEAR

5. SOCIAL SECURITY NUMBER (IF ANY): _____

6. ALIEN REGISTRATION NUMBER (IF ANY): _____

7. COUNTRY OF BIRTH: _____ PROVINCE/STATE OF BIRTH: _____

8. COUNTRY OF CITIZENSHIP: _____

9. TELEPHONE NUMBER: _____
(INCLUDE AREA CODE)

10. E-MAIL ADDRESS: _____

11. IF THE NONIMMIGRANT IS IN THE UNITED STATES, COMPLETE THE FOLLOWING:

A. DATE OF LAST ARRIVAL: _____
MONTH DAY YEAR

B. I-94 ADMISSION NUMBER: _____

C. CURRENT NONIMMIGRATION STATUS: _____

D. DATE STATUS EXPIRES: _____
MONTH DAY YEAR

E. STUDENT & EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS) NUMBER (IF ANY):

F. EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) NUMBER (IF ANY):

G. VALID PASSPORT NUMBER: _____

H. DATE PASSPORT ISSUED: _____
MONTH DAY YEAR

I. DATE PASSPORT EXPIRES: _____
MONTH DAY YEAR

J. PASSPORT ISSUED BY: _____
(COUNTRY)

PROCESSING INFORMATION

IF THE BENEFICIARY OR BENEFICIARIES ARE OUTSIDE OF THE UNITED STATES OR A REQUESTED EXTENSION OF STAY OR CHANGE OF STATUS CANNOT BE GRANTED, STATE THE U.S. CONSULATE OR INSPECTION FACILITY YOU WANT NOTIFIED IF THIS PETITION IS APPROVED.

A. TYPE OF OFFICE: CONSULATE PRE-FLIGHT INSPECTION PORT OF ENTRY
(CHECK ONE)

B. OFFICE ADDRESS: _____
(CITY)

C. U.S. STATE OR FOREIGN COUNTRY: _____

D. BENEFICIARY'S FOREIGN ADDRESS: _____

REQUIRED DOCUMENTATION FOR H PETITIONS

DETAILED RESUME FOR EMPLOYEE

EDUCATIONAL CREDENTIALS FOR EMPLOYEE (E.G., COLLEGE DIPLOMAS, TRANSCRIPTS, ACADEMIC EVALUATION, FORM(S) I-20, EAD CARD)

COPY OF ENTIRE PASSPORT FOR EMPLOYEE AND DEPENDENT

COPY OF CURRENT VISA (IF CURRENTLY IN THE US) FOR EMPLOYEE AND DEPENDENT

COPY OF I-94 (IF CURRENTLY IN THE US) FOR EMPLOYEE AND DEPENDENT

DESCRIPTION OF COMPANY (YEAR ESTABLISHED, PRODUCT OR SERVICE LINE, NUMBER AND LOCATION OF FACILITIES, ETC.)

JOB DESCRIPTION FOR U.S. POSITION

MOST RECENT PAY STUBS AS EVIDENCE OF CONTINUED H-1B EMPLOYMENT

(IF APPLICABLE)