

REQUIRED INFORMATION FOR H 1B PETITION

INFORMATION RELATING TO SPONSORING COMPANY

COMPANY NAME:					
Company's Address:					
STREET NAME/NUMBER					
Сіту	STATE	Coun	ГҮ	ZIP	
Employer's Federal Employ	ZER IDENTIFICATION NUME	BER (IRS #)	:		
Name Of Employer (Hiring,	/Designated Official):				
First	FULL MIDDLE			LAST	
TITLE OF EMPLOYER (HIRING/	DESIGNATED OFFICIAL): _				
TELEPHONE NUMBER OF COM	PANY:(INCLUDE	Area Code)		EXT	
FAX NUMBER:					
Type Of Business:]	NAICS Co	DE:		
		1,111,00			
CURRENT NUMBER OF EMPLOY	YEES IN THE US:				
IF 50 OR MORE INDIVIDUALS AR	RE EMPLOYED IN THE U.S., A	ARE MORE	гнан 50% с	OF THOSE	
EMPLOYEES IN H-1B OR L NON	IMMIGRANT STATUS?	YES	No		
YEAR ESTABLISHED:					
Company's Gross Annual In	ICOME: \$				

COMPANY'S NET ANNUAL INCOME: \$		
OB TITLE OF POSITION PETITIONED FOR:		
DETAILED DESCRIPTION OF PROPOSED DUTIES:		
s The Position Petitioned For Part-time or Full-timi	E?	
F PART-TIME, HOURS PER WEEK:		
Wage Rate Paid To Nonimmigrant Worker: \$	RATE IS PEI	R:YR/HR
ANY OTHER COMPENSATION THAN LISTED ABOVE (PLEASE EX	PLAIN):	
PERIOD OF EMPLOYMENT: BEGINNING	Ending	
PHYSICAL LOCATION WHERE NONIMMIGRANT WILL WORK:		
STREET NAME/NUMBER		
CITY	STATE	ZIP
	DETAILED DESCRIPTION OF PROPOSED DUTIES: IS THE POSITION PETITIONED FOR PART-TIME OR FULL-TIME IF PART-TIME, HOURS PER WEEK: WAGE RATE PAID TO NONIMMIGRANT WORKER: \$ ANY OTHER COMPENSATION THAN LISTED ABOVE (PLEASE EXTREMEDITED TO THE PROPOSED DUTIES: BEGINNING PHYSICAL LOCATION WHERE NONIMMIGRANT WILL WORK: STREET NAME/NUMBER	DETAILED DESCRIPTION OF PROPOSED DUTIES: DETAILED DESCRIPTION OF PROPOSED DUTIES: IS THE POSITION PETITIONED FOR PART-TIME OR FULL-TIME? IF PART-TIME, HOURS PER WEEK: WAGE RATE PAID TO NONIMMIGRANT WORKER: \$ RATE IS PERMY OTHER COMPENSATION THAN LISTED ABOVE (PLEASE EXPLAIN): PERIOD OF EMPLOYMENT: BEGINNING ENDING PHYSICAL LOCATION WHERE NONIMMIGRANT WILL WORK: STREET NAME/NUMBER

		STREET	NAME/NUMBER		
		City		STATE	ZIP
).	Is THE EMPLOYE	r A "Dependent Emplo	YER?" PLEASE SEE F	OOTNOTE FOR DEFINITION ^{I.}	
	YES	No			
1.	HAS THE EMPLO	yer Ever Been Found T	To Be A "Willfu	IL VIOLATOR?" PLEASE S	EE FOOTNOTE
	YES	No			
2.	Is THE PERSON S SEE FOOTNOTE FOR D	EEKING NONIMMIGRANT EFINITION ^{III.}	Visa An "Exem	PT H-1B NONIMMIGRA	ANT?" PLEAS
	YES	No			
3.	HAS ANY BENEF	ICIARY IN THIS PETITION:			
	A . Ever Beel	n Given The Classifica	TION YOU ARE N	OW REQUESTING?	
	YES	No			
	B. Ever Beer	N DENIED THE CLASSIFIC	ATION NOW REQ	UESTING?	
		No			

¹ **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.

INFORMATION RELATING TO SPONSORED INDIVIDUAL

1.	. Individual's Name:				
		First	FULL MID	DDLE	
		LAST	•		
2.	ALL OTHER NAMES USED (INCLUMARRIAGES):			OUS	
3.	Current U.S. Address:				
	STREET NAME/NUMBER				
	CITY	STATE	Country	ZIP	
	FOREIGN ADDRESS:				
		STREET NAME/NU	JMBER		
	CITY	STATE/PROVINCE	Country	ZIP	
4.	DATE OF BIRTH:	DAY YEAR	Gender:		
5.	SOCIAL SECURITY NUMBER (IF A	.NY):			
6.	ALIEN REGISTRATION NUMBER	(IF ANY):			
7.	COUNTRY OF BIRTH:	PROVIN	NCE/STATE OF BIRTH:		
8.	COUNTRY OF CITIZENSHIP:			_	
9.	TELEPHONE NUMBER:	(INCLUDE A	REA CODE)		
10.	E-Mail Address:				
	IF THE NONIMMIGRANT IS IN T	HE UNITED STATES, COMP	LETE THE FOLLOWING:		
	A. DATE OF LAST ARRIVAI	.: Month D	OAY YEAR		
		R:			
	C. CURRENT NONIMMIGRA	ATION STATUS:			

	. DATE STA	ATUS EXPIRES:				
			MONTH	Day	YEAR	
E.	STUDENT	C& Exchange Vi	SITOR INFORMAT	TION SYSTEM	и (SEVIS) Number	(IF ANY):
F.	EMPLOYM	MENT AUTHORIZA	TION DOCUMEN'	T (EAD) Nu	JMBER (IF ANY):	
G.	. VALID PA	ASSPORT NUMBER:				
Н.	. DATE PAS	SSPORT ISSUED:	Month	DAY	YEAR	
I.	DATE PA	SSPORT EXPIRES: _	Монтн		YEAR	
J.	Passport	Г Issued By		(Countr	Y)	
2. Beni		RESENT OCCUPAT				
		UMMARY OF PRIOF				
3. Beni	EFICIANT 55					
3. Beni						
3. Beni						
 4. Beni	eficiary's H	IIGHEST LEVEL OF	FEDUCATION:			
4. Beni 5. Majo	EFICIARY'S H OR/PRIMARY	IIGHEST LEVEL OF FIELD OF STUDY N SEEKING NONIM	EDUCATION:			
4. Beni 5. Majo	EFICIARY'S H OR/PRIMARY THE PERSON	IIGHEST LEVEL OF FIELD OF STUDY N SEEKING NONIM	EDUCATION:			

	YES	No					
IF Y	YES, PLEASE S'	TATE REASON:					
STA BEI INC H-4 ALS	8. LIST BENEFICIARY'S PRIOR PERIODS OF STAY IN H OR L CLASSIFICATION IN THE UNITED STATES FOR THE LAST SIX (6). BE SURE TO ONLY LIST THOSE PERIODS IN WHICH EACH BENEFICIARY WAS ACTUALLY IN THE UNITED STATES IN AN H OR L CLASSIFICATION. DO NOT INCLUDE PERIODS IN WHICH THE BENEFICIARY WAS IN A DEPENDANT STATUS, FOR EXAMPLE, H-4 OR L-2 STATUS. ALSO, PLEASE PROVIDE EVIDENCE OF THE FOREGOING. PHOTOCOPIES OF FORMS I-94, I-797, AND/OR OTHER USCIS ISSUED DOCUMENTS NOTING THESE PERIODS OF STAY IN THE H OR L CLASSIFICATION.						
	FROM (N	MM/DD/YYYY)	PERIO	OS OF STAY		M/DD/YYYY)	
	11(01)1	<u> </u>	-			(1) (1)	

17. HAS THE PERSON SEEKING NONIMMIGRANT VISA EVER BEEN DENIED NONIMMIGRANT VISA?

DEPENDENT INFORMATION

- 1. Are Any Applications By Dependents Being Filed With This Petition?

 Yes No
- 2. Please List, If Any, Alien's and/or Dependent Family Member's Prior Periods Of Stay In H Classification In The U.S. During The Last Six (6) Years:

FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)

1ST DEPENDENT (IF APPLICABLE)

1.	INDIVIDUAL'S NAME:						
		First	FULL MID	DDLE			
			LAST				
2.	ALL OTHER NAMES USED (INCLUE MARRIAGES):			OUS			
3.							
		STREET N	JAME/NUMBER				
	City	STATE	Country	ZIP			
	FOREIGN ADDRESS:						
		STREET NAME/NU	JMBER				
	City	STATE/PROVINCE	Country	ZIP			
4.	DATE OF BIRTH:	DAY YEAR	Gender:				
5.	SOCIAL SECURITY NUMBER (IF AN	Y):					
6.	ALIEN REGISTRATION NUMBER (I	F ANY):					
7.	COUNTRY OF BIRTH:	Provin	CE/STATE OF BIRTH:				
8.	COUNTRY OF CITIZENSHIP:						
9.	TELEPHONE NUMBER:						
		(INCLUDE AF	REA CODE)				
10.	E-Mail Address:						
11.	IF THE NONIMMIGRANT IS IN THE	E UNITED STATES, COMP	LETE THE FOLLOWING:				
	A. DATE OF LAST ARRIVAL:						
	B. I-94 Admission Number						
	C. Current Immigration S	Status:					
	D. DATE STATUS EXPIRES: _						
		MONTH DA	Y YEAR				

Е.	STUDENT & EXCHANGE VISIT	OR INFORMATION	N SYSTEM	(SEVIS) NUMBER (IF ANY):
F.	EMPLOYMENT AUTHORIZATIO	ON DOCUMENT (E	EAD) Nui	MBER (IF ANY):
G.	VALID PASSPORT NUMBER:			
Н.	DATE PASSPORT ISSUED:		DAY	
I.	DATE PASSPORT EXPIRES:	MONTH	DAY	YEAR
J.	PASSPORT ISSUED BY:		(COUNTE	RY)

$2^{\text{\tiny ND}}$ DEPENDENT (IF APPLICABLE)

1.	Individual's Name:						
		First	FULL M	I IDDLE			
		L	AST				
2.	ALL OTHER NAMES USED (INCLUMARRIAGES):			OUS			
3.	3. CURRENT U.S. ADDRESS: STREET NAME/NUMBER						
		STREET N	IAME/ NUMBER				
	CITY	STATE	Country	ZIP			
	FOREIGN ADDRESS:						
	STREET NAME/NUMBER						
	CITY	STATE/PROVINCE	COUNTRY	ZIP			
4.	DATE OF BIRTH:	DAY YEAR	GENDER:				
5.							
6.	ALIEN REGISTRATION NUMBER ((IF ANY):					
7.	COUNTRY OF BIRTH:	PROVINCE,	/STATE OF BIRTH:				
8.	COUNTRY OF CITIZENSHIP:						
9.	TELEPHONE NUMBER:						
4.0		(INCLUDE A	,				
10	. E-Mail Address:						
11	. IF THE NONIMMIGRANT IS IN TH	IE UNITED STATES, COMP	LETE THE FOLLOWING:				
	A. DATE OF LAST ARRIVAL:	MONTH D	AY YEAR				
	B. I-94 Admission Number	₹:		_			
	C. Current Nonimmigrat	TION STATUS:					
	D. DATE STATUS EXPIRES: _	MONTH DAY					
		MONTH DAY	YEAR				

E.	STUDENT & EXCHANGE VISITO	OR INFORMATIO	ON SYSTEM	I (SEVIS) NUMBER (IF ANY):
F.	EMPLOYMENT AUTHORIZATION	n Document	(EAD) Nu	MBER (IF ANY):
G.	VALID PASSPORT NUMBER:			
Н.	DATE PASSPORT ISSUED:			
		MONTH		YEAR
I.	DATE PASSPORT EXPIRES:			
		MONTH	Day	Year
J.	PASSPORT ISSUED BY :			
-			(COUNTRY	Y)

3^{RD} DEPENDENT (IF APPLICABLE)

1.	Individual's Name:						
		FIRST	FULL MIDDLI	LL MIDDLE			
		LAST					
2.	ALL OTHER NAMES USED (INCLUDE MARRIAGES):						
3.	3. CURRENT U.S. ADDRESS: STREET NAME/NUMBER						
			EET INAME/INUMBER				
	Стту	STATE	Country	ZIP			
	Foreign address:	STREET NAME/NU	MBER				
	CITY	STATE/PROVINCE	Country	ZIP			
4.	DATE OF BIRTH:	DAY YEAR	Gender:				
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:		E AREA CODE)				
10	. E-Mail Address:						
11	. If The Nonimmigrant Is In the U	United States, Comp	LETE THE FOLLOWING:				
	A. DATE OF LAST ARRIVAL:	,					
	B. I-94 Admission Number: _						
	C. CURRENT NONIMMIGRATIO	n Status:					

	D.	DATE STATUS E	XPIRES:				
				MONTH	DAY	YEAR	
	Е.	STUDENT & EXCHANGE VISITOR INFORMATION SYSTEM (SEVIS) NUMBER (IF ANY):					
F. EMPLOYMENT AUTHORIZATION DOCUMENT (EAD) NUMBER (IF ANY):							NY):
	G.	VALID PASSPOR	т Number:				
	Н.	DATE PASSPORT	ISSUED:				
				MONTH	DAY	YEAR	
	I.	DATE PASSPORT	EXPIRES:	Month	DAY	YEAR	_
	J.	PASSPORT ISSUE	d By:				
		(COUNTRY)					
			Proc	cessing Info	RMATION		
Ex	TENSIO	NEFICIARY OR BI N OF STAY OR C TE OR INSPECTION	hange Of St	'ATUS CANNOT	BE GRANT	ed, State T	
A. Type Of Office: Consulate Pre-Flight Inspection Po (Check One)				PORT OF ENTRY			
	`						
В.	•	e Address:					
В.	•	E Address:			(CITY)		
	OFFICI	E Address:			(CITY)		
C.	OFFICI U.S. ST	TATE OR FOREIG	n Country:_		(CITY)		

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)