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## 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
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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) : \_\_\_\_\_

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### **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) : \_\_\_\_\_

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### **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) : \_\_\_\_\_

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**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) : \_\_\_\_\_

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