

Petitioner Employment Verification Questionnaire

Part I

Employer Information (Petitioner):

- Name
- Address
- Number of employees
- Number of H1B employees

Employee Information (Beneficiary):

- Name
- DOB
- Address
- Phone #
- Worksite Address (list all)
- Provide the exact dates of employment at each worksite location as applicable
- Worksite Phone Number
- Work Hours
- Salary
- Date employment started
- Provide the end date of the current project/job
- Duty title and general role or responsibility in the job
- How much vacation and sick time does the beneficiary receive?
- Has the beneficiary been away from work other than normal sick or vacation time? If so, explain the circumstance(s) and provide documentation.

Beneficiary's Supervisor Information:

- Name
- Title
- Phone #
- Employer
- Worksite Address

*** Complete Part II if the beneficiary is working at a location other than the petitioners' office/facility**

Part II

Client/Contractor Information (as applicable):

- Name, address and phone number of end client where beneficiary is working

- Name, address and phone number of subcontractor(s) or vendor(s) who the petitioner has contracted with to place the beneficiary at the end client worksite

H1B Position/Job/Project Details

- Were there any changes to the itinerary provided in the petition? If so, explain
- How many of the petitioner's employees are working at the same worksite as the beneficiary
- What training has the petitioner provided to the beneficiary?
- What product or service is the petitioner providing to the end client?
- What, if any, tools, instrumentalities, products, services, or information unique to your company does the beneficiary use to perform the current duties at the end client?
- Is the work performed by the beneficiary at the end client related to a product or service that the petitioner owns, developed, customized and/or is unique to your organization? If so please explain.
- Are the services of the beneficiary being provided to the end client as staff augmentation?
- The name and employer of the individual who orders, directs, and controls the day to day activities and the manner and means of performing the work performed by the beneficiary
- The name, employer and phone number of the individual who supervise the work performed by the beneficiary at the end client worksite
- Does the beneficiary receive periodic progress/performance reviews? If so, explain how the petitioner evaluates the work product of the beneficiary at the worksite and provide the most recent review or report.

Part III

Questionnaire Completed by:

- Name
- Employer
- Duty Title
- Date:

Please provide the following documentation related to your company and the instant petition:

- Copies of the beneficiary's Internal Revenue Service (IRS) Form W-2
- Copies of the beneficiary's two most recent pay statements
- Copy of related contracts, Agreements, and/or Statements of Work between your company, subcontractors, and/or the end client where the beneficiary is currently working (as applicable).
- If the worksite has changed, please provide an approved Labor Condition application for the current worksite(s)