

**INTAKE QUESTIONNAIRE FOR EMPLOYMENT-BASED IMMIGRANT APPLICATION
FORMS I-9141, I-9089, I-140 & FORM I-485**

Please complete all of the questions below. If a question does not apply, please enter "N/A" or "None." If you require additional space to complete any answer, please attach an additional sheet of paper (indicate the question you are answering).

Employer Information

Employer Name: _____

Employer Address: _____

Employer Identification Number: _____

Year Business Commenced: _____

Contact Name: _____

Title of Contact Person: _____

Office Phone: _____

Mobile: _____

Employer Email: _____

Number of Employees: _____

Employer Type of Business: _____

Date Business Established (mm/dd/yyyy): _____

Current Number of US Employees: _____

Gross Annual Income from tax year ____: _____

Net Annual Income from tax year ____: _____

NAICS Code: _____

Labor Certification from DOL Case Number:

BENEFICIARY'S INFORMATION (Sponsored Foreign Worker)

1. Current Legal Name:
 - a. Family Name (Last Name): _____
 - b. Given Name (First Name): _____
 - c. Middle Name (if applicable): _____
2. Other Names You Have Used Since Birth:
 - a. _____
 - b. _____
 - c. _____
3. Date of Birth: (mm/dd/yyyy): _____
4. Do you have an Alien Registration Number: ____ YES ____ NO
 - a. Of yes, what is your A-Number: _____
5. Sex: ____ MALE ____ FEMALE
6. Place of birth:
 - a. City or Town of Birth: _____
 - b. Country of Birth: _____
7. Country of Citizenship or Nationality: _____
8. USCIS Account Number, if any: _____
9. Recent Immigration History:
 - a. Passport or Travel Document Number at the last arrival:

 - b. Expiration Date of this Passport or Travel Document: _____
 - c. Country that Issued the Passport or Travel Document: _____
 - d. Non-immigrant visa number used during most recent arrival:

 - e. Place of Last Arrival:
 1. City or Town _____
 2. State _____
 - f. Date of Last Arrival: _____

Employer Sponsored Green Card Information Sheet

10. When I arrived in the United States (circle the letter below that is accurate):

- a. I was inspected at a Port of Entry and admitted as an H2A worker:
- b. I was inspected at Port of Entry and paroled into the US
- c. I came into the US without admission or parole

11. Form I-94 Arrival/Departure Record:

- a. Name: _____
- b. I-94 Record Number: _____
- c. Expiration Date of Authorized Stay: _____

12. Current US Physical Address:

- a. _____
- b. Date you first resided at this address: _____
- c. Is this your current mailing address: ____ YES ____ NO
- d. If not, provide your current mailing address:

13. Other Addresses for the last 5 years located in the United States:

- a. _____
 - i. Dates of Residence at address a.:

- b. _____
 - i. Dates of Residence at address b.:

- c. _____
 - i. Dates of Residence at address c.:

14. Most Current Address Outside the United States:

- a. _____
 - i. Dates of Residence at address a.:

15. Do you have a Social Security Number?

- a. If Yes, please provide your SSN _____

EMPLOYMENT INFORMATION

1. Current Employer in United States:
 - a. Name _____
 - b. Occupation: _____
 - c. Dates of Employment: _____
2. Employer outside United States:
 - a. Name _____
 - b. Occupation: _____
 - c. Dates of Employment: _____

INFORMATION ABOUT YOUR PARENTS

1. Parent 1
 - a. Legal Name: _____
 - b. Name at Birth: _____
 - c. Date of Birth: _____
 - d. Country of Birth: _____
2. Parent 2
 - a. Legal Name: _____
 - b. Name at Birth: _____
 - c. Date of Birth: _____
 - d. Country of Birth: _____

MARITAL HISTORY

1. What is your marital status? _____
2. How many times have you been married (including the current marriage)?

CURRENT MARRIAGE

1. Current Spouse's Legal Name: _____
2. Current Spouse's Date of Birth: _____
3. Current Spouse's A-Number: _____
4. Current Spouse's Physical Address:

5. Place of marriage to Current Spouse: _____

PRIOR MARRIAGE (if any)

1. Prior Spouse's Legal Name: _____
2. Prior Spouse's Date of Birth: _____
3. Prior Spouse's A-Number: _____
4. Prior Spouse's Physical Address:

5. Place of marriage to Prior Spouse:

6. Place where Prior Marriage Legally Ended:

7. How Marriage Ended With Prior Spouse:
 - a. Annulled.
 - b. Divorced.
 - c. Spouse Deceased.
 - d. Other _____

INFORMATION ABOUT CHILDREN

How many living children: _____

1. CHILD 1

- a. Legal Name: _____
- b. Name at Birth: _____
- c. Date of Birth: _____
- d. Country of Birth: _____
- e. Relationship to you:
 - i. Biological
 - ii. Legally Adopted
 - iii. Stepchild

2. CHILD 2

- a. Legal Name: _____
- b. Name at Birth: _____
- c. Date of Birth: _____
- d. Country of Birth: _____
- e. Relationship to you:
 - i. Biological
 - ii. Legally Adopted
 - iii. Stepchild

3. CHILD 3

- a. Legal Name: _____
- b. Name at Birth: _____
- c. Date of Birth: _____
- d. Country of Birth: _____
- e. Relationship to you:
 - i. Biological
 - ii. Legally Adopted
 - iii. Stepchild

BIOGRAPHIC INFORMATION

1. Ethnicity (circle one)
 - a. HISPANIC OR LATINO
 - b. NOT HISPANIC OR LATINO
2. Race (circle one)
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. White
 - e. Native Hawaiian or Other Pacific Islander
3. Height: _____ Feet _____ Inches
4. Weight: _____
5. Eye Color: _____
6. Hair Color: _____

GENERAL ELIGIBILITY

1. What is the size of your household? _____
2. Indicate your annual household income: \$ _____
3. Identify the total value of your household assets: \$ _____
4. Identify the total of your household liabilities (both secured and unsecured):
\$ _____
5. What is the highest degree or grade of school that you completed (circle one):
 - a. High school, GED, or alternative credential
 - b. 1 or more years of college credit, no degree
 - c. Associate's degree
 - d. Bachelor's degree
 - e. Master's degree
 - f. Professional degree
 - g. Doctorate degree

Employer Sponsored Green Card Information Sheet

6. List your certifications, licenses, skills obtained through work experience and educational certificates:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
7. Have you ever received SSI or Temporary Assistance for Needy Families or State, Tribal, territorial, or local cash benefit programs for income maintenance? YES or NO
8. Have you ever received long term institutionalization at government expense?

APPLICANT'S CONTACT INFORMATION

1. Applicant's Daytime Phone Number: _____
2. Applicant's Email Address: _____

3. Applicant's Mobile Phone Number: _____