

EMPLOYER QUESTIONNAIRE

INFORMATION ABOUT EMPLOYER/PETITIONER

1. Name of Employer Full Legal Name of Organization): _____

2. Trade Name/DBA, (If applicable): _____
3. Address (Number, Street, City and Town, State, Zip Code): _____

4. Telephone: _____ Fax: _____ Email: _____
5. Address Where Beneficiary Will Work (if different from above): _____

5. IRS Employer ID Number: _____
Employer Account No. (EAN) (Please refer to Form EDD DE-6): _____
6. Date Established: _____ Number of Employees: _____
7. Gross Annual Income : _____ Net Annual Income: _____
8. Nature of Employer's Business Activity: _____

9. Beneficiary's Job Title : _____
10. Does this position supervise the work of other employees? _____
11. If "Yes" indicate the job title of the employees to be supervised. _____
12. Will travel be required to perform the job duties? _____
13. If "Yes" provide geographic location and frequency of the travel? _____

14. Job title of the official the employee will report to for this job opportunity (if applicable): _____

15. Total Hours Per Week: _____
16. Work Schedule: (Hourly) _____ AM _____ PM _____
17. Rate of Pay: (a) Basic \$ _____ per hour.
18. Complete Name of Owner/President: _____
19. Name of Person who will sign the petition papers (Petitioner-Employer): _____
_____.
20. Official Designation: _____ Phone: _____ Email: _____