



EMPLOYER APPLICATION

BUSINESS INFORMATION

Last Name Of Employer	First (Given) Name of Employer	Middle Name of Employer
Legal Business Name	First, Middle and Last Name of Contact Person who will act on behalf of employer	Job Title of Contact person (example: Manager)
Employer's Physical Address (DOL will NOT Process with P.O. Box address only)		
Address:	City:	State: Zip: County:
Address where you will be receiving your mail, if different from the above address (Example P. O. Box):		
Address:	City:	State: Zip: County:
Telephone Number:	Fax Number:	Cell phone Number:
Email Address:	Type of Business:	Current Number of employees:

THE FOLLOWING INFORMATION IS REQUIRED ON THE I-129 USCIS PETITION. INFORMATION WILL BE KEPT CONFIDENTIAL.

Tax ID Number:	Year Business Established:	Gross Annual Income:	Net Annual Income:
Federal Employer Identification Number (FEIN from IRS)		EXACT DATES THAT YOU WOULD LIKE YOUR EMPLOYEES	
		Start Date:	End Date:

PAYROLL INFORMATION

Payroll Periods will be Weekly: bi-weekly. bi-monthly: Workers will be paid on _____ (day of the week)

Total Hours Guaranteed Per Week: (40-48 is normal) _____ (you will have to guarantee 75% of these hours)

POSITION RELATED INFORMATION

Number of employees needed:	Special Provisions: <input type="checkbox"/> Performance based incentive bonuses are paid <input type="checkbox"/> Pay increases are provided for longevity or experience <input type="checkbox"/> Proficient in English <input type="checkbox"/> May deduct cost of willful destruction of property
Minimum educational / work experience required, if any for position:	Work Schedule:
Education: Experience:	From AM / To PM
Check all requirements that apply: <input type="checkbox"/> Certification/License Requirements <input type="checkbox"/> Driver Requirements <input type="checkbox"/> CDL or equivalent driver's license <input type="checkbox"/> Regular driver's license <input type="checkbox"/> Employer Will Train (only if no experience is required) <input type="checkbox"/> Extensive Sitting <input type="checkbox"/> Exposure to Extreme Temp.	<input type="checkbox"/> Lifting requirement _____ lb <input type="checkbox"/> Repetitive Movements <input type="checkbox"/> Post-Hire Criminal Background Check <input type="checkbox"/> Post-Hire Drug Screen <input type="checkbox"/> Random Drug Screen <input type="checkbox"/> Extensive Pushing and Pulling <input type="checkbox"/> Extensive Walking <input type="checkbox"/> Frequent Stooping <input type="checkbox"/> Holiday is not mandatory

Describe your operation in detail (what do you do?):

Describe Job Duties To Be Performed In Detail:

Special Requirements: List any special skills, licenses/certificates/certifications, and requirements of the job opportunity:

List nearest International airport as well as preferred airport where you would like your employees to fly into:

HOUSING INFORMATION:

Physical address where housing is located:

Housing is located at: **Address:**

City:

State:

Zip:

County:

Directions to housing are:

Description of housing: (e.g. 4 bedroom house with 1 bathroom)

Do you own the housing being provided: (if not a lease agreement will be required)

Accommodate # people:

(IF YOU MAKE USE OF HOTELS, MOTELS, OR APARTMENTS, PLEASE INCLUDE A LETTER OR CONTRACT FROM THEM (ON THEIR LETTERHEAD) WITH THE SPECIFIC DATES AND BOOKING INFORMATION. MOTELS AND HOTELS ALSO NEED TO INCLUDE A LETTER STATING THAT THEY MEET STATE AND FEDERAL STANDARDS)

INFORMATION ON WORKSITES

Address to worksite (Where work will be performed – IF YOU HAVE MORE THAN ONE WORKSITE EX. HARVESTING SEE INFORMATION ON MULTIPLE WORKSITES):

Woskite is located at: **Address:**

City:

State:

Zip:

County:

Directions to Worksites are:

