

H1B – Signatory or Signatory Representative Questionnaire

Petitioner/Signatory Representative Questions:

Q: Are you the Signatory of the petition (The person who signed the petition) or are you a representative for the Signatory?

A:

Q: If you are the Signatory, are you authorized by the organization or Business to sign the petition?

A:

Q: If you are not the Signatory, are you authorized by the Signatory to act as a representative for the Signatory?

A:

Q: If you are not the Signatory, but are a representative for the Signatory, what is your title?

A:

Q: If you are not the Signatory, but are a representative for the Signatory, why are you filling out this questionnaire instead of the Signatory?

A:

Q: If you are not the Signatory, what is your best contact number and email address?

A:

Q: Type of Services/Products offered by the Business:

A:

Q: What is the company's total number of employees?

A:

Q: What is the number of H1B employees working for the company?

A:

Q: What is the total number of H1B petitions filed by the organization?

A:

Q: What is the total number of Full-time employees?

A:

Q: What is the total number of Part-time employees?

A:

Q: What is the number of employees working off-site versus on-site at the company?

A:

Q: What is the total number of clients your company has where their H1B employees are working?

A:

Q: Does the Beneficiary work full-time or part-time?

A:

Q: How many hours per week?

A:

Q: What is the Beneficiary's current job title?

A:

Q: What is the Beneficiary's current annual gross salary?

A:

Q: How often is the Beneficiary paid? Weekly (52), bi-weekly (26), bi-month (24), monthly (12)?

A:

Q: What is the Beneficiary's work schedule and hours?

A:

Q: What address does the Beneficiary normally perform his/her work?

A:

Q: Does the Beneficiary work at any other locations? If so provide the addresses.

A:

Q: What is the company's total number of employees at the Beneficiary's work site?

A:

Q: Who paid the filing costs for the Beneficiary's I-129 Petition?

A:

Q: Has an I-140 Petition been filed on behalf of the Beneficiary? If so, What is the priority date and who paid for the petition?

A:

Q: When did the Beneficiary start working for this organization?

A:

Q: What are the Beneficiary's specific duties?

A:

Q: Who is the Beneficiary's direct supervisor (person who does the evaluations)?

A:

Q: Does the petitioning organization provide on-site supervision?

A:

Q: Does the petitioning organization provide off-site supervision? If so, what does that supervision consist of?

A:

Q: How long has the supervisor worked at the company?

A:

Q: How many people does the supervisor manage?

A:

Q: Who controls the day-to-day work of the beneficiary?

A:

H1B – Supervisor Questionnaire

Supervisor Questions:

Q: Are you the direct Supervisor of the Beneficiary (The person who does evaluations)?

A:

Q: If you are not the direct Supervisor, are you authorized by the Supervisor to act as a representative for the Supervisor?

A:

Q: If you are not the Supervisor, but are a representative for the Supervisor, what is your title?

A:

Q: If you are not the Supervisor, but are a representative for the Supervisor, why are you filling out this questionnaire instead of the Supervisor?

A:

Q: If you are not the Supervisor, what is your best contact number and email address?

A:

Q: Type of Services/Products offered by the Business:

A:

Q: Does the Beneficiary work full-time or part-time?

A:

Q: How many hours per week?

A:

Q: What is the Beneficiary's current job title?

A:

Q: What is the Beneficiary's current annual gross salary?

A:

Q: How often is the Beneficiary paid? Weekly (52), bi-weekly (26), bi-month (24), monthly (12)?

A:

Q: What is the Beneficiary's work schedule and hours?

A:

Q: What address does the Beneficiary normally perform his/her work?

A:

Q: Does the Beneficiary work at any other locations? If so provide the addresses.

A:

Q: What is the company's total number of employees at the Beneficiary's work site?

A:

Q: When did the Beneficiary start working for this organization?

A:

Q: What are the Beneficiary's specific duties?

A:

Q: Does the petitioning organization provide on-site supervision?

A:

Q: Does the petitioning organization provide off-site supervision? If so, what does that supervision consist of?

A:

Q: How long have you worked for the company?

A:

Q: How many people you supervise?

A:

Q: Who controls the day-to-day work of the beneficiary?

A:

Q: Who provides the tools & instrumentalities used by the beneficiary in his/her day-to-day work?

A:

Q: Who evaluates the beneficiary's work product?

A:

Q: When was the beneficiary's last performance evaluation?

A:

Q: Has the Beneficiary ever worked for the organization before? (J-1, F-1, OPT, etc.)

A:

Q: Is this a petition for new employment or an extension of a previously approved petition?

A:

Q: Who provides the tools & instrumentalities used by the beneficiary in his/her day-to-day work?

A:

Q: Who evaluates the beneficiary's work product?

A:

Q: When was the beneficiary's last performance evaluation?

A:

Q: Has the Beneficiary ever worked for the organization before? (J-1, F-1, OPT, etc.)

A:

Q: Is this a petition for new employment or an extension of a previously approved petition?

A:

H1B – Beneficiary Questionnaire

Beneficiary Questions:

Q: Are you the Beneficiary (The person who the petition is for)?

A:

Q: Type of Services/Products offered by the Business:

A:

Q: Does the Beneficiary work full-time or part-time?

A:

Q: How many hours per week?

A:

Q: What is the Beneficiary's current job title?

A:

Q: What is the Beneficiary's current annual gross salary?

A:

Q: How often is the Beneficiary paid? Weekly (52), bi-weekly (26), bi-month (24), monthly (12)?

A:

Q: What is the Beneficiary's work schedule and hours?

A:

Q: What address does the Beneficiary normally perform his/her work?

A:

Q: Does the Beneficiary work at any other locations? If so provide the addresses.

A:

Q: What is the company's total number of employees at the Beneficiary's work site?

A:

Q: When did the Beneficiary start working for this organization?

A:

Q: What are the Beneficiary's specific duties?

A:

Q: Does the petitioning organization provide on-site supervision?

A:

Q: Does the petitioning organization provide off-site supervision? If so, what does that supervision consist of?

A:

Q: How long have you worked for the company?

A:

Q: Do you supervise or manage anyone?

A:

Q: Who controls the day-to-day work of the beneficiary?

A:

Q: Who provides the tools & Instrumentalities used by the beneficiary in his/her day-to-day work?

A:

Q: Who evaluates the beneficiary's work product?

A:

Q: When was the beneficiary's last performance evaluation?

A:

Q: Have you received performance raises and bonuses?

A:

Q: Who paid the filing costs for your I-129 Petition?

A:

Q: Have you filed an I-140 Petition? If so was it approved? If approved what is the Priority Date?

A:

Q: If you filed an I-140 petition? Who paid for it?

A:

Q: What is your highest level of educational degree? (Associate, Bachelor, Masters, Doctorate, etc.)

A:

Q: Where did you attend college and what was your educational major? (List all schools - Name of School, City, State, Country and Major)

A:

Q: Did you work under the OPT program during your F1 status? If yes, what company, where and the dates worked.

A:

Q: Has the Beneficiary ever worked for the organization before? (J-1, F-1, OPT, etc.)

A:

Q: Is this a petition for new employment or an extension of a previously approved petition?

A:

Q: Please describe your path to Employment with your current organization? (when did you first come to the US, what's was your status, when did you start employment with your organization, Did you do OPT if so where. Where you ever an F1?)

Example: FROM TO STATUS EMPLOYER/SCHOOL CITY STATE

A:

Very Respectfully,