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PERM Application Questionnaire

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: _____

Sponsored Employee Information

Employee's Name: _____

Employee's Date of Birth: _____

Employee's Country of Birth: _____

Employee's Gender: Male or Female

Employee's Passport Number: _____

Country Issuing Passport: _____

Employee's US Address: _____

Employee's Foreign Address: _____

Employee's Current Immigration Status: _____

Employee's Phone Number: _____

Copy of Passport & Driver's License

Documentation Proving Ability to Pay

Please provide a copy of the Current federal Income Tax Return for E

Additional financial information may be requested later, such as:

Financial Statements

Annual Reports

Personal Tax Return

Information about the Position Offered

Title of Position: _____

Job Description: _____

Proposed Salary: \$_____

(ETA 9141 has to be filed for a Prevailing Wage Determination.

Minimum Salary will be set by that determination.)

Work Schedule:

Total: _____

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Minimum Experience required for the position: _____

Current Number of Employees in the position offered: _____

License required for the position: _____

Special skills required for the position: _____

Number of people that employee will supervise: _____

Address of work locations: _____

Signature of Employer: _____

Date: _____