

GLINSMANN & GLINSMANN, CHARTERED

Immigration Intake – Employer

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Date Form Completed:	
INFORMATION ABOUT THE EMPLOYER	Please complete this section at the beginning of representation or of the information has changed since our last representation.
1. Legal Name of Business / Employer Name	
2. Fed. Employer Num. (EIN) / Social Sec. Num. (SSN)	
3. Street Address	
4. Primary Employer Contact	(Name & Title)
5. Phone Number	
6. Fax Number	
7. E-Mail Address	
8. Website Address	
9. Recruiting Contact	(Name & Title) Same as Primary <input type="checkbox"/>
10. Person Signing Documents	(Name & Title) Same as Primary <input type="checkbox"/>
11. Name of President / CEO	(Name & Title) Same as Primary <input type="checkbox"/>
12. Date Started or Acquired	
13. Type of Entity (check one)	<input type="checkbox"/> Corporation / <input type="checkbox"/> LLC / <input type="checkbox"/> Partnership / <input type="checkbox"/> Sole Proprietor
14. State of Formation	N/A <input type="checkbox"/>
15. Description of Business	
16. Primary SIC / NIACS Code (If Known)	
17. Gross Annual Revenues Last Fiscal Year:	
18. Net Income Last Fiscal Year:	
19. Estimated Net Income for Current Year:	

INFORMATION ABOUT THE POSITION	Please complete this section for each employment case.
20. Name of Sponsored Employee	
21. Title of Position	
22. Duties of Position	
23. Where Will the Duties be Performed?	Same as above <input type="checkbox"/>

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24. Required Education:	<input type="checkbox"/> H.S. <input type="checkbox"/> Bachelors: <input type="checkbox"/> Masters: <input type="checkbox"/> Phd:
25. Required Experience	
26. Employee's Supervisor	(Name, Position & Title)
27. Supervisor's Education & Experience	
28. Number of Employees Employed in the Same Position:	None <input type="checkbox"/>
29. Number of Persons Employee Will Supervise	
30. Experience and Education of Employees in Same Position: (if applicable)	N/A <input type="checkbox"/>
31. Have there been any layoffs?	<input type="checkbox"/> YES, explain (dates & positions terminated): NO <input type="checkbox"/>
32. Total # of Employees	
33. Number of Unfilled Openings (same position)	
34. Salary Offered	
35. Type and Value of Benefits (i.e. Health ins. Bonus, 401k, etc.)	
36. Is Employee related to an owner or officer?	<input type="checkbox"/> YES, explain relationship: NO <input type="checkbox"/>
DOMESTIC POSITIONS:	Please complete this section for domestic positions.
37. Describe Children	(#, age & gender) None <input type="checkbox"/>
38. Describe House	(# of rooms, pets, grounds)
39. Live-in or Live-out?	Live-in <input type="checkbox"/> / Live-out <input type="checkbox"/>
40. Immigration Status of Wage Earner(s)?	US Citizen <input type="checkbox"/> / Permanent Resident <input type="checkbox"/> / Other (explain)