



# Employer Questionnaire

MEMBER INFORMATION		H-2A	H-2B	E-B3	J-1	OTHER
ARE YOU A FARM LABOR CONTRACTOR?		YES	NO	IF YES...FLC LICENSE #		
IF YES...ARE YOU REGISTERED AT FEDERAL LEVEL?		YES	NO	AT STATE LEVEL?		YES NO
DO YOU USE E-VERIFY?		YES	NO	IF YES...E-VERIFY #		
COMPANY NAME					YEAR ESTABLISHED	
FEIN			UBI (WA STATE ONLY)			
MAILING ADDRESS			PHYSICAL ADDRESS <small>FOR FEDEX DELIVERY</small>			
CITY		STATE	ZIP	CITY		STATE ZIP
TELEPHONE		FAX				
OWNER NAME			PRIMARY CONTACT <small>APPROVES VISA DOCUMENTS</small>			
PHONE	CELL	EMAIL	PHONE CELL EMAIL			
PHONE	CELL	EMAIL	PHONE CELL EMAIL			
PHONE	CELL	EMAIL	PHONE CELL EMAIL			
SECONDARY CONTACT			BILLING CONTACT			
PHONE	CELL	EMAIL	PHONE CELL EMAIL			
PHONE	CELL	EMAIL	PHONE CELL EMAIL			
PHONE	CELL	EMAIL	PHONE CELL EMAIL			

REQUESTED JOB INFORMATION					
JOB TITLE FOR POSITION NEEDED					
WILL THIS BE YOUR ONLY VISA CONTRACT?		YES	NO	IF NO, HOW MANY, TOTAL?	
DATES OF NEED	NUMBER OF WORKERS ON PETITION		PREFERRED WORKER LIST	YES <small>PLEASE ATTACH</small>	NO
CROPS AND VARIETIES ON THE VISA CONTRACT			WORK WEEK <small>EX. MON-FRI</small>	DAILY HOURS <small>EX. 7 AM - 2:30 PM</small>	
			SHIFT(S) <small>EX. DAY, NIGHT, SWING</small>	BASIC HOURS PER WEEK	
			OVERTIME HOURS <small>PER WEEK, IF ANY</small>	PAY PERIOD <small>EX. WEEKLY, BI-WEEKLY</small>	

ARE YOU INTERESTED IN A SEQUENTIAL CONTRACT?	YES	NO
<small>POTENTIAL COST SAVINGS FOR SHORTER PERIODS OF NEED</small>		

JOINT EMPLOYERS					
COMPANY NAME		FEIN		UBI WA STATE ONLY	
ADDRESS		CITY	STATE	ZIP	
COMPANY NAME		FEIN		UBI WA STATE ONLY	
ADDRESS		CITY	STATE	ZIP	

**JOINT EMPLOYERS, CONT'D**

COMPANY NAME FEIN UBI  
WA STATE ONLY

ADDRESS CITY STATE ZIP

COMPANY NAME FEIN UBI  
WA STATE ONLY

ADDRESS CITY STATE ZIP

COMPANY NAME FEIN UBI  
WA STATE ONLY

ADDRESS CITY STATE ZIP

**JOB SITES**

SITE NAME ADDRESS CITY STATE ZIP

SITE NAME ADDRESS CITY STATE ZIP

SITE NAME ADDRESS CITY STATE ZIP

SITE NAME ADDRESS CITY STATE ZIP

ATTACH ADDITIONAL PAGE IF NEEDED

**HOUSING (H-2A Required)**

HOUSING NAME LICENSE NUMBER MAX OCC RENEWAL DATE

PHYSICAL ADDRESS CITY STATE ZIP YES NO  
PUBLIC ACCOMMODATION? (HOTEL/MOTEL)

HOUSING NAME LICENSE NUMBER MAX OCC RENEWAL DATE

PHYSICAL ADDRESS CITY STATE ZIP YES NO  
PUBLIC ACCOMMODATION? (HOTEL/MOTEL)

HOUSING NAME LICENSE NUMBER MAX OCC RENEWAL DATE

PHYSICAL ADDRESS CITY STATE ZIP YES NO  
PUBLIC ACCOMMODATION? (HOTEL/MOTEL)

WILL YOU BE PROVIDING COOKING FACILITIES OR DAILY MEALS?

**DOMESTIC RECRUITMENT**

DOMESTIC APPLICANTS WILL BE DIRECTED TO APPLY AT THE WORK SITE.

INTERVIEWER NAME

INTERVIEWER PHONE

INTERVIEWER ADDRESS

INTERVIEWER EMAIL

WEBSITE  
IF APPLICABLE

**INBOUND TRANSPORTATION**

PERSON FOR TRANSPORTATION COMPANY TO CONTACT WITH ETA AND UPON ARRIVAL. SHOULD BE BILINGUAL AND AVAILABLE AT ANY TIME DURING TRANSIT.

NAME

CELL PHONE

EMAIL

ADDRESS WHERE WORKERS ARE TO BE DROPPED OFF UPON ARRIVAL

CITY

STATE

ZIP

**Attachment Checklist**

Attach the following documents when sending this Questionnaire:

Detailed job description of each position you are requesting

Copy of your housing inspection report (H-2A)

Copy of your workers comp coverage

and if applicable...

List of preferred workers

Additional worksites

Additional housing locations

Joint Employer Questionnaires

Brief Explanation of Seasonal or Peakload Need (H-2B)

*wafra Account Executive*

*Completed by (Name)*

*Title*

*Date*