



# Member Questionnaire

2901 Bucks Bayou Road  
Bay City, TX 77414  
979-245-7577  
www.fewaglobal.org

Please complete this form in its entirety – an incomplete form will delay your application.

## Company Information

Company Name \_\_\_\_\_

Year Established \_\_\_\_\_

FEIN # \_\_\_\_\_

Current total # of employees \_\_\_\_\_

Nature of Business \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Mailing County \_\_\_\_\_

Physical Address (FedEx packages) \_\_\_\_\_

\_\_\_\_\_

Physical County \_\_\_\_\_

Office Phone \_\_\_\_\_

Office Fax \_\_\_\_\_

Website URL (if available) \_\_\_\_\_

State/National Industry Associations that you are a member of \_\_\_\_\_

## Contact Info

(Contact handling H-2B process)

First \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email\* \_\_\_\_\_

\*An email address is required to send important documents and notices throughout the process.

24 hour Emergency Phone # (please provide at least one)

Cell \_\_\_\_\_

Home \_\_\_\_\_

## President/Owner Information (Contact that will be signing all forms)

First \_\_\_\_\_ Last \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

24 hour Emergency Phone # \_\_\_\_\_

Cell \_\_\_\_\_

Home \_\_\_\_\_

*The USCIS requires both gross & net income.*

Company Gross Annual Income \_\_\_\_\_

Company Net Income \_\_\_\_\_

## Requested Job Information

Job Title for position needed \_\_\_\_\_

Dates of need:

Start date \_\_\_\_\_  
(mm/dd/yyyy)

End date \_\_\_\_\_  
(mm/dd/yyyy)

Total number of temporary workers needed \_\_\_\_\_

How many of the above workers have obtained an H-2B visa within the past three years? \_\_\_\_\_

List the countries from which these workers will be coming:  
\_\_\_\_\_  
\_\_\_\_\_

Work Schedule (ex: Mon-Fri) \_\_\_\_\_

Daily Schedule (ex: 7am-4pm) \_\_\_\_\_

Basic Hours/wk \_\_\_\_\_ (no more than 40)

Overtime Hours/wk \_\_\_\_\_ (if any)

List all counties where work is performed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your company require drug-testing? \_\_\_\_\_

Describe fully the job duties of the position to be filled (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any special requirements or needs for job, if any (ex: lift a certain amount of weight, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain how the nature of the job opportunity and number of foreign workers being requested for certification reflect a temporary need.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your business history and activities (ex: primary products or services) and schedule of operations through the year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If applicable, please justify any increase or decrease in the number of H-2 positions being requested for certification from the previous year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do the employees for the position you are requesting work year round? (Yes/No) \_\_\_\_\_

Are you a party to a collective bargaining agreement? (Yes/No) \_\_\_\_\_

<p>I confirm that the information provided in this questionnaire is true and accurate to the best of my knowledge.</p> <p>Company _____</p> <p>By _____</p> <p>Title _____</p> <p>Date _____</p>
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