



PERM Labor Certification Evaluation Questionnaire

I. Information about Employer

1. Company's Full Legal Name _____
2. County & State of the Place of Employment _____
3. Number of Employees in the United States: _____

II. Information about Job Offered

1. Job Title _____
2. Basic Annual Salary _____
3. Number of Employees in the Same Position: _____
4. Number of Employees Alien will Supervise _____
5. Will travel to multiple worksites be required? If yes, please provide county and state of worksites (provide additional attachments if needed):

6. Description of job duties in detail (break down general descriptions into specific job functions and list specific skills or knowledge required to perform these functions)

7. Employer's minimum requirements for the position (*Employer must not have hired workers with less education, training, or experience for comparable positions. Please provide copies of previous job postings for same or similar position, if available.*)

Degree Level (Bachelor's, Master's, Doctoral) _____

Field(s) of Study _____

Experience _____ (year(s)/month(s))