

OFFICE OF THE 1600 Massachusetts Avenue, N.W., Washington, D.C. 20036 Phone: (202) 467-9425/467-9426 Fax: (202) 887-5830 LABOR ATTACHÉ

## **EMPLOYER'S INFORMATION FORM**

(Business)

| 1.  | Name of Business  |          |        |
|-----|---|----------|--------|
| 2.  | Business Address  |          |        |
| 3.  | Date Business was established   |          |        |
| 4.  | Business Telephone Number   |          |        |
| 5.  | Fax Number  |          |        |
| 6.  | Email Address   |          |        |
| 7.  | Website   |          |        |
| 8.  | Name of Worker/s to be Hired (use<br>separate sheet, if necessary or<br>indicate N/A if workers not<br>identified yet): | Position | Salary |
|     |   |          |        |
|     |   | ·        |        |
| 9.  | Name of Authorized<br>Representative  |          |        |
| 10  | Position/Title  |          |        |
| 11. | Form of Official Identification<br>submitted (e.g., driver's license,<br>passport, others                               |          |        |
| 12  | Signature of Authorized<br>Representative   |          |        |
| 13  | Date Signed:  |          |        |