



Immigrant Petition for Alien Workers

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-140
OMB No. 1615-0015
Expires 02/28/2026

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block
	Classification <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(1)(C) Multinational Executive or Manager <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability <input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker <input type="checkbox"/> 203(b)(3)(A)(ii) Professional <input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker	Certification <input type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II		

To be completed by an Attorney or Accredited Representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) 125484	Attorney or Accredited Representative USCIS Online Account Number (if any) 0 4 2 2 4 3 5 9 4 9 9 7
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▶ **START HERE - Type or print in black ink.**

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition, answer **Item Number 2.**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Company or Organization Name

Mailing Address [\(USCIS ZIP Code Lookup\)](#)

3.a. In Care Of Name

3.b. Street Number and Name

3.c. Apt. Ste. Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

Other Information

4. IRS Employer Identification Number (EIN) ▶

5. Are you a nonprofit organized as tax exempt or a governmental research organization? Yes No

6. Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization? Yes No

7. U.S. Social Security Number (SSN) (if any) ▶

8. USCIS Online Account Number (if any) ▶

Part 2. Petition Type

This petition is being filed for (select **only one** box):

1.a. An alien of extraordinary ability.

1.b. An outstanding professor or researcher.

1.c. A multinational executive or manager.

1.d. A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).

1.e. A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).



Part 2. Petition Type (continued)

- 1.f. A skilled worker (requiring at least two years of specialized training or experience).
- 1.g. Any other worker (requiring less than two years of training or experience).
- 1.h. An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).

This petition is being filed (select **only one** box):

- 2.a. To amend a previously filed petition.
Previous Petition Receipt Number
▶

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- 2.b. For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

- 1.a. Family Name (Last Name)
- 1.b. Given Name (First Name)
- 1.c. Middle Name

Mailing Address

- 2.a. In Care Of Name
- 2.b. Street Number and Name
- 2.c. Apt. Ste. Flr.
- 2.d. City or Town
- 2.e. State 2.f. ZIP Code
- 2.g. Province
- 2.h. Postal Code
- 2.i. Country

Other Information

- 3. Date of Birth (mm/dd/yyyy)
- 4. City/Town/Village of Birth
- 5. State or Province of Birth

- 6. Country of Birth
- 7. Country of Citizenship or Nationality
- 8. Alien Registration Number (A-Number) (if any) ▶ A-

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- 9. U.S. SSN (if any) ▶

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Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

- 10. Date of Last Arrival (mm/dd/yyyy)
- 11.a. Form I-94 Arrival-Departure Record Number
▶

1	0	0	4	0	0	0	2	6	A	3
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- 11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)
- 11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)
- 12. Passport Number
- 13. Travel Document Number
- 14. Country of Issuance for Passport or Travel Document
- 15. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Part 4. Processing Information

Provide the following information for the person named in Part 3. (select **only one** box):

- 1.a. Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:
- 1.b. City or Town
- 1.c. Country
- 2.a. Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.



Part 4. Processing Information (continued)

2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

Bangladesh

If you provided a United States address in Part 3., provide the person's foreign address in Item Numbers 3.a. - 3.f.:

3.a. Street Number and Name

3.b. Apt. Ste. Flr.

3.c. City or Town

3.d. Province

3.e. Postal Code

3.f. Country

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in Item Numbers 4.a. - 4.c.:

4.a. Family Name (Last Name)

4.b. Given Name (First Name)

4.c. Middle Name

Mailing Address

5.a. In Care Of Name

5.b. Street Number and Name

5.c. Apt. Ste. Flr.

5.d. City or Town

5.e. Province

5.f. Postal Code

5.g. Country

If you answer "Yes" to Item Numbers 6.a. - 10., provide the case number, office location, date of decision, and disposition of the decision in the space provided in Part 10. Additional Information.

6.a. Are you filing any other petitions or applications with this Form I-140? Yes No

6.b. If you answered "Yes" to Item Number 6.a., select all applicable boxes:

- Form I-485
Form I-131
Form I-765
Other (Provide an explanation in Part 10. Additional Information.)

7. Is the person for whom you are filing in removal proceedings? Yes No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? Yes No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? Yes No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? Yes No

Part 5. Additional Information About the Petitioner

Type of petitioner (select only one box):

- Employer
Self
Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company or an organization is filing this petition, provide the following information:

2. Type of Business: Convenience Store

3. Date Established (mm/dd/yyyy): 2007

4. Current Number of U.S. Employees: 3

5. Gross Annual Income \$

6. Net Annual Income \$

7. NAICS Code: 447110

8. Labor Certification DOL Case Number: G-200-23192-181389



Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

07/11/2023

10. Labor Certification Expiration Date (mm/dd/yyyy)

03/10/2025

If an individual is filing this petition, provide the following information.

11. Occupation

12. Annual Income \$

Part 6. Basic Information About the Proposed Employment

1. Job Title

Food Safety Manager Night Shift

2. SOC Code

4 1 - 2 0 1 1

3. Nontechnical Job Description

Ask customers if they are interested in purchasing additional items. Be professional, friendly, and helpful to customers. Follow Company policies, as well as comply with all Federal and State law

4. Is this a full-time position?

Yes No

5. If the answer to **Item Number 4.** is "No," how many hours per week for the position?

6. Is this a permanent position?

Yes No

7. Is this a new position?

Yes No

8. Wages (Specify hour, week, month, or year):

\$ 27,706.00 per Year

Worksite Location

For **Item Numbers 9.a. - 9.e.**, provide the address where the person will work if different from the address provided in **Part 1.**

9.a. Street Number and Name

9.b. Apt. Ste. Flr.

9.c. City or Town

9.d. State

9.e. ZIP Code

Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For **Part 7.**, provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in **Part 10. Additional Information.**

Person 1

1.a. Family Name (Last Name)

Hassan

1.b. Given Name (First Name)

Wafi Bin

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

11/06/2006

3. Country of Birth

Bangladesh

4. Relationship

Child

5. Is he or she applying for adjustment of status?

Yes No

6. Is he or she applying for a visa abroad?

Yes No

Person 2

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. Country of Birth

10. Relationship

11. Is he or she applying for adjustment of status?

Yes No

12. Is he or she applying for a visa abroad?

Yes No



Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

13.a. Family Name (Last Name)

13.b. Given Name (First Name)

13.c. Middle Name

14. Date of Birth (mm/dd/yyyy)

15. Country of Birth

16. Relationship

17. Is he or she applying for adjustment of status? Yes No

18. Is he or she applying for a visa abroad? Yes No

Person 4

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

20. Date of Birth (mm/dd/yyyy)

21. Country of Birth

22. Relationship

23. Is he or she applying for adjustment of status? Yes No

24. Is he or she applying for a visa abroad? Yes No

Person 5

25.a. Family Name (Last Name)

25.b. Given Name (First Name)

25.c. Middle Name

26. Date of Birth (mm/dd/yyyy)

27. Country of Birth

28. Relationship

29. Is he or she applying for adjustment of status? Yes No

30. Is he or she applying for a visa abroad? Yes No

Person 6

31.a. Family Name (Last Name)

31.b. Given Name (First Name)

31.c. Middle Name

32. Date of Birth (mm/dd/yyyy)

33. Country of Birth

34. Relationship

35. Is he or she applying for adjustment of status? Yes No

36. Is he or she applying for a visa abroad? Yes No



Part 8. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

Petitioner or Authorized Signatory's Contact Information

- 1.a. Petitioner's or Authorized Signatory's Family Name (Last Name)
- 1.b. Petitioner's or Authorized Signatory's Given Name (First Name)
- 2. Petitioner's or Authorized Signatory's Title
- 3. Petitioner's or Authorized Signatory's Daytime Telephone Number
- 4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)
- 5. Petitioner's or Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Certification and Signature

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization:

- a. I reviewed and provided or authorized all of the responses and information in my petition;
- b. I understood all of the responses and information contained in, and submitted with, my petition; and
- c. All of the responses and information were complete, true, and correct at the time of filing

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

- 6.a. Petitioner's or Authorized Signatory's Signature
- 6.b. Date of Signature (mm/dd/yyyy)

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
- 2. Interpreter's Business or Organization Name (if any)

Interpreter's Contact Information

- 3. Interpreter's Daytime Telephone Number
- 4. Interpreter's Mobile Telephone Number (if any)
- 5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English

and

and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that they understood every instruction, question, and answer on the petition.

- 6.a. Interpreter's Signature
- 6.b. Date of Signature (mm/dd/yyyy)



Part 10. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. IRS EIN

3. Page Number Part Number Item Number

Work alone in the evening or with others. Use Point of Sale system and properly account for all cash. Accurately prepare the daily paperwork and handle lottery, money order, money transfer and other types of retail transactions. Be exposed to cold and hot temperature extremes in the walk-in cooler, freezer and/or outdoors. Be able to stand, stoop and/or walk for an entire shift and be able to bend at the waist with some twisting.

4. Page Number Part Number Item Number

Be able to reach, grasp and manipulate objects with hands continuously throughout the day. Review all invoices/charges relative to each delivery of food. Identify and verify each food shipment contains all items were delivered and appropriately refrigerated. Efficiently utilize all equipment in the store (POS system, Fuel Tanks and Dispensers, etc.).

5.a. Page Number Part Number Item Number

5.d. Maintain property and equipment to ensure customers and employees have a safe environment in which to work and shop. Follow all Company Safety and Loss Prevention procedures including wearing appropriate safety equipment. Responsible for food safety and rotating inventory. Has control over food storage, preparation, display, and service of foods

6. Page Number Part Number Item Number

7. Page Number Part Number Item Number

