

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

**APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION**

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM
PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.
To knowingly furnish any false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by \$10,000 fine or 5 years in the penitentiary, or both (18 U.S.C. 1001)

PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter, First, Middle, Maiden)	
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)	3. Type of Visa (If in U.S.)

The following information is submitted as an offer of employment.

4. Name of Employer (Full name of Organization)	5. Telephone
6. Address (Number, Street, City and Town, State ZIP code)	
7. Address Where Alien Will Work (if different from item 6)	

8. Nature of Employer's Business Activity	9. Name of Job Title	10. Total Hours Per Week		11. Work Schedule (Hourly) a.m. p.m.	12. Rate of Pay	
		a. Basic	b. Overtime		a. Basic \$ per _____	b. Overtime \$ per hour

13. Describe Fully the job to be Performed (Duties)

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.				15. Other Special Requirements			
EDUCATION (Enter number of years)	Grade School	High School	College	College Degree Required (specify)			Major Field of Study
TRAINING	No. Yrs.	No. Mos.	Type of Training				
EXPERIENCE	Job Offered		Related Occupation		Related Occupation (specify)		
	Yrs.	Number Mos.	Yrs.	Mos.			

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor	17. Number of Employees Alien Will Supervise
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• •	ENDORSEMENTS (Make no entry in section - for Government use only)								
	Date Forms Received								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>L.O.</td> <td>S.O.</td> </tr> <tr> <td>R.O.</td> <td>N.O.</td> </tr> <tr> <td>Ind. Code</td> <td>Occ. Code</td> </tr> <tr> <td colspan="2">Occ. Title</td> </tr> </table>	L.O.	S.O.	R.O.	N.O.	Ind. Code	Occ. Code	Occ. Title	
	L.O.	S.O.							
	R.O.	N.O.							
Ind. Code	Occ. Code								
Occ. Title									

18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY			19. IF JOB IS UNIONIZED (Complete)		
a. No. of Openings To Be Filled By Aliens Under Job Offer	b. Exact Dates You Expect To Employ Alien		a. Number of Local	b. Name of Local	
	From	To		c. City and State	
20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household ONLY)					
a. Description of Residence		b. No. Persons residing at Place of Employment		c. Will free board and private room not shared with anyone be provided? ("X" one)	
<input type="checkbox"/> ("X" one) <input type="checkbox"/> House <input type="checkbox"/> Apartment	Number of Rooms	Adults	Children	Ages	<input type="checkbox"/> YES <input type="checkbox"/> NO
		BOYS			
		GIRLS			
21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS. (Specify Sources of Recruitment by Name)					
22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate supporting documentation is included with your application.					
23. EMPLOYER CERTIFICATIONS					
By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment.					
a. I have enough funds available to pay the wage or salary offered the alien. b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work. c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly, or monthly basis. d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.	e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship. f. The job opportunity is not: (1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage. (2) At issue in a labor dispute involving a work stoppage. g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law. h. The job opportunity has been and is clearly open to any qualified U.S. worker.				
24. DECLARATIONS					
DECLARATION OF EMPLOYER	Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.				
SIGNATURE					DATE
NAME (Type or Print)	TITLE				
AUTHORIZATION OF AGENT OF EMPLOYER	I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent.				
SIGNATURE OF EMPLOYER					DATE
NAME OF AGENT (Type or Print)	ADDRESS OF AGENT (Number, Street, City, State, ZIP code)				

PART B. STATEMENT OF QUALIFICATIONS OF ALIEN

FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: If alien is in the U.S., contact nearest office of Immigration and Naturalization Service. If alien is outside U.S., contact nearest U.S. Consulate.
IMPORTANT: READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.
 Print legibly in ink or use a typewriter. If you need more space to fully answer any questions on this form, use a separate sheet. Identify each answer with the number of the corresponding question. Sign and date each sheet.

1. Name of Alien (Family name in capital letters)				First name	Middle name	Maiden name
2. Present Address (No., Street, City or Town, State or Province and ZIP code)					Country	3. Type of Visa (If in U.S.)
4. Alien's Birthdate (Month, Day, Year)	5. Birthplace (City or Town, State or Province)			Country	6. Present Nationality or Citizenship (Country)	
7. Address in United States Where Alien Will Reside						
8. Name and Address of Prospective Employer if Alien has job offer in U.S.					9. Occupation in which Alien is Seeking Work	
10. "X" the appropriate box below and furnish the information required for the box marked						
a. <input type="checkbox"/> Alien will apply for a visa abroad at the American Consulate in _____		City in Foreign Country		Foreign Country		
b. <input type="checkbox"/> Alien is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at _____		City		State		
11. Names and Addresses of Schools, Colleges and Universities Attended (Include trade or vocational training facilities)	Field of Study	FROM	TO	Degrees or Certificates Received		
		Month Year	Month Year			

SPECIAL QUALIFICATIONS AND SKILLS

12. Additional Qualifications and Skills Alien Possesses and Proficiency in the use of Tools, Machines or Equipment Which Would Help Establish if Alien Meets Requirements for Occupation in Item 9.	
13. List Licenses (Professional, journeyman, etc.)	
14. List Documents Attached Which are Submitted as Evidence that Alien Possesses the Education, Training, Experience, and Abilities Represented	
Endorsements	DATE REC. DOL
(Make no entry in this section - FOR Government Agency USE ONLY)	O.T. & C.

(Items continued on next page)

15. WORK EXPERIENCE. List all jobs held during the last three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.

a. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
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DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT	NO. OF HOURS PER WEEK
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b. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
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DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT	NO. OF HOURS PER WEEK
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c. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
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DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT	NO. OF HOURS PER WEEK
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16. DECLARATIONS

DECLARATION OF ALIEN	Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.
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SIGNATURE OF ALIEN	DATE
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AUTHORIZATION OF AGENT OF ALIEN	I hereby designate the agent below to represent me for the purposes of labor certification and I take full responsibility for accuracy of any representations made by my agent.
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SIGNATURE OF ALIEN	DATE
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NAME OF AGENT (Type or print)	ADDRESS OF AGENT (No., Street, City, State, ZIP code)
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