

U.S. Department of Labor

Employment and Training Administration

OMB No. 1205-0342
Expires: 1/31/2013



**Petition for Trade Adjustment Assistance (TAA) and
Alternative Trade Adjustment Assistance (ATAA)**

80278

Section 1. Petitioner Information

Provide petitioner information below. Three workers from the same job location completing this Petition Form must fill in all three columns. Other petitioners need only fill in the Petitioner 1 column. A union official completing this petition form should provide the name of the Union.

	Petitioner 1	Petitioner 2	Petitioner 3
a) Name	LINDA Emerine	VAN TRAN	Sandra Dhani
b) Title	Consumer Loan Underwriter	Mortgage Loan Sp	
c) Street Address	37 Maple Leaf	La Granada	126 Technology Dr. West
City	MISSION Viejo, CA 92692	Irving, CA 92602	Site 200
State, Zip	CA 92692	CA 92602	Truine Ct 92618
d) Phone - Main	949-454-1821	714-368-7190	
e) Phone - Alternate	949-282-8891 (Cell)		
f) E-mail	Linda.emerine@cox.net	vantran71@hotmail.com	TAA (949) 341-8056
g) Worker Separation Date			
h) Petitioner Type:	Three Workers <input checked="" type="checkbox"/>	Company Official <input type="checkbox"/>	Union Official <input type="checkbox"/> (Union Name _____)
(please check one)	State Workforce Office <input checked="" type="checkbox"/>	One-Stop Operator/Partner <input checked="" type="checkbox"/>	Other Authorized Representative <input type="checkbox"/>
i) Describe the worker group on whose behalf this petition is being filed:			

Section 2. Workers' Firm

Provide information on the firm employing the worker group. Complete items (a) - (g) regarding the employing firm. If the workers are doing work at a location that is different than the worker's employer (e.g., the petitioning workers are employed by a staffing agency but work at a manufacturing firm), also complete items (h) - (m) regarding the firm at which the workers perform their jobs.

NOTE: Workers completing this Petition Form must provide information for the location where they work. All other petitioner types may apply on behalf of more than one location. State offices and One-Stop Operators/Partners may file for workers at multiple locations of a firm within their State. If you choose to file on behalf of workers at more than one location, please attach additional sheets as necessary.

Employer (Firm)

a) Name of Firm	Wells Fargo Home Mortgage
b) Street Address	3200 Park Center Drive 5th floor
City	Costa Mesa, CA 92626
State, Zip	
c) Phone	800-366-1620
d) Website (if known)	
e) Describe the article produced by this firm	Home Mortgage Loans 1-4 family
f) How many workers have been or may be separated (if known)?	60+ and previous layoffs 170
g) Is the firm or any part of the firm closing (if known)? If yes, when?	NO

If the workers work at a location that is different from that listed in item a) and b), then fill out items h) through m) for that location:

h) Name of Firm	_____
i) Street Address	_____
City	_____
State, Zip	_____
j) Phone	_____
k) Describe the article produced by this firm	_____
l) How many workers have been or may be separated (if known)?	_____
m) Is the firm or any part of the firm closing (if known)? If yes, when?	_____

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Section 3. Trade Effects on Separations

1. To the best of your knowledge, provide reasons why you believe that separations that have occurred or may be threatened at the workers' firm are due to foreign trade. (Example: Production has been/is being shifted to a foreign country, increased imports of articles, loss of business with a TAA-certified firm.)

Wells Fargo Home Mtrg sent large portions of ~~our~~ our job duties to India
Branch of Wells Fargo. I (Linda Emerine) personally trained and performed
audits for a 3 month period for project manager in India location to
take over portions of our job duties including income calculation training.
Other duties including mortgage loan specialist and setup functions were sent to India

2. If you possess any additional information or documents that you believe may assist in the determination of whether the worker group is eligible for TAA benefits, submit it as an attachment to the Petition Form. Check the box below if you have attached any additional information or supporting documents.

I have attached additional information or supporting documents. *please Reference Articles in Orange County Register and March of 2011.*

3. Provide contact information for two company officials. Either separately or together, these officials should be familiar with all of the following: employment, job functions, and sales or production at each job location.

	Official 1	Official 2
a) Name	<u>Ruan Casas</u>	<u>Sandy Goforth</u>
b) Title	REDACTION	
c) Phone - Main		
d) Phone - Alternate		
e) Fax		
f) E-mail		

Section 4. Affirmation of Information

The information you provide on this petition form will be used for the purposes of determining worker group eligibility and providing notice to petitioners, workers, and the general public that the petition has been filed and whether the worker group is eligible. Knowingly falsifying any information on this Petition Form is a Federal offense (18 USC § 1001) and a violation of the Trade Act (19 USC § 2316). For this petition to be valid, each of the petitioners listed in Question 1 must sign below and the Petition Form must be dated. By signing below, you agree to the following statements:

"I declare that to the best of my knowledge and belief the information I have provided is true, correct, and complete."

a) Signature	<u>Sandra C. Dhami</u>	<u>Linda A. Emerine</u>	<u>[Signature]</u>
b) Name (Print)	<u>Sandra C. Dhami</u>	<u>Linda A. Emerine</u>	<u>VAN TRAN</u>
c) Date of Petition	<u>July 6, 2011</u>	<u>July 6, 2011</u>	<u>July 6, 2011</u>

C.P.R., TAA Specialist