IMPORTANT: Please read these instructions carefully before completing ETA Form 9089 – Application for Permanent Employment Certification. These instructions contain full explanations of the questions and attestations that make up Form ETA 9089.

Any employer or alien, or their agent or attorney, who knowingly and willingly furnishes any false information in the preparation of ETA Form 9089 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fine or imprisonment up to five years or both (18 U.S.C. §§ 2, 1001). Other penalties apply as well to fraud or misuse of this immigration document and to perjury with respect to this form (18 U.S.C. §§ 1546, 1621).

Employing or continuing to employ an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

Privacy Statement Information

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department of Labor (Department) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named alien beneficiaries or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act and under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647; to an information source or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.

OMB Notice ***Paperwork Reduction Act/Information Control Number 1205-0451***

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Respondents are required to reply to these reporting requirements to obtain the benefits of permanent employment certification. (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 1¼ hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Division of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW * Washington, DC * 20210. **Do NOT send the completed application to this address.**

Regulatory Information

The permanent labor certification program is governed by the Immigration and Nationality Act, 8 U.S.C. 1101 et seq. and 20 CFR part 656. This regulation can be found at http://workforcesecurity.doleta.gov/foreign/perm.asp. Employers applying for labor certification must comply with all regulatory and statutory requirements.

How to File

A. Who May File:
An employer who desires to apply for a labor certification, for occupations other than sports, on behalf of an alien must file Form ETA 9089.

B. How/Where to File

1. For all occupations other than Schedule A and Sheepherders, ETA Form 9089 must be submitted to the Department of Labor for processing in one of two ways:

   - Online. Employers can complete and submit their permanent applications online at the following web address: http://www.plc.doleta.gov.
   - Mail. Applications can be mailed to the DOL Application Processing Center serving the state where the job will be located. Addresses and a downloadable form and instructions can be found at the following web address: http://workforcesecurity.doleta.gov/foreign/.

2. Applications for Sheepherders and Schedule A occupations are granted or denied by the United States Citizenship and Immigration Service (USCIS). All applications for Sheepherders and Schedule A labor certifications must be mailed to the USCIS service center serving the state where the job will be located. Addresses can be found at: http://www.uscis.gov

3. All application information (a copy of certified Form ETA 9089, recruitment information, re-filing information (if applicable), etc…) must be retained by the employer or their attorney/agent for five years from the date of filing the *Application for Permanent Employment Certification*.

Section A
Refiling Instructions

Employers that filed applications under the previous regulations (Form ETA 750) may, if the employer has not yet commenced the recruitment process by having a State Workforce Agency file a job order, refile applications under the current regulations (ETA Form 9089) without loss of the previous filing date by the following process:

The application must be for the identical job opportunity filed under the previous regulations, and the employer must comply with all of the filing and recruiting requirements of the current regulation.

The employer must withdraw the case involving the identical job opportunity under the previous regulations and refile under the current regulations. Withdrawal instructions can be found at http://workforcesecurity.doleta.gov/foreign/

1. If this application was previously submitted under the former permanent application process (Form ETA-750), select *Yes* to keep your original priority date. Otherwise, select *No*.

1-A. Enter the date you filed the application under the former permanent application process (Form ETA 750). Enter the date in *mm/dd/yyyy* format.

1-B. Enter the case number assigned by the SWA or local office to the application you submitted under the former permanent application process (Form ETA 750).

Section B
Schedule A or Sheepherder Information

1. Select *Yes* or *No*. If *Yes*, do not send the application to the Department of Labor. All applications in support of Schedule A or Sheepherder Occupations must be sent directly to the appropriate Department of Homeland Security (DHS) office. Consult the DHS website (http://uscis.gov) or the blue pages in your local phone directory for the address of the DHS office that serves the area where the alien will work.

Section C
Employer Information (Headquarters or Main Office)

1. Enter the full legal name of the business, firm, or organization, or, if an individual, enter the name used on legal documents.

2. Enter the address of the employer's principal place of business. This should be the address of the headquarters or main office.

3. Enter the city, state or province, country and postal code of the principal place of business.

4. Enter the phone number, country or area code first, and extension (if applicable) of the employer.

5. Enter the total number of employees currently employed by the employer.

6. Enter the year the employer commenced business or incorporated. If the employer is a private household employing a household domestic worker, this question may be skipped.

7. Enter the employer's nine-digit Federal Employer Identification Number (EIN), which is assigned by the Internal Revenue Service.

8. Enter the North American Industry Classification System (NAICS) code. This is a six-digit number. If you do not know the NAICS code, you can search for the correct code at http://www.naics.com/search.htm.

9. Select *Yes* or *No*. Closely Held Corporations are corporations that have relatively few shareholders and whose shares are not generally traded in the securities market.

Section D
Employer Contact Information

This information must be different than the agent or attorney information entered in Section E. The person listed in this section may be contacted for authentication of the application.

1. Enter the full legal name of the employer's point of contact.

2. Enter the business address of the employer's point of contact. P.O. Boxes are not acceptable.

3. Enter the city, state or province, country, and postal code of the employer's point of contact.

4. Enter the phone number, country or area code first, and extension (if applicable) of the employer's point of contact.

5. Enter the full business e-mail address of the employer's point of contact.

Section E
Agent or Attorney Information

This information must be different than the employer contact information entered in Section D.

1. Enter the full legal name of the agent or attorney designated to act on behalf of the employer for this application.

2. Enter the name of the company or law firm that employs the agent or attorney.

3. Enter the nine-digit Federal Employer Identification Number (EIN) assigned to the agent or attorney's company or law firm by the IRS.

4. Enter the phone number, country or area code first, and the extension (if applicable) of the agent or attorney.

5. Enter the complete mailing address of the agent or attorney.

6. Enter the city, state or province, country and postal code of the agent or attorney.

7. Enter the full business e-mail address of the agent or attorney.

Section F
Prevailing Wage Information

Before you can complete this section of the form, you must secure a Prevailing Wage Determination (PWD) from the State Workforce Agency (SWA) responsible for the state in which the work will be performed. A listing of SWAs and their contact information can be found at: http://workforcesecurity.doleta.gov/map.asp

1. Enter the prevailing wage tracking number assigned by the SWA. This field is optional as not all states assign a code.

2. Enter the Standard Occupational Classification (SOC) code (or O*NET/OES extension) specific to the occupation listed in the prevailing wage determination request. Further information concerning SOC codes can be found at: http://ows.doleta.gov/foreign/

3. Enter the occupational title associated with the SOC/O*NET(OES) code as determined by the SWA.

4. Enter the skill level of the job subject to this application as determined by the SWA.

5. Enter the prevailing wage rate for the job as assigned by the SWA in the PWD. Select whether the offered wage is in terms of hour, week, bi-weekly, month, or year.

6. Identify the source of the prevailing wage from among the following: Occupational Employment Statistics (OES), Collective Bargaining Agreement (CBA), Employer Conducted Survey, Davis-Bacon Act (DBA), McNamara-O'Hara Service Contract Act (SCA), or Other.

6-A. If *Other* is identified for question 6, enter the name of the prevailing wage source as determined by the SWA.

7. Enter the date the prevailing wage was issued by the appropriate SWA. Enter the date in *mm/dd/yyyy* format.

8. Enter the expiration date of the validity period of the PWD received from the appropriate SWA. Enter the date in *mm/dd/yyyy* format.

Section G
Wage Offer Information

1. Enter the wage rate to be paid to the employee. If the wage offer is expressed as a range, enter the bottom of the wage range to be paid in the From section and enter the top of the wage range to be paid in the optional To section.

   Identify whether the wage rate to be paid is in terms of per hour, week, bi-weekly, month, or year (you may only select one).

Section H
Job Opportunity Information

1. Enter the full address of the primary site or location where the work will actually be performed.

2. Enter the city, state, and postal code of the primary site or location where the work will actually be performed.

3. Enter the common name or payroll title of the job being offered.

4. Select the minimum level of education required to adequately perform the duties of the job being offered.

4-A. If *Other* was selected for question 4, identify the education required. Examples are MD and JD.

4-B. Enter the major field of study required in reference to Question 4. Skip this question if the answer to question 4 is *None or High School*.

5. Select *Yes* or *No* to identify whether or not training is required for the job. Do not duplicate the time requirements. For example, time required in training should not also be listed in education or experience. Do not include restrictive requirements that are not actual business necessities for performance of the job and that would limit consideration of other qualified U.S. workers.

5-A. If the answer to question 5 is *Yes*, enter the number of months of training that is required.

5-B. If the answer to question 5 is *Yes*, enter the field of training that is required for the job offered.

6. Select *Yes* or *No* to identify whether experience in the job offered is a requirement.

6-A. If the answer to question 6 is *Yes*, enter the number of months experience that are required for the job.

7. Select *Yes* or *No* to indicate if an alternate field of study is acceptable. This field of study is alternate to the major field of study indicated in question 4-B.

7-A. If the answer to question 7 is *Yes*, enter the alternate field of study that is acceptable for the job offered.

8. Select *Yes* or *No* to indicate if there is an alternate combination of education and experience in the job offered that will be accepted in lieu of the minimum education requirement identified in question 4 of this section. For example, if the requirement is bachelors + 2 years experience but the employer will accept a masters + 1 year experience, an alternate combination of education and experience exists.

8-A. If the answer to question 8 is *Yes*, select the alternate level of education that is acceptable in combination with the number of months of experience specified in question 8-C.

8-B. If the answer to question 8-A is *Other*, enter the alternate level of education that is acceptable.

8-C. If the answer to question 8 is *Yes*, enter the number of months of experience in the job offered that is acceptable in combination with the level of education specified in question 8-A.

Section H Continued

9. Select *Yes* or *No* to indicate if a foreign educational equivalent is acceptable.

10. Select *Yes* or *No* to indicate if experience in an alternate occupation is acceptable.

10-A. If the answer to question 10 is *Yes*, enter the number of months of experience in the alternate occupation that is required for the job offered.

10-B. If the answer to question 10 is Yes, enter the alternate occupation that is acceptable for the job offered.

11. Describe the job duties. Detail what would be performed by any worker filling the job. Specify equipment used and pertinent working conditions.

12. Select *Yes* or *No* to indicate if the job opportunity's requirements as specified in questions H-4 to H-11 are normal for the occupation being offered. If the answer to this question is No, the employer must be prepared to provide documentation demonstrating that the job requirements are supported by business necessity.

13. Select *Yes* or *No* to indicate if knowledge of a foreign language is required to perform the job duties. If the answer to this question is *Yes*, the employer must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity.

14. Enter the job related requirements. Examples are shorthand and typing speeds, specific foreign language proficiency, and test results. The employer must be prepared to document business necessity for a foreign language requirement.

15. Select *Yes* or *No* to identify whether or not the job includes a combination of occupations. For example, engineer-pilot.

16. Select *Yes* or *No* to indicate if the position identified in this application is being offered to the alien identified in Section J.

17. Select *Yes* or *No* to indicate if the job requires the alien to live on the employer's premises.

18. Select *Yes* or *No* to identify whether the application is for a live-in domestic service worker. Domestic service workers refer to "private household workers." The domestic service must be performed in or about the private home of the employer whether that home is a fixed place of abode or a temporary dwelling as in the case of an individual or family traveling on vacation. A separate and distinct dwelling maintained by an individual or a family in an apartment house, condominium, or hotel may constitute a private home.

18-A. If the answer to question 18 is *Yes*, select whether the employer and the alien have executed an employment contract and the employer has provided a copy of the contract to the alien. Select *NA (not applicable)* if the answer to question 18 is *No.*

Section I
Recruitment Information

1. Select *Yes* or *No*. Professional Occupations are defined as occupations for which the attainment of a bachelor's or higher degree is a usual education requirement for the occupation. ***For the purpose of this question, Professional Occupations do not include college or university teachers.*** If the answer to this question is *Yes*, you must complete questions 6 – 22 of this section.

2. Select *Yes* or *No to* identify whether or not the application is for a college or university teacher. If the answer to this question is *Yes*, you must answer questions 2-A and 2-B.

Section I Continued

2-A. Select *Yes* or *No* to indicate if you selected the candidate using a competitive recruitment and selection process. If the answer to this question is *Yes*, you must complete questions 3 – 5 of this section. In the event of an audit, the employer will be required to provide documentation as defined by 20 CFR 656.18.

2-B. Select *Yes* or *No* to indicate if you used the basic recruitment process for professional occupations. If the answer to this question is *Yes*, you must complete questions 6 – 22 of this section.

Complete Questions 3 – 5 only if the answer to Section I/Question a.2-A is Yes

3. Enter the date the alien was selected using the competitive recruitment and selection process. Enter the date in *mm/dd/*yyyy format.

4. Enter the name and date of the national professional journal in which the advertisement was placed.

5. Enter additional recruitment information. You may add an attachment if more space is necessary.

Complete Questions 6 – 12 unless your answer to Section B/Question 1 is Yes OR your answer to Section I/Question a.2-A is Yes.

6. Enter the start date for the State Workforce Agency job order. Enter the date in *mm/dd/*yyyy format.

7. Enter the end date for the State Workforce Agency job order. Enter the date in *mm/dd/*yyyy format.

8. Select *Yes* or *No* to indicate if there is a Sunday edition of the newspaper in the area of intended employment.

9. Enter the name of the newspaper (of general circulation) in which the first advertisement was placed.

10. Enter the date of the first advertisement identified in question 9. Enter the date in *mm/dd/*yyyy format.

11. Enter the name of the newspaper or professional journal in which the second advertisement (if applicable) was placed. Also, select a checkbox to indicate whether the ad ran in a Newspaper or Journal.

12. Enter the date of the second newspaper advertisement or date of publication of journal identified in question 11. Enter the date in *mm/dd/*yyyy format.

If the answer to Section I/Questions a.1 or a.2-B is Yes, at least 3 of the items in this section must be completed. For questions 13-22, enter the dates in *mm/dd/*yyyy format.

13. Enter the dates advertised at a job fair (if applicable).

14. Enter the dates of on-campus recruiting (if applicable).

15. Enter the dates advertised on the employer's website (if applicable).

16. Enter the dates advertised with a trade or professional organization (if applicable).

17. Enter the dates listed with a job search website (if applicable).

18. Enter the dates listed with a private employment firm (if applicable).

19. Enter the dates advertised with an employee referral program (if applicable).

20. Enter the dates advertised with a campus placement office (if applicable).

Section I Continued

21. Enter the dates advertised with a local or ethnic newspaper (if applicable).

22. Enter the dates advertised with radio or TV stations (if applicable).

All must complete this section

23. Select *Yes* or *No* to indicate whether the employer has received payment of any kind for the submission of this application, including intended payroll deductions from the alien's wages.

23-A. If you answer *Yes* to question 23, please enter details of the payment for the submission of the application, including the amount, date and purpose of the payment.

24. Select *Yes*, *No*, or *NA* to indicate whether the bargaining representative for workers in the occupation in which the alien will be employed has been provided with notice of this filing at least 30 days but not more than 180 days before the date the application is filed.

25. Select *Yes*, *No*, or *NA* to indicate if there is no bargaining representative, that a notice of this filing has been posted for 10 business days in a conspicuous location at the place of employment, ending at least 30 days before but not more than 180 days before the date the application is filed.

26. Select *Yes* or *No* to indicate if the employer had a layoff in the area of intended employment in the occupation involved in this application or in a related occupation within the six months immediately preceding the filing of this application. A related occupation is defined as any occupation that requires workers to perform a majority of the essential duties involved in the occupation for which certification is sought.

26-A. Select *Yes*, *No*, or *NA* to indicate whether the laid off U.S. workers were notified and considered for the job opportunity for which certification is sought.

Section J
Alien Information

This section must be different than the agent or attorney information in Section E.

1. Enter the alien's last name, first name, and full middle name.

2. Enter the alien's current address. This should be the address of the alien's current residence.

3. Enter the city, state or province, country, and postal code of the alien's current residence.

4. Enter the phone number for the alien's current residence.

5. Enter the country of current citizenship for the alien.

6. Enter the alien's country of birth.

7. Enter the alien's date of birth in *mm/dd/yyyy* format.

8. Enter the alien's class of admission if the alien has one. This is the current visa status of the alien (e.g., H-1B, H-2A, etc.).

9. Enter the alien registration number if the alien has one. This is a number assigned to the alien by USCIS.

10. Enter the alien admission number if the alien has one. This is a number assigned to the alien by USCIS.

Section J Continued

11. Select the highest level of education received relevant to the requested occupation that has been achieved by the alien. If the highest level of education achieved by the alien is not shown on the form, select *Other*.

11-A. If *Other* was selected for question 11, identify the highest level of education relevant to the requested occupation achieved by the alien. (e.g. MD, JD).

12. Enter the major field(s) of study for the alien in reference to the highest level of relevant education achieved.

13. Enter the year the relevant education was completed by the alien. Enter the year in *yyyy* format.

14. Enter the name of the institution where the relevant education achieved by the alien, specified in question 11, was obtained.

15. Enter the address of the institution indicated in question 14.

16. Enter the city, state or province, country, and postal code of the institution indicated in question 14.

17. Select *Yes*, *No*, or *NA* to indicate whether the alien completed the training required for the requested job opportunity, as indicated in question H.5.

18. Select *Yes*, *No*, or *NA* to indicate whether the alien has the experience as required for the requested job opportunity indicated in question H.6.

19. Select *Yes*, *No*, or *NA* to indicate whether the alien possesses the alternate combination of education and experience as indicated in question H.8.

20. Select *Yes*, *No*, or *NA* to indicate whether the alien has the experience in an alternate occupation specified in question H.10.

21. Select *Yes*, *No*, or *NA* to indicate whether the alien gained any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested.

22. Select *Yes* or *No* to indicate whether the employer paid for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position.

23. Select *Yes* or *No* to indicate whether the alien is currently employed by the petitioning employer.

Section K
Alien Work Experience

List all jobs held by the alien in the past three years whether or not the job is related to the job opportunity for which the employer is seeking certification. Also list all other experiences that qualify the alien for the job opportunity. If you need more space to complete this section, you may use additional pages as attachments for mailed applications, but you must list the primary jobs and experiences in these spaces. For electronic applications, the system will allow employers to enter additional jobs.

Instructions for Section a – Job 1

1. Enter the full legal name of the business, firm, or organization that employed the alien.

2. Enter the address of the employer.

3. Enter the city, state or province, country and postal code for the business address.

Section K Continued

4. Enter the type of business of the employer. For example, food service, landscaping, computer hardware manufacturing, etc.

5. Enter the title of the job held by the alien.

6. Enter the date the alien started to work for the employer.

7. Enter the date the alien stopped working for the employer.

8. Enter the number of hours per week the alien worked while employed.

9. Enter the details of the job performed by the alien while employed. Include the phone number of the employer and the name of the alien's supervisor. Job descriptions should also include specific details of the work performed, with emphasis on skills, qualifications, certifications, and licenses required, managerial or supervisory functions performed, materials or products handled, and machines, tools, and equipment used or operated.

Instructions for Section b – Job 2

Same as instructions for Section a – Job 1.

Instructions for Section c – Job 3

Same as instructions for Section a – Job 1.

Section L
Alien Declaration

1. Enter the last name, first name, and middle initial of the alien signing the application.

2. The signature of the alien identified by question 1 and the date of signature are required. The date of signature must be in *mm/dd/yyyy* format.

   Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be completed when submitting by mail. If the application is submitted electronically, the certification MUST be signed immediately upon receipt from DOL before it can be submitted to USCIS for final processing.

Section M
Declaration of Preparer

1. Select *Yes* or *No* to indicate whether the application was completed by the employer. If you select *No*, questions 2 – 5 must be completed.

2. Enter the full legal name of the person who is responsible for preparation of the application.

3. Enter the job title held by the person who is responsible for preparation of the application.

4. Enter the e-mail address of the person who is responsible for preparation of the application.

5. The signature of the preparer identified by question 2 and the date of signature are required. The date of signature must be in *mm/dd/yyyy* format.

   Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be completed when submitting by mail. If the application is submitted electronically, the certification MUST be signed immediately upon receipt from DOL before it can be submitted to USCIS for final processing.

Section N
Employer Declaration

1. Enter the full legal name of the employer signing the application.

2. Enter the job title held by the employer.

3. The signature of the employer identified by question 1 and the date of signature are required. The date of signature must be in *mm/dd/yyyy* format.

   Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be completed when submitting by mail. If the application is submitted electronically, the certification MUST be signed immediately upon receipt from DOL before it can be submitted to USCIS for final processing.

Section O
U.S. Government Agency Use Only

Do not complete this section.

Application for Permanent Employment Certification

ETA Form 9089

U.S. Department of Labor

Please read and review the filing instructions before completing this form. A copy of the instructions can be found at http://workforcesecurity.doleta.gov/foreign/.

Employing or continuing to employ an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

A. Refiling Instructions

1. Are you seeking to utilize the filing date from a previously submitted Application for Alien Employment Certification (ETA 750)?	❑ Yes	❑ No
1-A. If Yes, enter the previous filing date		
1-B. Indicate the previous SWA or local office case number OR if not available, specify state where case was originally filed:		

B. Schedule A or Sheepherder Information

1. Is this application in support of a Schedule A or Sheepherder Occupation?	❑ Yes	❑ No
If Yes, do NOT send this application to the Department of Labor. All applications in support of Schedule A or Sheepherder Occupations must be sent directly to the appropriate Department of Homeland Security office.		

C. Employer Information (Headquarters or Main Office)

1. Employer's name			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Phone number		Extension	
5. Number of employees		6. Year commenced business	
7. FEIN (Federal Employer Identification Number)			8. NAICS code
9. Is the employer a closely held corporation, partnership, or sole proprietorship in which the alien has an ownership interest, or is there a familial relationship between the owners, stockholders, partners, corporate officers, incorporators, and the alien?		❑ Yes	❑ No

D. Employer Contact Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).

1. Contact's last name	First name		Middle initial
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Phone number		Extension	
5. E-mail address			

E. Agent or Attorney Information (If applicable)

1. Agent or attorney's last name	First name		Middle initial
2. Firm name			
3. Firm EIN	4. Phone number	Extension	
5. Address 1			
Address 2			
6. City	State/Province	Country	Postal code
7. E-mail address			

F. Prevailing Wage Information (as provided by the State Workforce Agency)

1. Prevailing wage tracking number (if applicable)		2. SOC/O*NET(OES) code			
3. Occupation Title		4. Skill Level			
5. Prevailing wage $	Per: (Choose only one) ❑ Hour	❑ Week	❑ Bi-Weekly	❑ Month	❑ Year
6. Prevailing wage source (Choose only one) ❑ OES	❑ CBA	❑ Employer Conducted Survey	❑ DBA	❑ SCA	❑ Other
6-A. If Other is indicated in question 6, specify:					
7. Determination date		8. Expiration date			

G. Wage Offer Information

1. Offered wage From: $	To: (Optional) $	Per: (Choose only one) ❑ Hour	❑ Week	❑ Bi-Weekly	❑ Month ❑ Year

H. Job Opportunity Information (Where work will be performed)

1. Primary worksite (where work is to be performed) address 1							
Address 2							
2. City		State		Postal code			
3. Job title							
4. Education: minimum level required: ❑ None	❑ High School	❑ Associate's	❑ Bachelor's	❑ Master's	❑ Doctorate	❑ Other	
4-A. If Other is indicated in question 4, specify the education required:							
4-B. Major field of study							
5. Is training required in the job opportunity? ❑ Yes ❑ No	5-A. If Yes, number of months of training required:						

H. Job Opportunity Information Continued

5-B. Indicate the field of training:
6. Is experience in the job offered required for the job? 6-A. If Yes, number of months experience required: ❑ Yes ❑ No
7. Is there an alternate field of study that is acceptable? ❑ Yes ❑ No
7-A. If Yes, specify the major field of study:
8. Is there an alternate combination of education and experience that is acceptable? ❑ Yes ❑ No
8-A. If Yes, specify the alternate level of education required: ❑ None ❑ High School ❑ Associate's ❑ Bachelor's ❑ Master's ❑ Doctorate ❑ Other
8-B. If Other is indicated in question 8-A, indicate the alternate level of education required:
8-C. If applicable, indicate the number of years experience acceptable in question 8:
9. Is a foreign educational equivalent acceptable? ❑ Yes ❑ No
10. Is experience in an alternate occupation acceptable? 10-A. If Yes, number of months experience in alternate occupation required: ❑ Yes ❑ No
10-B. Identify the job title of the acceptable alternate occupation:
11. Job duties – If submitting by mail, add attachment if necessary. Job duties description must begin in this space.

12. Are the job opportunity's requirements normal for the occupation? ***If the answer to this question is No, the employer must be prepared to provide documentation demonstrating that the job requirements are supported by business necessity.***	❑ Yes ❑ No
13. Is knowledge of a foreign language required to perform the job duties? ***If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity.***	❑ Yes ❑ No

14. Specific skills or other requirements – If submitting by mail, add attachment if necessary. Skills description must begin in this space.

H. Job Opportunity Information Continued

15. Does this application involve a job opportunity that includes a combination of occupations?	❑ Yes ❑ No
16. Is the position identified in this application being offered to the alien identified in Section J?	❑ Yes ❑ No
17. Does the job require the alien to live on the employer's premises?	❑ Yes ❑ No
18. Is the application for a live-in household domestic service worker?	❑ Yes ❑ No
18-A. If Yes, have the employer and the alien executed the required employment contract and has the employer provided a copy of the contract to the alien?	❑ Yes ❑ No ❑ NA

I. Recruitment Information

a. Occupation Type – All must complete this section.

1. Is this application for a **professional occupation**, other than a college or university teacher? Professional occupations are those for which a bachelor's degree (or equivalent) is normally required.	❑ Yes ❑ No
2. Is this application for a college or university teacher? **If Yes, complete questions 2-A and 2-B below.**	❑ Yes ❑ No
2-A. Did you select the candidate using a competitive recruitment and selection process?	❑ Yes ❑ No
2-B. Did you use the basic recruitment process for professional occupations?	❑ Yes ❑ No

b. Special Recruitment and Documentation Procedures for College and University Teachers – Complete only if the answer to question I.a.2-A is Yes.

3. Date alien selected:
4. Name and date of national professional journal in which advertisement was placed:
5. Specify additional recruitment information in this space. Add an attachment if necessary.

c. Professional/Non-Professional Information – Complete this section unless your answer to question B.1 or I.a.2-A is YES.

6. Start date for the SWA job order	7. End date for the SWA job order
8. Is there a Sunday edition of the newspaper in the area of intended employment?	❑ Yes ❑ No
9. Name of newspaper (of general circulation) in which the first advertisement was placed:	
10. Date of first advertisement identified in question 9:	
11. Name of newspaper or professional journal (if applicable) in which second advertisement was placed:	❑ Newspaper ❑ Journal

I. Recruitment Information Continued

12. Date of second newspaper advertisement or date of publication of journal identified in question 11:

d. Professional Recruitment Information – Complete if the answer to question I.a.1 is YES or if the answer to I.a.2-B is YES. Complete at least 3 of the items.

13. Dates advertised at job fair From: To:	14. Dates of on-campus recruiting From: To:
15. Dates posted on employer web site From: To:	16. Dates advertised with trade or professional organization From: To:
17. Dates listed with job search web site From: To:	18. Dates listed with private employment firm From: To:
19. Dates advertised with employee referral program From: To:	20. Dates advertised with campus placement office From: To:
21. Dates advertised with local or ethnic newspaper From: To:	22. Dates advertised with radio or TV ads From: To:

e. General Information – All must complete this section.

23. Has the employer received payment of any kind for the submission of this application?	❑ Yes ❑ No
23-A. If Yes, describe details of the payment including the amount, date and purpose of the payment :	
24. Has the bargaining representative for workers in the occupation in which the alien will be employed been provided with notice of this filing at least 30 days but not more than 180 days before the date the application is filed?	❑ Yes ❑ No ❑ NA
25. If there is no bargaining representative, has a notice of this filing been posted for 10 business days in a conspicuous location at the place of employment, ending at least 30 days before but not more than 180 days before the date the application is filed?	❑ Yes ❑ No ❑ NA
26. Has the employer had a layoff in the area of intended employment in the occupation involved in this application or in a related occupation within the six months immediately preceding the filing of this application?	❑ Yes ❑ No
26-A. If Yes, were the laid off U.S. workers notified and considered for the job opportunity for which certification is sought?	❑ Yes ❑ No ❑ NA

J. Alien Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).

1. Alien's last name	First name	Full middle name	
2. Current address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Phone number of current residence			
5. Country of citizenship		6. Country of birth	
7. Alien's date of birth		8. Class of admission	
9. Alien registration number (A#)		10. Alien admission number (I-94)	
11. Education: highest level achieved relevant to the requested occupation: ❑ None ❑ High School ❑ Associate's ❑ Bachelor's ❑ Master's ❑ Doctorate ❑ Other			

J. Alien Information Continued

11-A. If Other indicated in question 11, specify						
12. Specify major field(s) of study						
13. Year relevant education completed						
14. Institution where relevant education specified in question 11 was received						
15. Address 1 of conferring institution						
Address 2						
16. City	State/Province	Country			Postal code	
17. Did the alien complete the training required for the requested job opportunity, as indicated in question H.5?	❑ Yes	❑ No	❑ NA			
18. Does the alien have the experience as required for the requested job opportunity indicated in question H.6?	❑ Yes	❑ No	❑ NA			
19. Does the alien possess the alternate combination of education and experience as indicated in question H.8?	❑ Yes	❑ No	❑ NA			
20. Does the alien have the experience in an alternate occupation specified in question H.10?	❑ Yes	❑ No	❑ NA			
21. Did the alien gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested?	❑ Yes	❑ No	❑ NA			
22. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position?	❑ Yes	❑ No				
23. Is the alien currently employed by the petitioning employer?	❑ Yes	❑ No				

K. Alien Work Experience

List all jobs the alien has held during the past 3 years. Also list any other experience that qualifies the alien for the job opportunity for which the employer is seeking certification.

a. Job 1

1. Employer name			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Type of business		5. Job title	
6. Start date	7. End date	8. Number of hours worked per week	

K. Alien Work Experience Continued

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

b. Job 2

1. Employer name			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Type of business		5. Job title	
6. Start date	7. End date	8. Number of hours worked per week	
9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)			

c. Job 3

1. Employer name			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Type of business		5. Job title	
6. Start date	7. End date	8. Number of hours worked per week	

K. Alien Work Experience Continued

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

L. Alien Declaration

I declare under penalty of perjury that Sections J and K are true and correct. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

In addition, I ***further declare*** *under penalty of perjury that I intend to accept the position offered in Section H of this application if a labor certification is approved and I am granted a visa or an adjustment of status based on this application.*

1. Alien's last name	First name	Full middle name
2. Signature	Date signed	

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification MUST be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

M. Declaration of Preparer

1. **Was the application completed by the employer?** If No, you must complete this section.	❑ Yes	❑ No

I hereby certify that I have prepared this application at the direct request of the employer listed in Section C and that to the best of my knowledge the information contained herein is true and correct. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine, imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

2. Preparer's last name	First name	Middle initial
3. Title		
4. E-mail address		
5. Signature	Date signed	

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification MUST be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

N. Employer Declaration

By virtue of my signature below, ***I HEREBY CERTIFY*** *the following conditions of employment:*

1. The offered wage equals or exceeds the prevailing wage and I will pay at least the prevailing wage.
2. The wage is not based on commissions, bonuses or other incentives, unless I guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. I have enough funds available to pay the wage or salary offered the alien.
4. 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.
5. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
6. The job opportunity is not:
    a. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
    b. At issue in a labor dispute involving a work stoppage.
7. The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
8. The job opportunity has been and is clearly open to any U.S. worker.
9. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
10. The job opportunity is for full-time, permanent employment for an employer other than the alien.

I hereby designate the agent or attorney identified in section E (if any) to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, **I take full responsibility** for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained herein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

1. Last name	First name	Middle initial
2. Title		
3. Signature	Date signed	

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification MUST be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

O. U.S. Government Agency Use Only

Pursuant to the provisions of Section 212 (a)(5)(A) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.

_____ _____

Signature of Certifying Officer | Date Signed

_____ _____

Case Number | Filing Date

P. OMB Information *Paperwork Reduction Act Information Control Number 1205-0451*

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Respondent's reply to these reporting requirements is required to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 1¼ hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Division of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW * Washington, DC * 20210.
Do NOT send the completed application to this address.

Q. Privacy Statement Information

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department of Labor (Department or DOL) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named alien beneficiaries or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act and under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647; to an information source or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.