			MENT OF LABOR	OMB Control No. 1205-0015 Expires: XX/XX/XXXX					
			raining Administration	IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM PRINT legibly in ink or use a typewriter. If you need more space to					
			CATION	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.					
	ALIEN EM		OR INT CERTIFICATION	To knowingly furnish any false information in the preparation of this form and any supplemental 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)					
1. Name of A	lien (Family nar	me in capital letter.	PART A. OFFER First, Middle, Maiden)	R OF EMPLOYME	NT				
		·	·						
2. Present Ad	dress of Alien (Number, Street, C	ity and Town, State ZIP code or Province, C	Country)			3. Type of Visa (if in U.S.)		
The follow 4. Name of E	ving information is subr mplover (Full na	nitted as an offer of ame of Organization					5 <mark>. Federal Taxpa</mark> y	/er ID EIN	
6. Address		(Number, S	treet, City and Town, State ZIP code)						
7. Address W	Vhere Alien Will Work	(if different t	han Item 6)						
8. Nature of E	Employer's Business		9. Name of Job Title		10. Total Hours Per Week	11. Work	12. Rate of Pay		
Activity					a. Basic b. Overtime	Schedule	a. Basic	b. Overtime	
						(Hourly) a.m.	\$	\$	
13. Describe	Fully the job to be Perf	ormed	(Duties)			p.m.	per	per	
worker t	letail the MINIMUM edu to perform satisfactorily				15. Other Special Requirements				
above. EDU- CATION	Grade High School School	College	College Degree Required	(specify)					
(Enter number of years)			Major Field of Study						
TRAIN- ING	No. Yrs.	No. Mos.	Type of Training						
	Job Offered	Related Occupation	Related Occupation	(specify)					
EXPERI- ENCE	Numb Yrs. Mos.								
16. Occupatio	onal Title of						17. Number of		
Person	Who Will Be mmediate Supervisor						Employees Alien Will Super	vise	
					ENDORSEMENTS (Make no entry in sec				
							Date Forms Received		
						R.O.	N.O.		
						Ind. Code	Occ. Code		
		0.04				Occ. Title	0007		
XXXXXXXXXX	*****	(XX				ETA 750-A (No	v. 2007)		

18. COMPLETE ITEN	IS ONLY IF JOB IS TEI		19. IF JOB IS UNIONIZED (Complete)								
a. No. of Open- ings To Be Filled by Aliens	b. Exact Dates You Expect To Employ Alien			a. Number b. Nam e of Local of Local							
Under Job Offer	From	То			a Chuand Orda						
					c. City and State						
20. STATEMENT FOR	R LIVE-AT-WORK JOB	OFFERS	(Complete	 for Private Household ONI	 LY)						
a. Description of Resid				a at Place of Employment					6 m m 2		
("X" one)	Number of	Adults		Children	Ages	- '	 Will free board and private room not shared with any- 		("X" one)		
House	Rooms		BOYS				one be provided?			NO	
Apartment			GIRLS								
21. DESCRIBE EFFO	RTS TO RECRUIT U.S	. WORKERS	AND THE F	RESULTS. (Specify Sourc	es of Recruitment by Na	me)					
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.											
			-1-1		EMPLOYER CERTIFIC	CATIONS					
			By vii	tue of my signature below,	, I HEREBY CERTIFY th	e following	conditions of employment.				
	have enough funds ava or salary offered the alie		ne wage	 The job opportunity does not involve unlawful discri- mination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship. 							
	The wage offered equal vailing wage and I guara fication is granted, the w the alien begins work wil vailing wage which is ap	intee that, if a l age paid to the I equal or exce	abor certi- e alien whei eed the pre-	 Vacant because the former occupant strike or is being locked out in the co a labor dispute involving a work stopp 			out in the course of				
C. 1	alien begins work. The wage offered is not l bonuses, or other incent a wage paid on a weekly	ives, unless I g	guarantee				 At issue in a labor disput stoppage. 				
	basis. will be able to place the	alien on the p	avroll								
c	on or before the date of t entrance into the United		h. The job opportunity has been and is clearly any qualified U.S. worker.			l is clearly open to					
					24. DECLARATION	IS					
DECLARATION OF EMPLOYER	N	Pursu	iant to 28 U	.S.C. 1746, I declare unde	r penalty of perjury the fo	pregoing is	true and correct.				
SIGNATURE								DA	ATE		
NAME (Type or Pr	int)			тіт	LE		I				
EMAIL ADDRESS			CONTACT TELEPHONE			<mark>F</mark> 4	AX TELEPHONE				
AUTHORIZATI AGENT OF EM				EREBY DESIGNATE the ESPONSIBILITY for accura			e purposes of labor certification an my agent.	d I TAKE FULL			
SIGNATURE OF EM	IPLOYER							DA	ATE		
NAME OF AGENT	(Type or Print)			ADDRESS OF AGENT (Number, Street, City, State, ZIP c							
EMAIL ADDRESS					CONTACT TELEPHONE				AX TELEPHONE		
Persons are not requ	ired to respond to this	collection of	informatio	n unless it displays a cu	irrently valid OMB cont	rol numbe	of Management and Budget (0 r. Obligations to reply are man bility and adverse effect on wa	datory. (Title 8 U.S	S.C. §§ 1882, 1884, and 1	1188) The	

time required to complete this form, which is to form the basis for the Secretary's certification regarding U.S. worker availability and adverse effect on wages, is estimated at 1.5 hours per response and includes the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0015.)

PRIVACY ACT STATEMENT

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 (DOL) is maintaining a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7).

Case files developed in processing labor certification applications, labor condition applications, or labor attestations, may be released to the employers which filed such applications, their representatives, and to named alien beneficiaries or their representatives, if requested, to review Employment and Training Administration (ETA) actions in connection with appeals of denials before the DOL Office of Administrative Law Judges and federal courts; to participating agencies such as the DOL Office of Inspector General, Employment Standards Administration. Department of Homeland Security's U.S, Citizenship and Immigration Services and Bureau of Immigration and Customs Enforcement, and Department of State in connection with administering and enforcing related immigration laws and regulations; and to the DOL Office of Administrative Law Judges and Federal Courts in connection with appeals of labor certification requests, labor condition applications, and labor attestations.

Further disclosures may be made 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 in connection with personnel, procurement, or benefit-related matters, to a contractor or their employees, consultants, grantees or their employees, or volunteers who have been engaged to assist the agency in the performance of a contract; for Federal debt collection purposes: the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; if a person about whom this record is maintained submits a written request to a Member of Congress or their staff and that request to the inquiry made on behalf of the subject of the record: 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 or integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information unless the disclosure would constitute an unwarranted invasion of personal privacy.