## U.S. DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION APPLICATION FOR ALIEN EMPLOYMENT CERTIFICATION



OMB Approval No. 1205-0015 Expires: 04/30/2014

PART B. STATEMENT OF QUALIFICATIONS OF ALIEN								
FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: If the alien is in the U.S., contact nearest office of								
the United States Citizenship and Immigration Service. If the	e alien is outside the U.S., contact nea	rest 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 qu	lestion. Sign and date each sheet.							
Name of Alien (Family name in capital letters)	First name		Middle name	Maiden name				
2. Present Address (No., Street, City and Town, State of	r Province and ZIP code)		Country	3. Type of Visa (If in U.S.)				
4. Alien's Birth date 5. Birthplace (City of	Town, State or Province)		Country	6. Present Nationality or				
(Month, Day, Year)				Citizenship (Country)				
7. Address in the United States Where Alien Will Reside								
8. Name and Address of Prospective Employer if Alien has	job offer in U.S.			Occupation in which     Alien is Seeking Work				
				Alen is Seeking Work				
10. "X" the appropriate box below and furnish the information	on required for the box marked							
		City in Foreign Country		Foreign Country				
a. Alien will apply for a visa abroad at the Ame	rican	Oity in a ordigin oddinay		1 oreign country				
Consulate in								
		City		State				
b. Alien is in the United States and will apply fo ment of status to that of a lawful permanent								
in the office of the United States Citizenship								
Service at ———————————————————————————————————	<b>&gt;</b>							
11. Names and Addresses of Schools, Col-	Field of	FROM	ТО	Degrees or Certificates				
Leges and Universities Attended (include trade or vocational training facilities)	Study	Month Year	Month Year	Received				
trade of vocational training facilities)								
		QUALIFICATIONS AND SKILLS						
<ol> <li>Additional Qualifications and Skills Alien Possesses an Alien Meets Requirements for Occupation in Item 9.</li> </ol>	d Proficiency in the use of Tools, Mach	ines or Equipment Which Would Help	p Establish if					
, mon mode requirement to cocapation in term of								
13. List Licenses (Professional, journeymen, etc.)								
14. List Documents Attached Which are Submitted as Evid	ence that Alien Possesses the Educati	ion Training Experience and Abilitie	s Renresented					
14. Est Bourneries / Macrica VVIIIon de Gustilited de Evid	crice that merri obsesses the Eddead	ion, Training, Experience, and ribinate	5 Represented					
Endorsements				DATE REC. DOL				
				O.T. & C.				
				J.1. & C.				
(Make no entry in								
this section - FOR								
Government Agency USE ONLY)								
JOSE GINET)								

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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		
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUI		NO. HOURS PER WEEK					
b. NAME AND ADDRESS OF EMPLOYER							
NAME OF JOB	DATE STARTED Month	Year	DATE LEFT Month	Year	KIND OF BUSINESS		
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUI		NO. HOURS PER WEEK					
c. NAME AND ADDRESS OF EMPLOYER							
NAME OF JOB	DATE STARTED Month	Year	DATE LEFT Month	Year	KIND OF BUSINESS		
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUI		NO. HOURS PER WEEK					
	16	6. DECLARATIONS	5				
DECLARATION  OF Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.  ALIEN							
SIGNATURE OF ALIEN					DATE		
E-mail address of Alien:							
	gnate the agent below to represent me for t for accuracy of any representations made l		or certification and I take ful	I			
SIGNATURE OF ALIEN					DATE		
NAME OF AGENT (Type or print)		AD	DRESS OF AGENT	(No., Street, City, S	 State, ZIP code)		
E-mail address of Agent:							

OMB No.: 1205-0015 OMB Burden Hour averages 1.5 hours. Public Burden Statement: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory. (Title 8 U.S.C. §§ 1882, 1884, and 1188) Public reporting burden for this collection of information, which is to assist with planning and program management, 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 denials 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 is forwarded to the Department, we may release the information to the Member of Congress or Congressional staff in response 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.