

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, or partners, and the alien?

Yes

No

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03/31/2008

OMB Approval: 1205-0451

Expiration Date: 08/31/2014

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://www.foreignlaborcert.doleta.gov/pdf/9089inst.pdf>

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**

**B.**

**Schedule A or Sheepherder Information**

**C.**

**Employer Information (Headquarters or Main Office)**

**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).**

ETA Form 9089

ETA Case Number:

This Certification is valid from

to

Page 1 of

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

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

**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.

**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:



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ETA Form 9089

**U.S. Department of Labor**

**E. Agent or Attorney Information (If applicable)**

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

**G. Wage Offer Information**

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

ETA Form 9089

This Certification is valid from

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Page 2 of

ETA Case Number:

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~~for the job opportunity? 5-A. If Yes, number of months of training required: Yes No

1. Offered wage From:

$

To: (Optional)

$

Per: (Choose only one) Hour Week

Bi-Weekly

Month

Year

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

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



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**U.S. Department of Labor**

Expiration Date: 08/31/2014

**H.**

**Job Opportunity Information Continued**

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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.



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Application for Permanent Employment Certification

ETA Form 9089

**U.S. Department of Labor**

**H. Job Opportunity Information Continued**

**I. Recruitment Information**

***a. Occupation Type – All must complete this section.***

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

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

ETA Form 9089

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ETA Case Number:

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

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.

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

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



11. Education: highest level achieved ~~relevant~~ ~~to~~ as required by the requested ~~occupation~~ job opportunity:

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**U.S. Department of Labor**

**I. Recruitment Information Continued**

***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.***

***e.***

***General Information – All must complete this section.***

**J.**

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

ETA Form 9089

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ETA Case Number:

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)

None High School Associate’s Bachelor’s

Master’s

Doctorate

Other

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

13. Dates advertised at job fair

14. Dates of on-campus recruiting

From: To:

From: To:

15. Dates posted on employer web site

16. Dates advertised with trade or professional organization

From: To:

From: To:

17. Dates listed with job search web site

18. Dates listed with private employment firm

From: To:

From: To:

19. Dates advertised with employee referral program

20. Dates advertised with campus placement office

From: To:

From: To:

21. Dates advertised with local or ethnic newspaper

22. Dates advertised with radio or TV ads

From: To:

From: To:

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



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**U.S. Department of Labor**

**J. Alien Information Continued**

**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***

Job 1 continued on next page

ETA Form 9089

This Certification is valid from

to

Page 6 of

ETA Case Number:

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

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



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**U.S. Department of Labor**

**K. Alien Work Experience Continued**

***b.***

***Job 2***

***c.***

***Job 3***

Job 3 continued on next page

ETA Form 9089

This Certification is valid from

to

Page 7 of

ETA Case Number:

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

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.)

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.)



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Application for Permanent Employment Certification

ETA Form 9089

**U.S. Department of Labor**

**K. Alien Work Experience Continued**

**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.*

***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**

***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.*

***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.

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This Certification is valid from

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Page 8 of

ETA Case Number:

2. Preparer’s last name

First name

Middle initial

3. Title

4. E-mail address

5. Signature

Date signed

1. **Was the application completed by the employer?**

If No, you must complete this section.

Yes No

1. Alien’s last name

First name Full middle name

2. Signature

Date signed

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.)



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**U.S. Department of Labor**

**N. Employer Declaration**

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

1.

2.

The offered wage equals or exceeds the prevailing wage and I will pay at least the prevailing wage.

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.

I have enough funds available to pay the wage or salary offered the alien.

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.

The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex,

religion, handicap, or citizenship. 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.

The job opportunity’s terms, conditions, and occupational environment are not contrary to Federal, state or local law.

The job opportunity has been and is clearly open to any U.S. worker.

The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons. The job opportunity is for full-time, permanent employment for an employer other than the alien.

3.

4.

5.

6.

7.

8.

9.

10.

**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.*

***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.

This Certification is valid from

to

Signature of Certifying Officer

Date Signed

Case Number

Filing Date

ETA Form 9089

This Certification is valid from

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ETA Case Number:

1. Last name

First name

Middle initial

2. Title

3. Signature

Date signed



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Application for Permanent Employment Certification

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**U.S. Department of Labor**

*Paperwork Reduction Act Information Control Number 1205-0451*

**P. OMB Information**

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~~Office 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.

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Addendum

H. 11. Job duties

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Addendum

H. 14. Specific skills or other requirements

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Addendum

I. 5. Specify additional recruitement information in this space

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Addendum

K. 9. Job

- Job Details

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ETA Case Number:

Addendum

**K. Alien Work Experience Continued**

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ETA Case Number:

1. Employer n ame
2. Address 1

Address 2

1. City State/Province Country Postal code
2. Type of business 5. Job title

6. Start date 7. End date 8. Number of hours w orked 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.)

1. Employer n ame
2. Address 1

Address 2

1. City State/Province Country Postal code
2. Type of business 5. Job title

6. Start date 7. End date 8. Number of hours w orked 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.)