



U.S. DEPARTMENT OF LABOR Employment and Training Administration

APPLICATION FOR ALIEN EMPLOYMENT CERTIFICATION

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM

PRINT legibly in ink or use a typewriter. If you need more space to 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.

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)					
Name of Alie	-n	(Family nar	me in can	ital letter	PART A. C First, Middle, Maiden)	FFER OF EMPLOYME	NT					
amo or Alle		, willy ridi	пт сар	.a. iodoi,	, madio, madery							
2. Present Add	lress of Ali	en ((Number,	Street, Ci	ty and Town, State ZIP code or Provi	nce, Country)					3. Type of Visa (if	in U.S.)
The followi	ng informa	tion is subr	nitted as a	an offer of	employment							
4. Name of En				ganization						ļ	5. Federal Taxpay	er ID EIN
										-		
										i		
6. Address			(N	lumber, S	treet, City and Town, State ZIP code)							
7. Address W	here Alien	Will Work	(if	different t	han Item 6)							
0.11. (5					(1) ====		140 7			-	10.0.1	
Nature of Er Activity	nployer's E	Business			Name of Job Title		10. Total Hours Pe		11. Work Schedule		12. Rate of Pay	
							a. Basic	b. Overtime			a. Basic	b. Overtime
									(Hourly)	a.m.	\$	\$
										p.m.		φ per
13. Describe F	ully the job	to be Perf	ormed		(Duties)				I	ļ [per	pei
					, ,							
 State in de 	tail the MII	VIMUM edu	cation, tra	aining, an	d experience for a cribed in item 13		15. Other Special F	Requirements				
above.	penonns	ausiacioniy	trie job d	uties desc	albed in Item 13							
	Grade	High	Col	lege	College Degree Required	(specify)						
EDU- CATION	School	School										
(Enter					Major Field of Study							
number of					Wajor Field or Study							
years)]										
TRAIN-	No.	Yrs.	No.	Mos.	Type of Training							
ING												
	loh C	Offered	Rel	ated	Related Occupation	(specify)						
- 1	000 0		Occu	pation								
EXPERI-	Ven	Numb		Mos.								
ENCE	Yrs.	Mos.	Yrs.	IVIOS.								
16. Occupation	nal Title of										17. Number of	
Person V	Vho Will Be										Employees	
Alien's Im	nmediate S	Supervisor							1		Alien Will Super	vise
									ENDORSEM		i fC	
									(Make no ent		ion – for Governmer	
										D	ate Forms Received	1
									L.O.		S.O.	
									R.O.		N.O.	
									Ind. Code		Occ. Code	
									Occ. Title			

							OMD Control	tel No. 1005 0015			
18. COMPLETE ITEI	MS ONLY IF JOB IS TE	MPORARY		OMB Control No. 1205-0015 Expires: 06/30/2017 19. IF JOB IS UNIONIZED (Complete)							
a. No. of Open- ings To Be	b. Exact Dates To Employ	You Expect		a. Number of	b. Nam e of Local						
Filled by Aliens Under Job Offer	From	То		Local							
					c. City and State						
20. STATEMENT FO	R LIVE-AT-WORK JOB	OFFERS	(Complete	for Private Household ON	NLY)						
a. Description of Resid	dence	b. No. Per	sons residir	ng at Place of Employmer	nt		c. Will free board and private	("X" one)			
("X" one) House Apartment	Number of Rooms	Adults	BOYS	Children	Ages		room not shared with any- one be provided?	(11 2113)			
	rooms						orie be providea?	☐ YES ☐ NO			
			GIRLS	RESULTS. (Specify Sour							
	quire various types o cumentation is includ				instructions to ass						
			By vii				ng conditions of employment.				
	I have enough funds avor salary offered the alie		ne wage			e.	The job opportunity does not involve unlawful or mination by race, creed, color, national origin, sex, religion, handicap, or citizenship.				
	The wage offered equal vailing wage and I guardication is granted, the valien begins work wailing wage which is a alien begins work.	antee that, if a l vage paid to the ill equal or exce	abor certi- e alien where eed the pre-	n		f.	The job opportunity is not: (1) Vacant because the former occupant strike or is being locked out in the cou a labor dispute involving a work stopp	urse of			
	The wage offered is not bonuses, or other incen a wage paid on a week basis.	tives, unless I (guarantee			g.	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 qualified U.S. worker.				
	I will be able to place the on or before the date of entrance into the United	the alien's prop				h.					
					24. DECLARA	TIONS					
DECLARATIO OF EMPLOYER	N	Pursu	ant to 28 U	I.S.C. 1746, I declare und	er penalty of perjury t	the foregoing	is true and correct.				
SIGNATURE								DATE			
NAME (Type or P	rint)					TITLE					
EMAIL ADDRESS						CONTACT	TELEPHONE	FAX TELEPHONE			
AUTHORIZAT AGENT OF EM	MPLOYER		I H RE	EREBY DESIGNATE the ESPONSIBILITY for accu	e agent below to represent	esent me for tations made	the purposes of labor certification and I TAKE FU by my agent.	LL			
SIGNATURE OF EN	MPLOYER							DATE			
NAME OF AGENT (Type or Print)							ADDRESS OF AGENT (Number, Street, City, State, ZIP code)				

OMB No.: 1205-0015 OMB Expiration Date: 06/30/2017 OMB Burden Hours averages 1.0 hours. OMB 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 12-200, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0015.)

CONTACT TELEPHONE

EMAIL ADDRESS

ADDRESS OF AGENT (Number, Street, City, State, ZIP code)

FAX TELEPHONE

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.