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



OMB Approval No. 1205-0015 Expires: 06/30/2017

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 alien is outside the U.S., contact nearest U.S. Consulate.								
			TIONS BEFORE COMPLETING TH					
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 o		-						
1. Name of Alien (Family name in c	apital letters)	First name		Middle name	Maiden name			
2. Descent Address (Mar. Obsect)				O				
2. Present Address (No., Street, C	City and Town, State or Province	e and ZIP code)		Country	3. Type of Visa (If in U.S.)			
4. Alien's Birth date 5. Birthplace (City or Town, State or Province) Country				Country	6. Present Nationality or			
(Month, Day, Year)					Citizenship (Country)			
Address in the United States Where	re Alien Will Reside							
8. Name and Address of Prospective	Employer If Allen has job offer i	n U.S.			 Occupation in which Alien is Seeking Work 			
10. "X" the appropriate box below and	d furnish the information require	d for the box marked						
			City in Foreign Country		Foreign Country			
	isa abroad at the American	`	, , ,		G			
Consulate in								
b. D Alien is in the United S			City		State			
	States and will apply for adjust- of a lawful permanent resident							
in the office of the Unit	ed States Citizenship and Immi	gration						
Service at								
11. Names and Addresses of School		Field of	FROM	то	Degrees or Certificates			
11. Names and Addresses of School and Universities Attended (includ trade or vocational training faciliti	le	Field of Study	FROM Month Year	TO Month Year	Degrees or Certificates Received			
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(Items continued on next page)

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 D		NO. HOURS PER WEEK						
b. NAME AND ADDRESS OF								
D. NAME AND ADDRESS OF	EMPLOTER							
NAME OF JOB		DATE STARTED Month Year	DATE LEFT Month	Year	KIND OF BUSINESS			
DESCRIBE IN DETAIL THE D	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 D		NO. HOURS PER WEEK						
					1			
16. DECLARATIONS								
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:								
AUTHORIZATION OF → I hereby designate the agent below to represent me for the purposes of labor certification and I take full AGENT OF ALIEN responsibility for accuracy of any representations made by my agent.								
SIGNATURE OF ALIEN					DATE			
NAME OF AGENT ((Type or print)		ADDRESS OF AGENT	(No., Street, City, Sta	te, ZIP code)			
E-mail address of Agent::								

OMB No.: 1205-0015 OMB Expiration Date: 06/30/2017 OMB Burden Hours averages 1.8 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.)

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.