



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)

PART A. OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letter, First, Middle, Maiden)

2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country) 3. Type of Visa (if in U.S.)

The following information is submitted as an offer of employment

4. Name of Employer (Full name of Organization) 5. Federal Taxpayer ID - EIN

6. Address (Number, Street, City and Town, State ZIP code)

7. Address Where Alien Will Work (if different than Item 6)

| | | | | | | |
|---|----------------------|--------------------------|-------------|--|--------------------------|-----------------------------|
| 8. Nature of Employer's Business Activity | 9. Name of Job Title | 10. Total Hours Per Week | | 11. Work Schedule (Hourly) a.m. p.m. | 12. Rate of Pay | |
| | | a. Basic | b. Overtime | | a. Basic \$ per _____ | b. Overtime \$ per _____ |

13. Describe Fully the job to be Performed (Duties)

14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.

| | | | | |
|--------------------------------------|--------------|-------------|--------------------|-----------------------------------|
| EDUCATION (Enter number of years) | Grade School | High School | College | College Degree Required (specify) |
| | | | | Major Field of Study |
| TRAINING | No. Yrs. | | No. Mos. | Type of Training |
| EXPERIENCE | Job Offered | | Related Occupation | Related Occupation (specify) |
| | Number | | | |
| | Yrs. | Mos. | Yrs. | Mos. |

15. Other Special Requirements

16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor 17. Number of Employees Alien Will Supervise

| | | | |
|--|--|--|-----------|
| | | ENDORSEMENTS (Make no entry in section - for Government use only) | |
| | | Date Forms Received | |
| | | L.O. | S.O. |
| | | R.O. | N.O. |
| | | Ind. Code | Occ. Code |
| | | Occ. Title | |

| | | | |
|---|---|------------------------------------|--------------------|
| 18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY | | 19. IF JOB IS UNIONIZED (Complete) | |
| a. No. of Openings To Be Filled by Aliens Under Job Offer | b. Exact Dates You Expect To Employ Alien | | a. Number of Local |
| | From | To | |
| | | b. Name of Local | |
| | | c. City and State | |

| | | | | |
|---|-----------------|--|----------|--|
| 20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household ONLY) | | | | |
| a. Description of Residence | | b. No. Persons residing at Place of Employment | | c. Will free board and private room not shared with any-one be provided? ("X" one) <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ("X" one) <input type="checkbox"/> House <input type="checkbox"/> Apartment | Number of Rooms | Adults | Children | |
| | | | Ages | |
| | | | BOYS | |
| | | GIRLS | | |

21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS. (Specify Sources of Recruitment by Name)

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.

| 23. EMPLOYER CERTIFICATIONS | |
|---|--|
| By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment. | |
| a. I have enough funds available to pay the wage or salary offered the alien. b. The wage offered equal or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work. c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly, or monthly basis. d. 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. | e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship. f. The job opportunity is not: (1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage. (2) At issue in a labor dispute involving a work stoppage. g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law. h. The job opportunity has been and is clearly open to any qualified U.S. worker. |

24. DECLARATIONS

DECLARATION OF EMPLOYER Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.

| | |
|----------------------|-------------------|
| SIGNATURE | DATE |
| NAME (Type or Print) | TITLE |
| EMAIL ADDRESS | CONTACT TELEPHONE |
| | FAX TELEPHONE |

AUTHORIZATION OF AGENT OF EMPLOYER I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent.

| | |
|-------------------------------|--|
| SIGNATURE OF EMPLOYER | DATE |
| NAME OF AGENT (Type or Print) | ADDRESS OF AGENT (Number, Street, City, State, ZIP code) |
| EMAIL ADDRESS | CONTACT TELEPHONE |
| | FAX TELEPHONE |

OMB No.: 1205-0015 OMB Expiration Date: 08/31/2020 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 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.