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



OMB Approval No. 1205-0015 Expires: XX/XX/XXXX

| PART B. STATEMENT OF QUALIFICATIONS OF ALIEN | | | | | | | | |
|---|------------------------------------|--|---|------------------|---|--|--|--|
| FOR ADVICE CONCERNING REQU | IIREMENTS FOR ALIEN EMPLO | DYMENT CERTIFICATION: | If the alien is in the U.S., contact n | earest office of | | | | |
| 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 T | | | | | |
| | | | n this form, use a separate sheet. | dentify | | | | |
| | f the corresponding question. Sig | | | | | | | |
| 1. Name of Alien (Family name in ca | apital letters) | First name | | Middle name | Maiden name | | | |
| | | | | | | | | |
| 0.0 |); IT 0: 1 D : | 1710 1) | | | To T (15 (17) 110) | | | |
| 2. Present Address (No., Street, C | City and Town, State or Province a | and ZIP code) | | Country | 3. Type of Visa (If in U.S.) | | | |
| | | | | | | | | |
| | | | | | | | | |
| 4. Alien's Birth date | 5. Birthplace (City or Town, Stat | te or Province) | | Country | Present Nationality or | | | |
| (Month, Day, Year) | | | | | Citizenship (Country) | | | |
| | | | | | | | | |
| - A 11 | AP VACUE : I | | | | | | | |
| 7. Address in the United States Where | e Alien Will Reside | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| 8. Name and Address of Prospective | Employer if Alien has job offer in | U.S. | | | Occupation in which Alien is Seeking Work | | | |
| | | | | | , world cooking work | | | |
| | | | | | | | | |
| | | | | | | | | |
| 10. "X" the appropriate box below and | furnish the information required t | for the box marked | | | 1 | | | |
| To: At the appropriate box below and | . Tarrior are information required | ior tro box marrod | City in Foreign Country | | Foreign Country | | | |
| a. Alien will apply for a vis | sa abroad at the American | | Oity in a oreign country | | 1 oreign country | | | |
| Consulate in | sa abroad at the American | → | | | | | | |
| | | | City | | State | | | |
| b. Alien is in the United St | tates and will apply for adjust- | | • | | | | | |
| ment of status to that o | of a lawful permanent resident | | | | | | | |
| | ed States Citizenship and Immigra | ation | | | | | | |
| Service at | | | | | | | | |
| Service at | <u> </u> | | T | T T | | | | |
| Service at 11. Names and Addresses of Scho and Universities Attended (inclu | pols, Colleges | Field of | FROM | то | Degrees or Certificates | | | |
| 11. Names and Addresses of Scho | pols, Colleges ude | | FROM Month Year | TO Month Year | Degrees or Certificates Received | | | |
| Names and Addresses of Scho and Universities Attended (included) | pols, Colleges ude | Field of | | | | | | |
| Names and Addresses of Scho and Universities Attended (included) | pols, Colleges ude | Field of | | | | | | |
| Names and Addresses of Scho and Universities Attended (included) | pols, Colleges ude | Field of | | | | | | |
| Names and Addresses of Scho and Universities Attended (included) | pols, Colleges ude | Field of | | | | | | |
| Names and Addresses of Scho and Universities Attended (included) | pols, Colleges ude | Field of | | | | | | |
| Names and Addresses of Scho and Universities Attended (included) | pols, Colleges ude | Field of | | | | | | |
| Names and Addresses of Scho and Universities Attended (included) | pols, Colleges ude | Field of | | | | | | |
| Names and Addresses of Scho and Universities Attended (included) | pols, Colleges ude | Field of Study | | | | | | |
| Names and Addresses of Scho and Universities Attended (included) | ools, Colleges ude ities) | Field of Study | Month Year | Month Year | | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) | ools, Colleges ude tities) | Field of Study | Month Year | Month Year | | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility trade | ools, Colleges ude tities) | Field of Study | Month Year | Month Year | | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility trade | ools, Colleges ude tities) | Field of Study | Month Year | Month Year | | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Occ. | s Alien Possesses and Proficiency | Field of Study | Month Year | Month Year | | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Occ. | s Alien Possesses and Proficiency | Field of Study | Month Year | Month Year | | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility trade | s Alien Possesses and Proficiency | Field of Study | Month Year | Month Year | | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Occ. | s Alien Possesses and Proficiency | Field of Study SPECIAL QU y in the use of Tools, Machin | Month Year Month Year JALIFICATIONS AND SKILLS Les or Equipment Which Would Hele | Month Year | | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Oc. List Licenses (Professional, journal | s Alien Possesses and Proficiency | Field of Study SPECIAL QU y in the use of Tools, Machin | Month Year Month Year JALIFICATIONS AND SKILLS Les or Equipment Which Would Hele | Month Year | | | | |
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| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Oc. List Licenses (Professional, journal | s Alien Possesses and Proficiency | Field of Study SPECIAL QU y in the use of Tools, Machin | Month Year Month Year JALIFICATIONS AND SKILLS Les or Equipment Which Would Hele | Month Year | | | | |
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| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Oc List Licenses (Professional, journal List Documents Attached Which a Endorsements (Make no entry in | s Alien Possesses and Proficiency | Field of Study SPECIAL QU y in the use of Tools, Machin | Month Year Month Year JALIFICATIONS AND SKILLS Les or Equipment Which Would Hele | Month Year | DATE REC. DOL | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Oc List Licenses (Professional, journal List Documents Attached Which a Endorsements (Make no entry in this section - FOR | s Alien Possesses and Proficiency | Field of Study SPECIAL QU y in the use of Tools, Machin | Month Year Month Year JALIFICATIONS AND SKILLS Les or Equipment Which Would Hele | Month Year | DATE REC. DOL | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Octational List Licenses (Professional, jour 14. List Documents Attached Which a Endorsements (Make no entry in this section - FOR Government Agency) | s Alien Possesses and Proficiency | Field of Study SPECIAL QU y in the use of Tools, Machin | Month Year Month Year JALIFICATIONS AND SKILLS Les or Equipment Which Would Hele | Month Year | DATE REC. DOL | | | |
| Names and Addresses of Scho and Universities Attended (inclutrade or vocational training facility) Additional Qualifications and Skills Alien Meets Requirements for Oc List Licenses (Professional, journal List Documents Attached Which a Endorsements (Make no entry in this section - FOR | s Alien Possesses and Proficiency | Field of Study SPECIAL QU y in the use of Tools, Machin | Month Year Month Year JALIFICATIONS AND SKILLS Les or Equipment Which Would Hele | Month Year | DATE REC. DOL | | | |

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| 15. WORK EXPERIENCE List all jobs held during the last three (3) seeking certification as indicated in Item | 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, INCLUDING THE US | | NO. HOURS PER WEEK | | | | | | |
| | | | | | • | | | |
| | | | | | | | | |
| b. NAME AND ADDRESS OF EMPLOYER | | | | | | | | |
| B. NAIVIE AND ADDRESS OF ENFECTER | | | | | | | | |
| NAME OF JOB | DATE STARTED Month | Year | DATE LEFT Month | Year | KIND OF BUSINESS | | | |
| DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE US | | NO. HOURS PER WEEK | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| c. NAME AND ADDRESS OF EMPLOYER | | | | | | | | |
| C. NAME AND ADDRESS OF EMPLOTER | | | | | | | | |
| NAME OF JOB | DATE STARTED Month | Year | DATE LEFT Month | Year | KIND OF BUSINESS | | | |
| DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE US | E OF TOOLS, MACHINES | OR EQUIPME | ENT | | NO. HOURS PER WEEK | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 16. DECLARATIONS | | | | | | | | |
| DECLARATION OF → Pursuant to 28 U.S.C. 1746 ALIEN | , I declare under penalty of p | perjury the fore | egoing is true and correct. | | | | | |
| SIGNATURE OF ALIEN | | | | | DATE | | | |
| | | | | | | | | |
| E-mail address of Alien: AUTHORIZATION | | | | | | | | |
| | | | of labor certification and I take fu | I | | | | |
| SIGNATURE OF ALIEN | | | | | DATE | | | |
| NAME OF AGENT (Type or print) | | | ADDRESS OF AGENT | (No., Street, City, S | I State, ZIP code) | | | |
| E-mail address of Agent: | | | | | | | | |

OMB No.: 1205-0015 OMB Expiration Date: XX/XX/XXXX. 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.