OMB Approval: 1205-0451
Expiration Date: XX/XX/XXXX

Application for Permanent Employment
Certification Form ETA-9089
U.S. Department of Labor

***IMPORTANT**: Please review and read the filing instructions carefully before completing the Form ETA-9089. A copy of the instructions can be found at https://www.dol.gov/agencies/eta/foreign-labor.If you are not submitting these forms electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional and must be completed if applicable as indicated by the section (§) symbol.*

In accordance with Federal Regulations at 20 CFR 656.10, incomplete applications will be returned by the Department of Labor without review and will not retain a filing date. If submitting this form non- electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank and, at the end of each page, the electronic filing system will ask you to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A."

A. Employer Information

1. Legal Business Name *			
2. Trade Name/Doing Business As (DBA), if applicable §			
3. Address 1 *			
4. Address 2 *(apartment/suite/floor and number)* §			
5. City *		6. State *	7. Postal Code *
8. Country *		9. Province §	
10. Telephone Number *		11. Extension §	
12. Federal Employer Identification Number *(FEIN from IRS)* *		13. NAICS Code *	
14. Number of current employees on payroll in the place(s) of intended employment *		15. Year Commenced Business * (if household, year issued FEIN)	
16. Is the employer a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest? *			❑ Yes ❑ No
17. Is there a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators? *			❑ Yes ❑ No

B. Employer Point of Contact Information

The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section C, except when the attorney is an employee of the employer.

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §	
4. Contact's Job Title *			
5. Address 1 *			
6. Address 2 *(apartment/suite/floor and number)* §			
7. City *	8. State *	9. Postal Code *	
10. Country *	11. Province §		
12. Telephone Number *	13. Extension §	14. Business Email Address *	

PERM Case Number: _____ Case Status: _____ Determination Date: _____ Expiration Date: _____

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C. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * (*complete the remainder of this section if "Attorney" or "Agent" is marked)*			☐ Attorney ☐ Agent ☐ None
2. Attorney or Agent's Last (family) Name §	3. First (given) Name §		4. Middle Name(s) §
5. Address 1 §			
6. Address 2 *(apartment/suite/floor and number)* §			
7. City §		8. State §	9. Postal Code §
10. Country §		11. Province §	
12. Telephone Number §	13. Extension §	14. Law Firm/Business Email Address §	
15. Law Firm/Business Name §		16. Law Firm/Business FEIN §	

If "Attorney" is marked in question C.1 or an Attorney is acting as an "Agent", complete questions 17 to 19 below.	
17. State Bar Number(s) §	18. State of highest court where attorney is in good standing §
19. Name of the highest state court where attorney is in good standing §	

D. Foreign Worker Information

1. A completed **Appendix A** identifying the foreign worker being sponsored for permanent employment by the employer named in Section A of this application is attached. *	☐ Yes ☐ No
2. Has the employer contracted with an agent or attorney that also represents the foreign worker covered by this application? *	☐ Yes ☐ No

E. Job Opportunity and Wage Information

1. Enter the valid Prevailing Wage Determination (PWD) case number issued by the Department of Labor to identify the job opportunity and prevailing wage(s) covered by this application. *	
2. If a valid PWD has <u>not</u> been obtained due to the employer being required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21, indicate whether a completed Form ETA-9141 is attached to this application. *	☐ Yes ☐ No ☐ N/A
3. Offered Wage * From: $ ☐ ☐ * To: $ ☐ . ☐	4. Per *(Choose only one)* * ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year
5. Additional conditions about the offered wage. *(Enter up to 500 characters)* §	

F. Information

a. Place of Employment Information

1.2. Type of place of employment that best describes where work will be performed (Choose only one): *
- a. ☐ Employer's business premises
- b. ☐ Employer's private household (includes live-in and domestic household worker)
- c. ☐ Employee's private residence (when work is performed directly out of the residence)
- d. ☐ No one specific place of employment or physical location
- e. ☐ Third-party business premises

If submitting this form non-electronically and marked "No one specific place of employment or physical location," enter "N/A" or "0" (zero), as appropriate, in questions 2- 7 below, mark questions 8 and 8a, and continue to Section F.b.

3. Indicate whether the worker subject to this *Application for Permanent Employment Certification* will be placed with a third-party entity at this place of employment. *	❑ Yes ❑ No ❑ N/A

3. If "Yes" to question 2, provide the legal business name of the third-party entity. §		
4. Place of Employment Address *		
5. Place of Employment Address **§** *(apartment/suite/floor and number)*		
6. City *	7. County *	
8. State/District/Territory *		9. Postal Code *
10. MSA/OEWS Area Code *	10a. MSA Name/OEWS Area Title *	

b. Additional Places of Employment

1. Will work be performed in geographic areas other than the one identified in Section F.a above? *	❑ Yes ❑ No
2. If "Yes" is marked in question F.b.1, indicate whether a completed **Appendix B** is attached to this application. **§**	❑ Yes ❑ No ❑ N/A

c. Other Definable Geographic Area(s)

Complete this question where the specific MSA(s) are not known or the expected place(s) of intended employment are dispersed over a wide geographical area. If submitting this form non-electronically, and not applicable, enter "N/A." If the job opportunity requires roving, travel or possible relocation, enter the phrase "Various Places of Employment," otherwise, enter "N/A" .

1. Identify the geographic area(s) where work will be performed. For example, this can include a listing of cities or townships/states, counties/states, or states located within a geographic region *(up to 1,500 characters).* **§**

G. Additional Job Opportunity Information and Other Requirements

1. Is this a permanent position offering full-time employment of generally 35 hours or more? *	❑ Yes ❑ No
2. Is the employer seeking permanent labor certification to employ a foreign worker as a live-in household domestic service worker? *	❑ Yes ❑ No
3. Is the foreign worker currently working for the employer submitting this application? *	❑ Yes ❑ No
3a. If "Yes" in Question G.4, indicate whether the foreign worker only qualifies for the job opportunity by virtue of the employer's alternative requirements identified in Section F of the PWD identified in Question E.1. ***§***	❑ Yes ❑ No ❑ N/A
3b. If "Yes" in Questions G.4 and G.4a, please select the applicable statement describing the employer's willingness to accept any suitable combination of education, experience, or training. ***§***	❑ I ACCEPT ❑ I **DO NOT** ACCEPT
4. Is the employer relying solely on the experience the foreign worker gained while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application? *	❑ Yes ❑ No
4a. If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity identified in Section F of the PWD identified in Question E.1? ***§***	❑ Yes ❑ No ❑ N/A
4b. If "Yes" in Question G.5, did the employer pay for any of the foreign worker's education or training necessary to satisfy any of the employer's requirements for the job opportunity identified in Section F of the PWD identified in Question E.1? ***§***	❑ Yes ❑ No ❑ N/A
5. Is the employer seeking permanent labor certification to employ a foreign worker as a professional athlete or professional sports team coach? *	❑ Yes ❑ No

If "Yes" is marked in any of the questions below, complete one (1) section of the Form ETA-9089, Appendix C to provide a brief explanation justifying the response.	
6. Does the job opportunity require the worker to live on the employer's premises? *	❑ Yes ❑ No
7. Does the job opportunity identified in Section F of the PWD identified in Question E.1 involve a combination of occupations? *	❑ Yes ❑ No
8. Is proficiency in a foreign language required or preferred to perform the job duties identified in Section F of the PWD identified in Question E.1? *	❑ Yes ❑ No
9. Do the job requirements identified in Section F of the PWD identified in Question E.1 exceed the Specific Vocational Preparation (SVP) level assigned to the occupation as shown in the O*NET Job Zones? *****	❑ Yes ❑ No ❑ N/A
10. Has the employer received payment of any kind for the submission of this application? *	❑ Yes ❑ No
11. Has the employer had a layoff in the occupation involved in this application or in a similar occupation within two years immediately preceding the filing of this application in the area of intended employment for the place(s) of employment? *	❑ Yes ❑ No
12. Has the employer placed the foreign worker identified in Appendix A of this application with another employer, where there are indicia of an employment relationship between the foreign worker and that other employer, that had a layoff in the occupation involved in this application or in a similar occupation within two years immediately preceding the filing of this application in the place(s) of intended employment? *	❑ Yes ❑ No

H. Recruitment Information

a. Supervised Recruitment

1. Is the employer required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21? *	❑ Yes ❑ No

b. Recruitment Type - All must complete this section.

Mark ONE appropriate box below: *

❑	1a. Recruiting for this application was conducted in accordance with 20 CFR 656.17.
❑	1b. This application is for a **college or university teacher, or a professional athlete or professional sports team coach** and the candidate was selected using the **competitive recruitment process** in accordance with 20 CFR 656.18. *(Skip c. and d. of Section H. and go to Appendix D)*
❑	1c. The application is for r a foreign worker identified in Appendix A of this application who the employer claims possesses exceptional ability.,

c. Pre-Filing Recruitment Information

Complete this section if 1a is marked in Question H.b above.			
1a. Name of the State Workforce Agency (SWA). *§*		1b. Job Order Number. *§*	
1c. Start date of SWA job order		1d. End date of SWA job order *§*	

Recruitment Type §	***Name of Recruitment Source or Event §***	***Period of Advertising §***			
2a.	2b.	2c. From:		2d. To:	
3a.	3b.	3c. From:		3d. To:	
4a.	4b.	4c. From:		4d. To:	
5a.	5b.	5c. From:		5d. To:	
6a.	6b.	6c. From:		6d. To:	
7a.	7b.	7c. From:		7d. To:	

d. Notice of Filing - All must complete this section.

Mark **ALL** that apply in the appropriate box(es) below*****:

❑	1a. **Bargaining Representative** Notice of this filing has been provided to the bargaining representative(s) for workers in the occupation in which the foreign worker will be employed within 10 business days before the date this application was filed and will continue to be available to the bargaining representative(s) throughout the period specified in 20 CFR 656.14(f).
❑	1b. **No Bargaining Representative – Physical Notice** Notice of this filing has been physically posted to in at least 2 conspicuous locations at the place(s) of employment within 10 business days before the date this application was filed and will continue to available to employees throughout the period specified in 20 CFR 656.14(f).
❑	1c. **No Bargaining Representative – Electronic Notice** Notice of this filing has been disseminated electronically, which is the employer's normal practice of informing employees about terms and conditions of employment, within 10 business days before the date this application was filed and will continue to be available to employees throughout the period specified in 20 CFR 656.14(f).
❑	1d. **No Bargaining Representative – In-House Media** Notice of this filing has been disseminated using all in-house media, which is the employer's normal practice of informing employees about terms and conditions of employment, within 10 business days before the date this application was filed and will continue to available to employees throughout the period specified in 20 CFR 656.14(f).
❑	1e. **No Bargaining Representative – Private Household Employing U.S. Workers** Notice of this filing has been posted physically and/or disseminated electronically, in accordance with the employer's normal practice of informing employees in the private household, within 10 business days before the date this application was filed and will continue to be available to employees throughout the period specified in 20 CFR 656.14(f).

❑	1f. The employer **DID NOT** post the notice of filing.

Complete this section by adding the start date of the Notice of Filing if any box in section H.d.1.a to H.d.1.e above is marked above, the employer MUST complete this section.	
1g. Date notice provided to the bargaining representative(s) or, if there is no bargaining unit, the start date of the physical or electronic posting(s) *****	

I. Other Supporting Documentation

1. A completed recruitment report, signed and dated by the employer identified in Section A of this application, meeting the requirements set forth at 20 CFR 656.17(f) is attached? *	❑ Yes
2. A complete copy of all documents used to recruit U.S. workers for the job opportunity identified in this application, meeting the requirements set forth at 20 CFR 656.17 or 656.18 is attached?	❑ Yes
3. A complete copy of all resumes and/or applications of U.S. workers who applied for the job opportunity listed by the employer identified in this application is attached?	❑ Yes

J. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for applying and receiving a permanent labor certification from the U.S. Department of Labor. Applications that fail to attach **Appendix E** will be considered incomplete and will be returned without review and will not retain a filing date.

1. A signed and dated **Appendix E** for the employer identified in Section A of this application is attached. *	❑ Yes

K. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section B (employer point of contact) or Section C (attorney or agent) of this application.

1. Last (family) Name **§**	2. First (given) Name **§**	3. Middle Name(s) **§**
4. Law Firm/Business FEIN **§**	5. Law Firm/Business Name **§**	
6. Law Firm/Business Email Address **§**		

For Public Burden Statement, see the Instructions for Form ETA-9089.