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

ADDITIONAL PLACE(S) OF EMPLOYMENT

A. Additional Place of Employment 1 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

B. Additional Place of Employment 2 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

C. Additional Place of Employment 3 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

D. Additional Place of Employment 4 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

E. Additional Place of Employment 5 §

1. County	2. State/District/Territory
3. MSA/OEWS Area Code	3a. MSA Name/OEWS Area Title

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

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