

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

EPARTMENT OF LABOR IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM

U.S. DEPARTMENT OF LABOR Employment and Training Administration

## APPLICATION FOR ALIEN EMPLOYMENT CERTIFICATION

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)

					DADT A OFFE	R OF EMPLOYME	(18 U.S.C. 1001) NT						
Name of Ali	ien	(Family na	ame in capi	tal letter,	First, Middle, Maiden)	IN OF LIVIPLOTIVIE	111						
2. Present Ad	dress of A	lien	(Number,	Street, C	ity and Town, State ZIP code or Province,	Country)				3. Type of Visa (i	f in U.S.)		
The follow	ing inform	ation is sub	mitted as a	n offer of	femployment					ı			
4. Name of Er			ame of Or							5. Federal Taxp	ayer ID EIN		
6 Address			/NI	umbor C	Street, City and Town, State ZIP code)								
6. Address			(IV	umber, S	offeet, City and Town, State ZIP code)								
7. Address W	/here Alier	n Will Work	(if	different	than Item 6)								
8. Nature of E	imployer's	Rusiness			Name of Job Title		10. Total Hours Pe	or Wook	11. Work	12. Rate of Pay			
Activity	inployer s	Dusiness			9. Name of Job Title	a. Basic	b. Overtime	Schedule	a. Basic	b. Overtime			
,					a. Dasic	b. Overance	(Hourly)	a. Dasic	b. Overtime				
									a.m	.  \$	\$		
									p.m		per		
13. Describe F	Fully the jo	b to be Per	formed		(Duties)								
14. State in de	etail the M	INIMUM ed	lucation, tra	aining, an	d experience for a		15. Other Special F	Requirements					
worker to above.	o pertorm	satisfactorily	y the job al	ities desc	cribed in item 13								
EDU-	Grade	High	Coll	lege	College Degree Required	(specify)	1						
CATION	School	School											
(Enter number of					Major Field of Study								
years)													
TDAIN	No	o. Yrs.	No.	Mos.	Type of Training								
TRAIN- ING					3,								
			Rela	ated	Related Occupation	(specify)	4						
	Job	Offered	Occu	pation	Totaled Codpailor	(орсону)							
EXPERI-		Num		١			ļ						
ENCE	Yrs.	Mos.	Yrs.	Mos.									
16. Occupatio	nal Title o	f					L			17. Number of			
Person V	Nho Will E	3e								Employees			
Alien's In	nnediate	Supervisor							ENDORSEMENT	Alien Will Supe	vise		
							(Make no entry in section – for Government use only)						
									<u> </u>	Date Forms Received			
									L.O.	S.O.			
									B.O.	NO			
									R.O.	N.O.			
									Ind. Code	Occ. Code			
									Occ. Title				

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18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY 19. IF JOB IS UNIONIZED (Complete)										
a. No. of Open-	b. Exact Dates Yo	ou Expect		a. Number	b. Name of Lo	cal				
ings To Be Filled by Aliens	To Employ /			of Local						
Under Job Offer	From	То		20001	Chand Out					
					c. City and Sta	ıc				
20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete				for Private Household ONI	Y)					
a. Description of Resi		1		ng at Place of Employment						
•	Number of	Adults		Children	Ages		<ul> <li>Will free board and private room not shared with any-</li> </ul>		("X" one)	
("X" one)  House	Rooms		DO//0	Official	Ages			e be provided?		
☐ Apartment			BOYS						☐ YES ☐ NO	
·			GIRLS							
				RESULTS. (Specify Sourc						
22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate										
	cumentation is include				noti dotto io to	accuro triat c	фрторпа			
				23.	EMPLOYER CE	RTIFICATION	NS			
			By vir	tue of my signature below,	I HEREBY CER	TIFY the follow	ving condit	tions of employment.		
<ul> <li>I have enough funds available to pay the or salary offered the alien.</li> </ul>		ne wage				minati	b opportunity does not involve unlawful d on by race, creed, color, national origin, a eligion, handicap, or citizenship.			
<ul> <li>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.</li> <li>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.</li> </ul>					f. The job opportunity is not:  (1) Vacant because the former occupant strike or is being locked out in the colar a labor dispute involving a work stopp.				irse of	
					g.	(2) The jo	At issue in a labor dispute involving a stoppage.  b opportunity's terms, conditions and occ			
	I will be able to place the one or before the date of the entrance into the United S					tional environment are not contrary to Federal, State or local law.  The job opportunity has been and is clearly open to				
	olales.				h.		ualified U.S. worker.	errio		
					24. DECLAR	PANITAS				
DECLARATIC	N				Z4. DEGLAR	VALIONO				
OF		Pursu	ant to 28 U	.S.C. 1746, I declare unde	r penalty of perjui	ry the foregoin	g is true an	nd correct.		
EMPLOYER SIGNATURE									DATE	
NAME (Type or Print)							TITLE			
EMAIL ADDRESS						CONTACT TELEPHONE FAX TELEPHONE				
						CONTROL TELEFITONE				
AUTHORIZATION OF 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 AGE	NT (Number, Street, City, State, ZIP or	ode)	
EMAIL ADDRESS						CONTACT TELEPHONE FAX TELEPHONE				

OMB No.: 1205-0015 OMB Expiration Date: XX/XX/XXXX. OMB Burden Hours averages 2.8 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.