Application for Permanent Employment Certification

ETA Form 9089 U.S. Department of Labor



Please read and review the filing instructions before completing this form. A copy of the instructions can be found at https://www.dol.gov/sites/dolgov/files/ETA/oflc/pdfs/9089inst.pdf

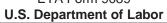
Employing or continuing to employ an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both

A. Refiling Instructions					
Are you seeking to utilize the fili Application for Alien Employmen	nt Certification (ETA 750)?		Yes		No
1-A. If Yes, enter the previous filing da	ate				
1-B. Indicate the previous SWA or local originally filed:	al office case number OR if I	not available, specify s	tate where case v	was	
3. Schedule A or Sheepherder Inform	nation				
1. Is this application in support of	a Schedule A or Sheepher	der Occupation?	Yes	N	lo
If Yes, do NOT send this application to Sheepherder Occupations must be ser					
C. Employer Information (Headquarte	ers or Main Office)				
1. Employer's name					
2. Address 1					
Address 2					
3. City	State/Province	Country	F	Postal cod	de
4. Phone number		Extension			
5. Number of employees		6. Year commend	ced business		
7. FEIN(Federal Employer Identification	on Number)	8. NAICS Code			
9. Is the employer a closely held corporate alien has an ownership interest, or stockholders, corporate officers, incorporate officers.	is there a familial relationshi	p between the owners			No
D. Employer Contact Information (Th	is section must be filled o	ut. This information	must be differer	nt from t	he
	gent or attorney information				
Contact's last name	Firs	st name	Middle init	ial	
2. Address 1					
Address 2					
3. City	State/Province	Country	F	Postal cod	de
4. Phone number		Extension			
5. E-mail address					

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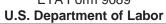


Agent or attorney's last name	First	name	Middle initial
2. Firm name			
3. Firm EIN	4. Phone numb	er Exte	nsion
5. Address 1			
Address 2			
6. City	State/Province	Country	Postal code
7. E-mail address			
F. Prevailing Wage Information (as p	rovided by the State Workf	orce Agency)	
1. Prevailing wage tracking number (i	f applicable)	2. SOC/O*NET	(OES) code
3. Occupation Title		4. Skil	l Level
5. Prevailing wage Per:	(Choose only one) Hour Week	Bi-Weekly	Month Year
6. Prevailing wage source (Choose or			SCA Other
6-A. If Other is indicated in question 6			
7. Determination date	8.	Expiration date	
G. Wage Offer Information			
1. Offered wage From: To: (Optional)	Per: (Choose on Hour	ı	eekly Month Year
H. Job Opportunity Information (Who	ere work will be performed)		
Primary worksite (where work is to	be performed) address 1		
Address 2			
2. City		State	Postal code
3. Job title			
4. Education: minimum level required: None High School	Associate's Bachelor	's Master's	Doctorate Other
4-A. If Other is indicated in question 4	, specify the education require		
4-B. Major field of study			
5. Is training required for the job oppo	rtunity? 5-A. If Y	es, number of mont	hs of training required:

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H. Job Opportunity Information Continued

5-B. Indicate the field of training:				
6. Is experience in the job offered required for the job? 6-A. If Yes, number of months experience required: Yes No				
7. Is there an alternate field of study that is acceptable?				
7-A. If Yes, specify the major field of study:				
8. Is there an alternate combination of education and experience that is acceptable? Yes No				
8- A. If Yes, specify the alternate level of education required: None High School Associate's Bachelor's Master's Doctorate Other				
None High School Associate's Bachelor's Master's Doctorate Other 8-B. If Other is indicated in question 8-A, indicate the alternate level of education required:				
8-C. If applicable, indicate the number of years experience acceptable in question 8:				
9. Is a foreign educational equivalent acceptable? Yes No				
10. Is experience in an alternate occupation acceptable? 10-A. If Yes, number of months experience in alternate occupation required:				
Yes No				
10-B. Identify the job title of the acceptable alternate occupation:				
11. Job duties – If submitting by mail, add attachment if necessary. Job duties description must begin in this space.				
12. Are the job opportunity's requirements normal for the occupation?				
If the answer to this question is No, the employer must be prepared to				
provide documentation demonstrating that the job requirements are supported by business necessity.				
13. Is knowledge of a foreign language required to perform the job duties? Yes No				
If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the language requirements				
are supported by business necessity. 14. Specific skills or other requirements – If submitting by mail, add attachment if necessary. Skills description must				
begin in this space.				

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H. Job Opportunity Information Continued

15. Does this application involve a job opportunity that includes a combination of occupations?	Yes No
16. Is the position identified in this application being offered to the alien identified in Section J?	Yes No
17. Does the job require the alien to live on the employer's premises?	Yes No
18. Is the application for a live-in household domestic service worker?	Yes No
18-A. If Yes, have the employer and the alien executed the required employment contract and has the employer provided a copy of the contract to the alien?	Yes No NA
I. Recruitment Information	
a. Occupation Type – All must complete this section.	
Is this application for a professional occupation , other than a college or university teacher? Professional occupations are those for which a bachelor's degree (or equivalent) is normally required.	Yes No
Is this application for a college or university teacher? If Yes, complete questions 2-A and 2-B below.	Yes No
2-A. Did you select the candidate using a competitive recruitment and selection process?	Yes No
2-B. Did you use the basic recruitment process for professional occupations?	Yes No
3. Date alien selected: 4. Name and date of national professional journal in which advertisement was placed: 5. Specify additional recruitment information in this space. Add an attachment if nece	
c. Professional/Non-Professional Information – Complete this section unless you I.a.2-A is YES.	•
6. Start date for the SWA job order 7. End date for the SW	A job order
8. Is there a Sunday edition of the newspaper in the area of intended employment?	Yes No
9. Name of newspaper (of general circulation) in which the first advertisement was pla	aced:
10. Date of first advertisement identified in question 9:	
11. Name of newspaper or professional journal (if applicable) in which second adverti	sement was placed: Newspaper Journal
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I. Recruitment Information Continued

10 D		111 200 11
12. Date of second newspaper advertiser	ment or date of publication of journa	al identified in question 11:
d. Professional Recruitment Information	n – Complete if the answer to que l.a.2-B is YES. Complete at lea	
13. Dates advertised at job fair From: To:	14. Dates of on-camp From:	
15. Dates posted on employer web site	16. Dates advertised	with trade or professional organization
From: To: 17. Dates listed with job search web site	From: 18. Dates listed with	To: private employment firm
From: To:	From:	To:
19. Dates advertised with employee referFrom: To:	From:	with campus placement office To:
21. Dates advertised with local or ethnic norm:	newspaper 22. Dates advertised From:	l with radio or TV ads To:
e. General Information – All must comp		10.
23. Has the employer received payment		is
application?	•	les live
23-A. If Yes, describe details of the paym	nent including the amount, date and	d purpose of the payment :
24. Has the bargaining representative for alien will be employed been provided but not more than 180 days before the	with notice of this filing at least 30	
25. If there is no bargaining representative for 10 business days in a conspicuou ending at least 30 days before but no application is filed?	re, has a notice of this filing been possible solution at the place of employments	ent, Yes Mo MA
 Has the employer had a layoff in the occupation involved in this application months immediately preceding the fili 	n or in a related occupation within thin of this application?	he six Yes No
26-A. If Yes, were the laid off U.S. worker opportunity for which certification is		Yes No NA
. Alien Information (This section must or attorney inform	be filled out. This information mation listed in Section E).	nust be different from the agent
Alien's last name	First name	Full middle name
2. Current address 1		
Address 2		
3. City State/Province	Country	Postal code
4. Phone number of current residence		
5. Country of citizenship	6. Country of b	pirth
7. Alien's date of birth	8. Class of adr	mission
9. Alien registration number (A#)	10. Alien admis	ssion number (I-94)
11. Education: highest level achieved as	required by the requested job oppo	ortunity:
None High School	Associate's Bachelor's	Master's Doctorate Other
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	Olor Dopartinont
J. Alien Information Continued	
11-A. If Other indicated in question 11, sp	pecify

11	A. If Other indicated in question 11, sp	pecify				
12.	Specify major field(s) of study					
13.	Year relevant education completed					
14.	Institution where relevant education s	specified in question 11 was received	k			
15.	Address 1 of conferring institution					
	Address 2					
16.	City	State/Province	Countr	у	Pos	stal code
17.	Did the alien complete the training reas indicated in question H.5?	quired for the requested job opportu	nity,	Yes	No	□ NA
	Does the alien have the experience a opportunity indicated in question H.6	6?		Yes	No	☐ NA
19.	Does the alien possess the alternate as indicated in question H.8?	combination of education and exper	ience	Yes	No	☐ NA
20.	Does the alien have the experience in question H.10?	n an alternate occupation specified ir	n	Yes	No	☐ NA
21.	Did the alien gain any of the qualifyin position substantially comparable to t			Yes	No	□ NA
22.	Did the employer pay for any of the a necessary to satisfy any of the emplo		ion?	Yes	No	
23.	Is the alien currently employed by the	e petitioning employer?		Yes	No	
K. A	lien Work Experience					
the j	all jobs the alien has held during the observation observation observations and the employed the		experier	nce that qu	alifies the	alien for
	Job 1 Employer name					
	Address 1					
4	Address 2					
	City	State/Province	Count		Post	al code
4.	Type of business		5. Job tit	le		
6.	Start date	7. End date	8. Numb	er of hours	worked per	week

Job 1 continued on next page

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K. Alien Work Experience Continued

9. Job details (duties performed, use Include the phone number of the emp			tions, licenses, etc.
b. Job 2			
Employer name			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Type of business		5. Job title	
6. Start date	7. End date	8. Number of hours	worked per week
Include the phone number of the emp	oloyer and the name of the alien	s supervisor.)	
c. Job 3			
Employer name Address 1			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Type of business		5. Job title	
6. Start date	7. End date	8. Number of hours	s worked per week
Job 3 continued on next page			

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	U.S. Department of Labor	STATES	J. Albert
K. Alien Work Experience Continued	Cioi Bopartinont di Labor		
9. Job details (duties performed, use of Include the phone number of the employ			nses, etc.
L. Alien Declaration			
I declare under penalty of perjury that false information in the preparation of this a federal offense punishable by a fine or ipenalties apply as well to fraud or misuse under 18 U.S.C. §§ 1546 and 1621.	form and any supplement thereto of imprisonment up to five years or bo	or to aid, abet, or counsel anothe th under 18 U.S.C. §§ 2 and 100	er to do so is 01. Other
In addition, I further declare under penal application if a labor certification is approxapplication.			
1. Alien's last name	First name	Full middle name	
2. Signature	Date signed		
Note – The signature and date signed do not processing, but must be complete when subm MUST be signed immediately upon receipt from	nitting by mail. If the application is subm	nitted electronically, any resulting cer	
M. Declaration of Preparer			
Was the application completed by If No, you must complete this section		Yes	No
I hereby certify that I have prepared this that to the best of my knowledge the in knowingly furnish false information in the p another to do so is a federal offense punis	formation contained herein is true preparation of this form and any sup hable by a fine, imprisonment up to	ne and correct. I understand that applement thereto or to aid, abet, of the years or both under 18 U.S.	it to or counsel .C. §§ 2 and
1001. Other penalties apply as well to frat documents under 18 U.S.C. §§ 1546 and		ncuments and to perjury with resp	pect to such
2. Preparer's last name	First name	Middle initial	
3. Title			
4. E-mail address			
5. Signature	Date signed		

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification MUST be signed immediately upon receipt from DOL before it can be submitted to USCIS for final processing.

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N. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- 1. The offered wage equals or exceeds the prevailing wage and I will pay at least the prevailing wage.
- The wage is not based on commissions, bonuses or other incentives, unless I guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
- 3. I have enough funds available to pay the wage or salary offered the alien.
- 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.
- 5. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
- 6. The job opportunity is not:
 - Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
 - o. At issue in a labor dispute involving a work stoppage.
- 7. The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
- 8. The job opportunity has been and is clearly open to any U.S. worker.
- 9. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
- 10. The job opportunity is for full-time, permanent employment for an employer other than the alien.

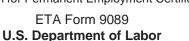
I hereby designate the agent or attorney identified in section E (if any) to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained herein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

1. Last name	First name	Middle initial
2. Title		
3. Signature	Date signed	
Note – The signature and date signed do not have Labor for processing, but must be complete when s resulting certification MUST be signed <i>immediately</i> final processing.	submitting by mail. If the application is	s submitted electronically, any
O. U.S. Government Agency Use Only Pursuant to the provisions of Section 212 (a)(5)(A) of that there are not sufficient U.S. workers available and working conditions of workers in the U.S. similarly	d the employment of the above will no	
This Certification is valid from	to	
Signature of Certifying Officer	Date S	Signed
Case Number	Filing	Date

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P. OMB Information

Paperwork Reduction Act Information Control Number 1205-0451

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Respondent's reply to these reporting requirements is required to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification * U.S. Department of Labor * 200 Constitution Ave., NW, Box 12-200 * Washington, DC * 20210. Do NOT send the completed application to this address.

Q. Privacy Statement Information

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 (Department or DOL) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named alien beneficiaries or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act and 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 or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; 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 in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.

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H. 11. Job duties

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Addendum		
K. 9. Job - Job	b Details	

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K. Alien Work Experience Continued

1.	Employer name			
2.	Address 1			
	Address 2			
3.	City	State/Province	Country Postal code	9
4.	Type of business	5	5. Job title	
6.	Start date	7. End date 8	B. Number of hours worked per week	
	Job details (duties performed, use of to clude the phone number of the employe			

1.	Employer name			
2.	Address 1			
	Address 2			
3.	City	State/Province	Country	Postal code
4.	Type of business		5. Job title	
6.	Start date	7. End date	8. Number of hours work	ed per week
	Job details (duties performed, use of to lude the phone number of the employe			licenses, etc.

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