



UNITED STATES DEPARTMENT OF LABOR

# Office of Foreign Labor Certification

## Public Stakeholder Webinar Overview of Form ETA-9089

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April 19, 2023



# UNITED STATES DEPARTMENT OF LABOR

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UNITED STATES DEPARTMENT OF LABOR

# **Public Stakeholder Webinar Form ETA-9089**

*Welcome and Opening Remarks*

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## Topics Covered

- New Form ETA-9089
- New Appendices
  - Appendix A – foreign worker information
  - Appendix B – additional worksite(s)
  - Appendix C – supplemental information
  - Appendix D – special recruitment for college and university teachers
- Final Determination Form

**NOTE:** The purpose of this webinar is to provide an overview of the new Form ETA-9089. While we will mention some tips for case submission in FLAG, the case submission webinar will be on April 20th.



## Overview of Changes to Form ETA-9089

- New Form ETA-9089 streamlines and standardizes information collection for employers preparing PERM applications, promoting greater efficiency and transparency into OFLC's review of the applications.
- New Form ETA-9089 is reorganized to better correspond with data collection formats used in the temporary labor certification programs and eliminates duplicative fields related to prevailing wage information collected on the Form ETA-9141, Application for Prevailing Wage Determination (“PWD”).
- New Form ETA-9089 reflects changes made to the proposed new Form ETA-9089 following review of public comments.
- FLAG system will align to new form



## Form ETA-9089 Changes

	Old 9089	New 9089
A	Refiling Information	Employer Information
B	Schedule A or Shepherd Information	Employer POC Information
C	Employer Information	Attorney/Agent Information
D	Employer POC Information	Foreign Worker Information
E	Attorney/Agent Information	Job Opportunity and Wage Information
F	Prevailing Wage Information	Area of Intended Employment Information
G	Wage Offer Information	Additional Job Opportunity Information and Other Requirements
H	Job Opportunity Information	Recruitment Information
I	Recruitment Information	Employer Labor Condition Statements
J	Alien Information	Preparer Information
K	Alien Work Experience	APPENDIX A: Foreign Worker Information
L	Alien Declaration	APPENDIX B: Additional Worksite Information
M	Declaration of Preparer	APPENDIX C: Supplemental Information
N	Employer Declaration	APPENDIX D: Special Recruitment for College and University Teachers

Foreign Worker Declaration, Attorney/Agent Declaration, and Employer Declaration are contained on new *Final Determination: Permanent Employment Certification Approval*



## Section A: Employer Information

- This section on the new form adds fields for DBA and Province, as applicable.
- Question A.14 on the new form specifies that it seeks current number of employees on payroll in the area of intended employment.
  - Retiring form only sought “number of employees”.
- Question C.9 on the retiring form is split into separate questions on the new form as A.16 and A.17.



### 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 area 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? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators? *		<input type="checkbox"/> Yes <input type="checkbox"/> No



## Section B: Employer Point of Contact Information

### 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 *



New field for  
Employer Point of  
Contact's **Job Title**





## Section C: Attorney/Agent Section

Proposed Revised 9089:

Final Revised 9089:

**C. Attorney or Agent Information (If applicable)**

1. Indicate the type of representation for the employer in the filing of this application. * <i>(complete the remainder of this section if "Attorney" or "Agent" is marked)</i>			<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> 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 Address §	



<b>If "Attorney" is marked in question C.1 or an Attorney is acting as an "Agent", complete questions 17 to 19 below.</b>	
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 §	

<b>If "Attorney" is marked in question C.1, complete questions 17 to 19 below.</b>	
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 §	

Updated form more accurately reflects the regulatory definition of Agent in 20 CFR 656.3



## Section D: Foreign Worker Information

- Two required questions

### D. Foreign Worker Information

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

- Appendix A will be where the employer provides information concerning the foreign worker.



## Section E: Job Opportunity and Wage Information

Proposed Revised 9089:

Final Revised 9089:

### 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. *		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Offered Wage *	4. Per (Choose only one) *	
From: \$ ____ . ____ *	To: \$ ____ . ____	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
5. Additional conditions about the offered wage. (Enter up to 500 characters. If no additional information, enter "NONE" below.) *		

### 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. *		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Offered Wage *	4. Per (Choose only one) *	
From: \$ ____ . ____ *	To: \$ ____ . ____	<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year
5. Additional conditions about the offered wage. (Enter up to 500 characters) §		



Section E.5. is now a conditional field, not a mandatory field.



## Note about retiring Sections F (Prevailing Wage Information) and H (Job Opportunity Information)

E	Attorney/Agent Information	Job Opportunity and Wage Information
F	Prevailing Wage Information	Area of Intended Employment Information
G	Wage Offer Information	Additional Job Opportunity Information and Other Requirements
H	Job Opportunity Information	Recruitment Information

- Information gathered under Section H of the retiring form have been streamlined, moved to new areas, and duplications have been eliminated.
- The job opportunity and some wage information data, previously collected under Sections F and H, will be directly imported from the Form ETA-9141 associated with the PWD tracking number entered into Section E.
- The employer will no longer data enter the job opportunity information (duties, requirements, special skills) or prevailing wage information and these will not be contained on the Form ETA-9089.
- All documents associated with the case will go into the “Data Hub” where USCIS and DOS have direct live access to documents via VIBE system (Validation Instrument for Business Enterprises).
- In this way agencies will have access to all relevant information pertaining to the application.



## Section E: Job Opportunity and Wage Information

- Section E of the new form gathers information related to the Job Opportunity that is not pulled directly from the Form ETA-9141.
- This section provides the employer a field in which it can describe any conditions about the wage rate to be paid. (Section E.5)
- Employers should use Section E.5 to describe any bonuses, fringe benefits, subsidized housing or meals, or any other benefits associated with the job opportunity, as applicable.
- Section E.5 can also be used to provide additional information related to the job opportunity that were taken into consideration when determining the actual rate of pay.

### 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. *		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Offered Wage * From: \$ _____ . ____ *      To: \$ _____ . ____	4. Per (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year	
5. Additional conditions about the offered wage. (Enter up to 500 characters) §		

**NOTE:** Employers must use the same pay frequency here as is expressed in the PWD.



## Section F: Area of Intended Employment

- Information gathered in **Section H** of retiring Form ETA-9089, related to where the work will be performed has been expanded and is found in the new form in **Section F**.
- This new section allows the employer an opportunity to verify and populate the worksite information from the Form ETA-9141; and
- This new section also accommodates circumstances where the worksite is not known or could vary.



## Section F: Area of Intended Employment Information

### F. Area of Intended Employment Information

#### a. Worksite Information

1. Type of worksite location that best describes where work will be performed (Choose only one): * a. <input type="checkbox"/> Business premises b. <input type="checkbox"/> Employer's private household (includes live-in and domestic household worker) c. <input type="checkbox"/> Employee's private residence (when work is performed directly out of the residence) d. <input type="checkbox"/> No <u>one</u> specific worksite address or physical location  <i>If submitting this form non-electronically and marked "No one specific worksite address or physical location," enter "N/A" or "0" (zero), as appropriate, in questions 2- 7 below , complete questions 8 and 8a, and continue to Section F.b.</i>			
2. Worksite Address *			
3. Worksite Address § (apartment/suite/floor and number)			
4. City *		5. County *	
6. State/District/Territory *			7. Postal Code *
8. MSA/OES Area Code *	8a. MSA Name/OES Area Title *		

Employer now provides information on the type of worksite



## Section F.b: Additional Worksites

- Two questions – one required, one conditional

### b. Additional Worksites

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

- Appendix B is where the employer will provide information related to additional worksites, as applicable.





## Section F.c: Other Definable Geographic Area(s)

Proposed Revised 9089:

Final Revised 9089:

**c. Other Definable Geographic Area**

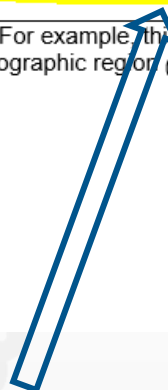
Complete this question only where the specific MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area. If submitting this form non-electronically, and not applicable, enter "N/A."

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). §

**c. Other Definable Geographic Area(s)**

Complete this question only where the specific MSA(s) are not known or the expected area(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 Worksites," 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). §



Section F.c - Updated instructions on 9089 and accompanying Form Instructions related to how to respond if application is for a peripatetic worker, or involves travel or relocation.



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## Section G: Additional Job Opportunity Information & Other Requirements

### G. Additional Job Opportunity Information and Other Requirements

1. Is this a permanent position offering full-time employment of generally 35 hours or more? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer seeking permanent labor certification for a live-in household domestic service worker? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If "Yes" is marked in Question G.2, indicate whether the foreign worker possesses one year of paid experience as a live-in household domestic service worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2b. If "Yes" is marked in Question G.2, indicate whether the employer and foreign worker have executed the required employment contract? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2c. If "Yes" is marked in Question G.2b, indicate whether the employer provided a copy of the employment contract to the foreign worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Will the employer accept a foreign diploma/degree equivalent to the employer's required U.S. diploma/degree identified in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Is the foreign worker currently working for the employer submitting this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. 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. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4b. 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. §	<input type="checkbox"/> I ACCEPT <input type="checkbox"/> I <b>DO NOT</b> ACCEPT
5. Is the employer relying solely on the experience the foreign worker while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position <u>substantially comparable</u> to the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5b. 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? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

- Following public comments, **Question G.1** was modified to clarify work schedule (adding "generally"); similar additional language was included in the Form Instructions.
- Following public comments, **Questions G.2b & G.2c** and accompanying instructions were revised to reflect regulatory language from 20 CFR 656.19(b)(2) (changed "work contract" to "employment contract".)
- Following public comment, **Question G.5** was revised to accurately align the question with the regulatory language from 20 CFR 656.17(i)(3)(1) by changing the wording of experience gained "while employed by the employer" to, "while working for the employer, including as a contract employee".



# UNITED STATES DEPARTMENT OF LABOR

## Section G: Additional Job Opportunity Information & Other Requirements

### G. Additional Job Opportunity Information and Other Requirements

1. Is this a permanent position offering full-time employment of generally 35 hours or more? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer seeking permanent labor certification for a live-in household domestic service worker? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If "Yes" is marked in Question G.2, indicate whether the foreign worker possesses one year of paid experience as a live-in household domestic service worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2b. If "Yes" is marked in Question G.2, indicate whether the employer and foreign worker have executed the required employment contract? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2c. If "Yes" is marked in Question G.2b, indicate whether the employer provided a copy of the employment contract to the foreign worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3. Will the employer accept a foreign diploma/degree equivalent to the employer's required U.S. diploma/degree identified in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Is the foreign worker currently working for the employer submitting this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. 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. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4b. 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. §	<input type="checkbox"/> I ACCEPT <input type="checkbox"/> I <b>DO NOT</b> ACCEPT
5. Is the employer relying solely on the experience the foreign worker while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position <u>substantially comparable</u> to the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5b. 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? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



The new form allows for a selection related to Kellogg language if the employer has an alternate requirement.



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## Section G: Additional Job Opportunity Information & Other Requirements cont'd.

<i>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.</i>	
6. Does the job opportunity require the worker to live on the employer's premises? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does the job opportunity identified in Section F of the PWD identified in Question E.1 involve a combination of occupations? *	<input type="checkbox"/> Yes <input type="checkbox"/> 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Did the employer use a credentialing service to qualify the foreign worker's education and/or experience requirements in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
11. Has the employer received payment of any kind for the submission of this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Has the employer had a layoff in the occupation involved in this application or in a related occupation within the 6 months immediately preceding the filing of this application in the area of intended employment? *	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Note about Foreign Worker Information

Current Form:

Changed from **Section J** on retiring form to **Appendix A** on new form.

Introduced to consolidate relevant information about the foreign worker and to resolve the issue of not having space to list special skills, certifications, etc.

This new Appendix moves and consolidates information from Sections J & K on the retiring form about the foreign worker.

### J. Alien Information Continued

11-A. If Other indicated in question 11, specify			
12. Specify major field(s) of study			
13. Year relevant education completed			
14. Institution where relevant education specified in question 11 was received			
15. Address 1 of conferring institution			
Address 2			
16. City	State/Province	Country	Postal code
17. Did the alien complete the training required for the requested job opportunity, as indicated in question H.5?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
18. Does the alien have the experience as required for the requested job opportunity indicated in question H.6?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
19. Does the alien possess the alternate combination of education and experience as indicated in question H.8?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
20. Does the alien have the experience in an alternate occupation specified in question H.10?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
21. Did the alien gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
22. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
23. Is the alien currently employed by the petitioning employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	



## Note about Foreign Worker Cont'd.

### Current Form (Section J):

21. Did the alien gain any of the qualifying experience with the employer in a position <b>substantially</b> comparable to the job opportunity requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
22. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is the alien currently employed by the petitioning employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### New Form (Section G – Additional Job Opportunity Information and Other Requirements):

While the data fields pertaining to the Foreign Worker have moved to Appendix A, these questions from retiring Section J are found in new Section G.



5. Is the employer relying solely on the experience the foreign worker while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
5a. If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position <b>substantially comparable</b> to the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5b. 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? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



## Section H: Recruitment Information

- Changed from **Section I** on current form to **Section H** on new form.
- Reorganized sections to allow the agency to streamline the data collection and processing based on circumstances that have widely varying recruitment requirements

Current Form:

### I. Recruitment Information

#### a. Occupation Type – All must complete this section.

1. Is this application for a <b>professional occupation</b> , other than a college or university teacher? Professional occupations are those for which a bachelor's degree (or equivalent) is normally required.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this application for a college or university teacher? <b>If Yes, complete questions 2-A and 2-B below.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2-A. Did you select the candidate using a competitive <b>recruitment</b> and selection process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2-B. Did you use the basic <b>recruitment</b> process for professional occupations?	<input type="checkbox"/> Yes <input type="checkbox"/> No



## Section H: Recruitment Information

**Note:**  
**Question H1.b**  
was revised  
from being a  
conditional  
question to  
being a  
mandatory  
question for  
employers.

### 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

#### b. Occupation Type - All must complete this section.

Mark ONE appropriate box below: *	
<input type="checkbox"/>	1a. This application is for a <b>professional occupation</b> (which includes a college or university teacher <u>not</u> selected using the competitive recruitment process) and the recruiting was conducted in accordance with 20 CFR 656.17(e)(1).
<input type="checkbox"/>	1b. This application is for a <b>non-professional occupation</b> and the recruiting was conducted in accordance with 20 CFR 656.17(e)(2).
<input type="checkbox"/>	1c. This application is for a <b>college or university teacher</b> and the candidate was selected using the <b>competitive recruitment process</b> in accordance with 20 CFR 656.18. (Skip c. and d. of Section H. and go to Appendix D)
<input type="checkbox"/>	1d. None of the above apply because this application is for a <b>Schedule A or shepherd occupation</b> .
<input type="checkbox"/>	1e. None of the above apply because this application is for a <b>professional athlete</b> .





## Section H: Recruitment Information cont'd.

### c. Professional/Non-Professional Recruitment Information

Complete this section if 1a or 1b is marked in Question H.b. above.	
1a. Start date of SWA job order §	1b. End date of SWA job order §
2. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2a. Name of newspaper of general circulation in which an advertisement was placed. §	2b. Advertisement date §
3. Which of the following did the employer use to place the other advertisement for the job opportunity? (Choose only one) § <input type="checkbox"/> Newspaper of general circulation <input type="checkbox"/> Professional journal <input type="checkbox"/> N/A	
3a. Name of newspaper or professional journal in which an advertisement was placed. §	3b. Advertisement Date §



## Section H: Recruitment Information cont'd.

### d. Additional Recruitment Requirements for Professional Occupations

Complete this section if 1a is marked in Question H.b above. A minimum of three (3) recruitment events listed below must be completed.					
<input type="checkbox"/>	Job fair §	1a.	From:		1b. To:
<input type="checkbox"/>	Employer website §	2a.	From:		2b. To:
<input type="checkbox"/>	Job search website §	3a.	From:		3b. To:
<input type="checkbox"/>	On-campus recruiting §	4a.	From:		4b. To:
<input type="checkbox"/>	Trade or professional organization §	5a.	From:		5b. To:
<input type="checkbox"/>	Private employment firm §	6a.	From:		6b. To:
<input type="checkbox"/>	Employee referral program §	7a.	From:		7b. To:
<input type="checkbox"/>	Campus placement office §	8a.	From:		8b. To:
<input type="checkbox"/>	Local or ethnic newspaper §	9a.	From:		9b. To:
<input type="checkbox"/>	Radio and/or TV advertisement §	10a.	From:		10b. To:

Following public comments, **Question H.d:** was revised to align with the regulatory language in 20 CFR 656.17(e)(1)(i) to reflect as singular requirements relating to additional recruitment requirements for professional occupations.



## Section H: Recruitment Information cont'd.

**e. Notice of Posting - All must complete this section.**

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

<input type="checkbox"/>	<b>1a. Bargaining Representative</b> Notice of this filing has been provided to the bargaining representative for workers in the occupation in which the foreign worker will be employed at least 30 days before, but not more than 180 days before, the date the application was filed.
<input type="checkbox"/>	<b>1b. No Bargaining Representative – Physical Notice</b> Notice of this filing has been physically posted to employees for consecutive business days in a conspicuous location at the places of employment at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	<b>1c. No Bargaining Representative – Electronic Notice</b> Notice of this filing has been disseminated electronically at least one (1) time, which is the employer's normal practice of informing current employees of job vacancies at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	<b>1d. No Bargaining Representative – In-House Media</b> Notice of this filing has been disseminated using all in-house media, which is the employer's normal practice of informing current employees of job vacancies at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	<b>1e. No Bargaining Representative – Private Household</b> Notice of this filing has been posted physically and/or disseminated electronically, in accordance with the employer's normal practice of informing current employees in the private household at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	<b>1f. The employer <u>DID NOT</u> post the notice of filing.</b>



# UNITED STATES DEPARTMENT OF LABOR

## Form ETA-750A: Application for Alien Employment Certification

Current Form

U.S. DEPARTMENT OF LABOR  
Employment and Training Administration

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

### APPLICATION FOR ALIEN EMPLOYMENT CERTIFICATION

**IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM**  
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)

PART A. OFFER OF EMPLOYMENT						
1. Name of Alien (Family name in capital letter, First, Middle, Maiden)						
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Province, Country)				3. Type of Visa (if in U.S.)		
The following information is submitted as an offer of employment						
4. Name of Employer (Full name of Organization)				5. Federal Taxpayer ID – EIN		
6. Address (Number, Street, City and Town, State ZIP code)						
7. Address Where Alien Will Work (if different than Item 6)						
8. Nature of Employer's Business Activity	9. Name of Job Title	10. Total Hours Per Week		11. Work Schedule (Hourly) a.m. p.m.	12. Rate of Pay	
		a. Basic	b. Overtime		a. Basic \$ per _____	b. Overtime \$ per _____
13. Describe Fully the job to be Performed (Duties)						



## Discontinuation of ETA-750A & 750B Applications

- Revision to the current form allows the agency to discontinue the Forms ETA-750A, Application for Alien Employment-Offer of Employment & ETA-750B, Application for Alien Employment Certification-Statement of Qualifications of Alien.
- Employers will be able to use the new 9089 to file professional athlete cases. Details regarding document uploads needed for these will be discussed in the Technical Webinar on April 20, 2023.
- Employers filing Schedule A-Shortage Occupations and Shepherdder cases will be able to download the form and submit it to the USCIS.



## Section I: Employer Labor Condition Statements

**I. Employer Labor Condition Statements - All must complete this section. Applications for Professional Athletes must attest to only condition statements 1 - 7.**

- (1) The offered wage equals or exceeds the prevailing wage determined pursuant to 20 CFR 656.40 and 656.41, and the wage the employer will pay to the foreign worker to begin work will equal or exceed the prevailing wage that is applicable at the time the foreign worker begins work or from the time the foreign worker is admitted to take up the certified employment.
- (2) The wage offered is not based on commissions, bonuses, or other incentives, unless the employer guarantees a prevailing wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
- (3) The employer has enough funds available to pay the wage or salary offered the foreign worker.
- (4) The employer will be able to place the foreign worker on the payroll on or before the date of the foreign worker'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 employer's job opportunity is not:
  - (i) Vacant because the former occupant is on strike or locked out in the course of a labor dispute involving a work stoppage; or
  - (ii) 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 foreign worker.

1. I **certify** under penalty of perjury my knowledge of and compliance with the applicable Labor Condition Statements above covering the conditions of employment for the job opportunity and foreign worker covered by this application. 20 CFR 656.10(c). \*

Yes  No



## Section I for Professional Athletes

- An employer needing to complete an application for a professional athlete or coach would only need to complete the Form ETA-9089 and Appendix A.
- Employers who file for professional athletes must only attest to conditions 1-7 in this section.
- Language in the Form Instructions was modified to align with this revision.



## Appendix A: Foreign Worker Information

- Appendix A is entirely used to collect information about the foreign worker beneficiary and their qualifications.
- This new Appendix moves and consolidates information from Sections J & K on the current form about the foreign worker.
- Appendix A gathers similar information as did the prior Form ETA-9089, but provides additional and expanded fields for an employer to provide this information.





## Appendix A: Foreign Worker Information cont'd.

### FOREIGN WORKER INFORMATION

#### A. Foreign Worker Contact Information

1. Foreign Worker's Last (family) Name *
2. Foreign Worker's First (given) Name *
3. Foreign Worker's Middle Name(s) *
4. Address 1 (current) *

#### B. Foreign Worker Education §

##### a. Educational Attainment Information 1

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of institution identified in question 1c	1e. Month/year attained (mm/yyyy)

When filing electronically, sections will repeat as much as needed for the specific application.



## Appendix A: Foreign Worker Information cont'd.

### C. Foreign Worker Training Qualifications §

#### a. Training, Certification(s), and/or License(s) Information 1

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/Certifications/Licenses attained (if applicable)		
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)

#### b. Training, Certification(s), and/or License(s) Information 2

#### c. Training, Certification(s), and/or License(s) Information 3

**NOTE:** Appendix A, Section D. does not include date fields as the qualifications should match up with an employer, institution, school and/or training provider included in other sections of Appendix A.



### D. Foreign Worker Training Qualifications §

#### a. Skills, Abilities, and Proficiencies 1

1. Name of Employer/Institution/School/Training Provider	
1a. Country	1b. State, Territory, or Province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity (up to 1,500 characters)	



## Appendix A: Foreign Worker Information cont'd.

### E. Foreign Worker Work Experience §

#### a. Work Experience 1

1. Employer Name	
1a. Address 1	
1b. Address 2	
1c. City or Town	1d. Postal Code

1l. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters)



## Appendix B: Additional Worksite Information

- Appendix B gathers information on additional worksites and allows for the identification of all places of employment.
- Appendix B of the Form ETA-9089 aligns with Appendix A of Form ETA-9141.

### ADDITIONAL WORKSITE INFORMATION

#### A. Additional Worksite 1 §

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

#### B. Additional Worksite 2 §

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

#### C. Additional Worksite 3 §

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



## Appendix C: Supplemental Information

- Employers are required to complete Appendix C when “Yes” is marked in any of the questions 6-12 under Section G.
- Specifically, this Appendix is used to elaborate or further explain the business necessity of one or more requirements of the employer’s job opportunity.
- Appendix C provides two of these sections in the print form but, with electronic filing, additional sections can be added as required.
- NOTE:** This appendix should only be used to provide information not otherwise provided on the form. Employers should not repeat information provided elsewhere.

### SUPPLEMENTAL INFORMATION

#### A. Supplemental Information 1 §

1. Section and Item Number		1a. Section Name or Category of Supplemental Information	
1b. Supplemental Information. <i>(up to 1,500 characters)</i>			



## Appendix D: Special Recruitment for College and University Teachers

### SPECIAL RECRUITMENT FOR COLLEGE AND UNIVERSITY TEACHERS

- Appendix D is comprised of fields located in Section I.B of the current Form ETA-9089, related to the recruitment of college and university teachers under 20 CFR 656.18(b) and in accordance to 20 CFR 656.17.

1. Specify the date the foreign worker was selected for the position. *	
<b>Name(s) of national professional journal, educational organization publication, or other publication</b>	<b>Start date of advertisement</b>
2. *	2a. *
3. §	3a. §
4. §	4a. §
5. Specify additional recruitment information (up to 3,500 characters). §	



## Final Determination: Permanent Employment Certification Approval

- This two-page electronic Final Determination provides the official determination that there are not sufficient workers who are able, willing, and qualified, and who will be available at the time of application for a visa and admission into the U.S. and place needed to fill the job opportunity for which certification is sought and the permanent employment of the foreign worker will not adversely affect the wages and working conditions of similarly employed U.S. workers.

### PERMANENT EMPLOYMENT CERTIFICATION APPROVAL

#### A. U.S. Government Agency Use Only

Pursuant to the provisions of Sections 212(a)(5)(A) of the Immigration and Nationality Act, as amended, the Department hereby certifies that there are not sufficient workers who are able, willing, and qualified, and who will be available at the time of application for a visa and admission into the United States and place needed to fill the job opportunities for which certification is sought, and the permanent employment of the foreign worker will not adversely affect the wages and working conditions of workers in the United States similarly employed.

Therefore, by virtue of the signature below, the Department hereby acknowledges granting certification for the following *Application for Permanent Employment Certification* (Form ETA-9089):

1. DOL Case Number	2. Case Status
3. Employer Legal Business Name	4. Employer FEIN
5. Foreign Worker's Last (family) Name	
6. Foreign Worker's First (given) Name	
7. Foreign Worker's Middle Name(s)	



## Final Determination: Permanent Employment Certification Approval cont'd.

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### B. Foreign Worker Declaration

I declare under penalty of perjury that I have read and reviewed all information contained in Appendix A of this approved Form ETA-9089, and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly and/or willfully furnish materially 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 fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

I further declare that I am the person identified under Section A, Fields 5, 6, and 7 above. I did not participate in any activities involving the interviewing or consideration of U.S. workers and intend to accept permanent employment in the job opportunity specified on this approved Form ETA-9089, including all appendices, offered by the employer if granted a visa or an adjustment of status based on this permanent labor certification.

1. Signature *	2. Date Signed *
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## Final Determination: Permanent Employment Certification Approval cont'd.

### C. Attorney or Agent Declaration

I declare under penalty of perjury that I am an attorney for the employer, or that I am an employee of, or hired by, the employer listed in Section C of the Form ETA-9089, and that I have been designated by that employer in accordance with 20 CFR 656.10(b) to act on its behalf in connection with this application.

I hereby certify that I have provided to the employer the entire Form ETA-9089, appendices, and all supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. *I understand that to knowingly and/or willfully furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).*

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Firm/Business Name §		
5. Signature *		6. Date Signed *



## Final Determination: Permanent Employment Certification Approval cont'd.

### D. Employer Declaration

I hereby designate the agent or attorney identified in Section C (if any) of the Form ETA-9089 to represent me for the purpose of labor certification and, by virtue of my signature in Field 5 below, I take full responsibility for the accuracy of any representations made by my agent or attorney, and my designated preparer identified in Section C above, on every page of the Form ETA-9089, including all appendices, and documentation supporting this application.

I declare under penalty of perjury that I have read and reviewed this application, including every page of the Form ETA-9089, appendices, and supporting documentation, and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly and/or willfully furnish materially 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 fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Title *		
5. Signature *		6. Date Signed *



# UNITED STATES DEPARTMENT OF LABOR

## Form Non-substantive Changes – Will Be Made In the Near Future – Will Notify Public By Website Announcement

- **Form ETA-9089:**
  - Section G.5 will have missing word added.
  - Section G.10 will have a typographical error corrected.
  - Section H.c.2: the option *N/A* will be removed.
- **Appendix A: Foreign Worker Information**
  - Instructions for Section B: #a.1e should read use a full *mm/yyyy* format not *yyyy* format.
  - Section D should be labeled *Foreign Worker Skills, Abilities and Proficiencies* on the form.
- **Appendix D: Special Recruitment for College & University Teachers**
  - Instructions for **#3a** should read: Enter the date on which the advertisement referenced in question **3** was started...
  - Instructions for **#4a** should read: Enter the date on which the advertisement referenced in question **4** was started...



## Technical Webinar, April 20, 2023

**April 11, 2023. OFLC Announces Technical Webinar on April 20, 2023, to Provide Stakeholders an Update to the Permanent Labor Certification (PERM) Program Modernization Process**

The Office of Foreign Labor Certification will host an instructional webinar to provide a technical demonstration to employers and authorized attorneys or agents on how to prepare the Form ETA-9089 using the new PERM online filing system.

**Meeting Details:**

**Thursday, April 20, 2023: 2:00 – 4:00 PM | (UTC-04:00) Eastern Time (US & Canada) | 2 hrs**

**Join from the meeting link:**

<https://usdol.webex.com/usdol/j.php?MTID=m4fa5cb03fe8c8e4505fe040a080cbe01>

**Join by meeting number:**

**Meeting number (access code): 2764 934 4206**

**Meeting password: PERM2023**

**Tap to join from a mobile device (attendees only)**

1-877-465-7975 US Toll Free

+1-210-795-0506 US Toll

**Join by phone:**

1-877-465-7975 US Toll Free

1-210-795-0506 US Toll

**Join from a video system or application:**

Dial [27649344206@usdol.webex.com](tel:27649344206)

You can also dial [207.182.190.20](tel:20718219020) and enter your meeting number.

Information can be found on OFLC website landing page under *Announcements*

<https://www.dol.gov/agencies/eta/foreign-labor>