PERM Case Number: ____

Application for Permanent Employment Certification Form ETA-9089 – Appendix A: Foreign Worker Information U.S. Department of Labor



FOREIGN WORKER INFORMATION

A. Foreign worker Contact Information				
Foreign Worker's Last (family) Name *				
2. Foreign Worker's First (given) Name *				
3. Foreign Worker's Middle Name(s) *				
4. Address 1 (current) *				
5. Address 2 (apartment/suite/floor and number)	§			
6. City *		7. State *	8. Postal Code *	
9. Country *		10. Province	§	
11. Date of Birth (mm/dd/yyyy) *	12. Class of Admission *	13. Alien Reç	gistration Number (A#) (if applicable) *	
14. Country of Birth *				
15. Country of Citizenship or Nationality *	•			
B. Foreign Worker Education §				
B. Foreigh Worker Education §				
a. Educational Attainment Information	1			
Education: U.S. Diploma/Degree attained relevant to the job opportunity				
□ None □ High School/GED □ Associate □ Bachelor's □ Master's □ Doctorate (PhD) □ 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				
The first of medianon that is degree and deg				
1d. Name of Country of institution identific	ed in question 1c		1e. Month/year attained (mm/yyyy)	
b. Educational Attainment Information 2				
Education: U.S. Diploma/Degree attain		unitv		
□ None □ High School/GED □ Associate □ Bachelor's □ Master's □ Doctorate (PhD) □ 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 stud	dy (may list more than one re	ated major and	more than one field)	
1c. Name of Institution that issued the de	gree/diploma			
1d. Name of Country of Institution identifi	ed in question 1c		1e. Month/year attained (mm/yyyy)	
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B. Foreign Worker Education (continued)

C.	Educational Attainment Information 3			
1.	Education: U.S. Diploma/Degree attained relevant to the job opportunity			
	□ None □ High School/GED □ Associate □ Bachelor's □ Master's □ Doctorate (PhD) □ Other Degree (JD, MD, etc.)			
1a.	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)		
d.	Educational Attainment Information 4			
1.	Education: U.S. Diploma/Degree attained relevant to the job opportunity			
	None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate	(PhD) □ 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)		
e.	Educational Attainment Information 5			
1.	Education: U.S. Diploma/Degree attained relevant to the job opportunity			
	None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate	(PhD) □ Other Degree (JD, MD, etc.)		
1a.	. If "Other Degree" in question 1, specify the diploma/degree attained			
1b.	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)		
_				
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			

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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 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 1. Name of Institution/School/Training provider 1a. Name of training, coursework, experience received 1b. Training/Certifications/Licenses attained (if applicable)					
b. Training, Certification(s), and/or License(s) Information 2 1. Name of Institution/School/Training provider 1a. Name of training, coursework, experience received 1b. Training/Certifications/Licenses attained (if applicable)					
b. Training, Certification(s), and/or License(s) Information 2 1. Name of Institution/School/Training provider 1a. Name of training, coursework, experience received 1b. Training/Certifications/Licenses attained (if applicable)					
Name of Institution/School/Training provider Name of training, coursework, experience received Training/Certifications/Licenses attained (if applicable)					
Name of training, coursework, experience received Training/Certifications/Licenses attained (if applicable)					
1b. Training/Certifications/Licenses attained (if applicable)					
1b. Training/Certifications/Licenses attained (if applicable)					
1c. Start date of training (<i>mm/yyyy</i>) 1d. End date of training (<i>mm/yyyy</i>) 1e. Month/year awarded (<i>mm/yyyy</i>)					
1c. Start date of training (mm/yyyy) 1d. End date of training (mm/yyyy) 1e. Month/year awarded (mm/yyyy)					
1c. Start date of training (mm/yyyy) 1d. End date of training (mm/yyyy) 1e. Month/year awarded (mm/yyyy)					
c. Training, Certification(s), and/or License(s) Information 3					
Name of Institution/School/Training provider					
1a. Name of training, coursework, experience received					
1b. Training/certifications/licenses attained (if applicable)					
13. Training/contineations/neoncod attained (if applicable)					
1c. Start date of training (<i>mm/yyyy</i>) 1d. End date of training (<i>mm/yyyy</i>) 1e. Month/year awarded (<i>mm/yyyy</i>)					
D. Foreign Worker Skills, Abilities and Proficiencies §					
a. Skills, Abilities, and Proficiencies 1					
Name of Employer/Institution/School/Training Provider					
1a. Country 1b. State, Territory, or Province					
is. State, Territory, or Frontisc					
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)					

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. Skills, Abilities, and Proficience				
Name of Employer/Institution/So	chool/Training Provider			
1a. Country		1b. Sta	te, Territory, or Provi	ince
,			, ,,	
1c. Description of specific skills, abi whether the foreign worker meets the state of the state				
. Foreign Worker Work Experier . Work Experience 1 1. Employer Name	nce §			
1a. Address 1				
1b. Address 2				
1c. City or Town				1d. Postal Code
1e. Country		1f. Stat	e, Territory, or Provir	nce
1g. Job Title				
1h. Start Date (mm/yyyy)	1i. End Date (mm/yyyy)		1j. Present ☐ Yes ☐ No	1k. Hours Worked Per Week

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1l. Job Duties: Specify det characters)	tails of the job (work tasks performed	, use of tools/equipment, supervision	, etc.) (up to 3,500
For Public Burden Statem	nent, see the Instructions for Form	ETA-9089.	

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