

Application for Permanent Employment Certification
 Form ETA-9089
 U.S. Department of Labor



IMPORTANT: Please review and read the filing instructions carefully before completing the Form ETA-9089. A copy of the instructions can be found on the Office of Foreign Labor Certification Website, available at <http://www.foreignlaborcert.doleta.gov/>. If you are not submitting these forms electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional and must be completed if applicable as indicated by the section (§) symbol.

In accordance with Federal Regulations at 20 CFR 656.17(a)(1), incomplete applications will be denied by the Department of Labor. If submitting this form non-electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank, and, at the end of each page, you will be asked to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A."

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

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 *

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C. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * (complete the remainder of this section if "Attorney" or "Agent" is marked)		<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 FEIN §	

If "Attorney" is marked in question C.1, complete questions 17 to 19 below.

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 §	

D. Foreign Worker Information

1. A completed Appendix A 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

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. If no additional information, enter " NONE " below.) *		

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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 through 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 *	8.a MSA Name/OES Area Title *		

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 Appendix B is attached to this application. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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). §

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G. Additional Job Opportunity Information and Other Requirements

1. Is this a permanent position offering full-time employment of 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 work 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 work 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 DO NOT ACCEPT
5. Is the employer relying solely on the experience the foreign worker gained while employed by the employer 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

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.

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

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
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b. Occupation Type - All must complete this section.

Mark ONE appropriate box below:	
<input type="checkbox"/>	1a. This application is for a professional occupation (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 non-professional occupation and the recruiting was conducted in accordance with 20 CFR 656.17(e)(2).
<input type="checkbox"/>	1c. This application is for a college or university teacher <u>and</u> the candidate was selected using the competitive recruitment process in accordance with 20 CFR 656.18. <i>(Skip c. and d. of Section H. and go to Appendix D)</i>
<input type="checkbox"/>	1d. None of the above apply because this application is for a Schedule A or shepherder occupation .
<input type="checkbox"/>	1e. None of the above apply because this application is a professional athlete .

c. Professional/Non-Professional Recruitment Information

Complete this section if 1a or 1b is marked in Question F.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? <i>(Choose only one)</i> § <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 §	

d. Additional Recruitment Requirements for Professional Occupations

Complete this section if 1a is marked in Question F.b above. A <u>minimum of three (3)</u> 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 advertisements §	10a. From:		10b. To:	

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

Mark ALL that apply in the appropriate box(es) below:	
<input type="checkbox"/>	1a. Bargaining Representative 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"/>	1b. No Bargaining Representative – Physical Notice Notice of this filing has been physically posted to employees for 10 consecutive business days in a conspicuous location at the location(s) of employment, which is the employer’s customary 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"/>	1c. No Bargaining Representative – Electronic Notice Notice of this filing has been disseminated electronically at least one (1) time, which is the employer’s customary 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"/>	1d. No Bargaining Representative – In-House Media Notice of this filing has been disseminated using all in-house media, which is the employer’s customary 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"/>	1e. No Bargaining Representative – Private Household Notice of this filing has been posted physically and/or disseminated electronically, whichever is the employer’s customary 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"/>	1f. The employer DID NOT post the notice of filing.

I. Employer Labor Condition Statements - All must complete this section.

- (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 ten (10) 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). *	<input type="checkbox"/> Yes <input type="checkbox"/> No
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J. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section B (employer point of contact) or Section C (attorney or agent) of this application.

1. Last (family) Name §	2. First (given) Name §	3. Middle Name(s) §
4. Law Firm/Business FEIN §	5. Law Firm/Business Name §	
6. Law Firm/Business Email Address §		

Public Burden Statement (1205-0451)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average X hours and XX minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: Form ETA-9089 – 10 minutes, Appendix A – 12 minutes, Appendix B – 3 minutes, Appendix C – 6 minutes, Appendix D – 3 minutes, and recordkeeping – 5 minutes. Your response is required to receive the benefit of consideration of this application. (Immigration and Nationality Act, Section 212(a)(5)). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**