

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



Please read and review the filing instructions carefully before completing the ETA Form 9089. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>.

Important Note: 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. Schedule A or Shepherd Information

1. Is this application in support of a Schedule A or Shepherd occupation? <i>If "Yes," DO NOT file this application with the Department of Labor. Instead, all applications in support of Schedule A or Shepherd occupations must be filed directly with the appropriate office of the Department of Homeland Security's United States Citizenship and Immigration Services (USCIS).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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B. Foreign Worker's Name

Note: If submitting this form electronically, the data entered in items B.1-B.3 below will pre-populate items J.1-J.3 and K.1-K.3 of this application. If submitting this form non-electronically, you will need to re-enter this information in items J.1-J.3 and K.1-K.3.

1. Foreign worker's last (family) name	2. First (given) name	3. Full middle name(s)
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C. Employer Information

1. Legal business name		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1		
4. Address 2		
5. City	6. State	7. Postal code
8. Country	9. Province	
10. Telephone number	11. Extension	
12. Number of employees currently on the employer's payroll in the area of intended employment	13. Year commenced business (if household, year issued FEIN)	
14. Federal Employer Identification Number (FEIN from IRS)	15. NAICS code (must be at least 4-digits)	
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

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D. Employer Point of Contact Information

Note: 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 employee designated in this Section will be contacted to verify whether the employer is authorizing this application and sponsoring the foreign worker named in the application. The information in this Section must be different from the agent or attorney information listed in Section E, unless 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		
7. City	8. State	9. Postal code
10. Country	11. Province	
12. Telephone number	13. Extension	14. E-Mail address

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If "Yes," complete the remainder of Section E below. If submitting this form non-electronically and "No" in question 1, enter "N/A" or "0" (zero), as appropriate, in questions 2-19.</i>			
2. Attorney or Agent's last (family) name	3. First (given) name	4. Middle name(s)	
5. Address 1			
6. Address 2			
7. City	8. State	9. Postal code	
10. Country	11. Province		
12. Telephone number	13. Extension	14. E-Mail address	
15. Law firm/Business name		16. Law firm/Business FEIN	
17. State Bar number (only if attorney)		18. State of the highest court where attorney is in good standing (only if attorney)	
19. Name of the highest court where attorney is in good standing (only if attorney)			



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F. Prevailing Wage Information

Note: This information must be identical to the information on the Prevailing Wage Determination (PWD) provided by the State Workforce Agency (SWA).

1. State/District/Territory which issued prevailing wage		2. Prevailing wage tracking number (if provided by SWA)	
3. Wage level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A			
4. SOC (ONET/OES) code (must be at least 6-digits)		5. SOC (ONET/OES) occupation title	
6. Prevailing wage \$ _____ . _____		6a. 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	
7. Prevailing wage source (Choose only one) <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other			
7a. If "Other" in question 7, specify			
8. Determination date		9. Expiration date	

G. Wage Offer Information

1. Offered wage From: \$ _____ . _____ To (Optional): \$ _____ . _____		1a. 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	
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H. Job Opportunity Information

a. Worksite Information

Note: It is important for the employer to define the area of intended employment with as much geographic specificity as possible. This information is used for purposes of reviewing any advertising, notice posting, and prevailing wage information in support of this application. The worksite address listed in questions 2-7 below must be a physical location and cannot be a P.O. Box.

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, mark "N/A" in question 8, and continue to Section H.b.</i>	
2. Worksite address 1	
3. Address 2	
4. City	5. County
6. State/District/Territory	7. Postal code
8. Will work also be performed in a location(s) other than the address listed in questions 2-7 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<i>If "Yes," complete section H.b below.</i>	

b. Additional Worksite Information

Note: If "No one specific worksite address or physical location" in question 1 or "Yes" in question 8 above, the employer may identify up to 5 Metropolitan Statistical Areas (MSAs) covering the area(s) of intended employment where work is expected to be performed. For the definition, codes, and alphabetical list of MSA's, visit the Census Bureau's website at <http://www.census.gov/population/www/estimates/metroarea.html>

If the MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area, the employer may complete question 10 instead. If submitting this form non-electronically and not completing questions 9-9i, enter "N/A" in each question and continue to question 10.

1. Metropolitan Statistical Areas (MSAs)

9. MSA Code	9a. Name of MSA
9b. MSA Code	9c. Name of MSA
9d. MSA Code	9e. Name of MSA
9f. MSA Code	9g. Name of MSA
9h. MSA Code	9i. Name of MSA



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H. Job Opportunity Information Continued

2. Other Definable Geographic Area

Note: Answer question 10 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" in question 10.

10. 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.

c. Job Description

11. Job title	
12. Is this a full-time (35 hours or more) position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Job duties. The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted.	
14. Other special requirements, specific skills, licenses, certificates, and certifications. The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted.	



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H. Job Opportunity Information Continued

d. Primary Requirements

15. Education: minimum U.S. diploma/degree required	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
15a. If "Other degree" in question 15, specify the diploma/degree required	15b. Indicate the major(s) and/or field(s) of study required (May list more than one related major and more than one field)
16. Does the employer require a second U.S. diploma/degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. If "Yes" in question 16, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required <i>if submitting this form non-electronically and "No" in question 16, enter "N/A."</i>	
17. Is training for the job opportunity required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. If "Yes" in question 17, specify the number of <u>months</u> of training required	17b. Indicate the field(s)/name(s) of training required (May list more than one related field/name)
18. Is employment experience required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18a. If "Yes" in question 18, specify the number of <u>months</u> of experience required	18b. Indicate the occupation required

e. Alternative Requirements

19. Does the employer have alternative requirements for the job opportunity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: If "Yes" in question 19, the employer may submit up to 3 sets of alternative requirements (2 in addition to the one below) in addition to the primary requirements entered in Section H.d of this form. If "No" and submitting this form non-electronically, mark "None" in question 20 and "N/A" or "0" (zero), as appropriate, in questions 20a-20j. If "No" and submitting this form electronically, skip questions 20-20j.

The employer must complete every field for each set of alternative requirements. For example, where the employer has an alternative education requirement for the job opportunity, but always requires five years of experience in the same occupation, it must enter the alternative education requirement and then re-enter the five years of experience and related occupation in the same set. If the employer wishes to list a second or third set of alternative requirements, an attachment must be submitted.

1. Alternative Requirements

20. Education: minimum U.S. diploma/degree required	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PHD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
20a. If "Other degree" in question 20, specify the diploma/degree required	20b. Indicate the major(s) and/or field(s) of study required (May list more than one related major and more than one field)



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H. Job Opportunity Information Continued
e. Alternative Requirements Continued

20c. Does the employer require a second U.S. diploma/degree?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20d. If "Yes" in question 20c, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required <i>If submitting this form non-electronically, and "No" or "N/A" in question 20c, enter "N/A."</i>		
20e. Is training for the job opportunity required?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20f. If "Yes" in question 20e, specify the number of <u>months</u> of training required	20g. Indicate the field(s)/name(s) of training required (May list more than one related field/name)	
20h. Is employment experience required?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20i. If "Yes" in question 20h, specify the number of <u>months</u> of experience required	20j. Indicate the occupation required	

f. Other Requirements

21. Will the employer accept a foreign diploma/degree equivalent to the employer's required U.S. diploma/degree identified in Section H?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22. Does the job opportunity require the foreign worker to live on the employer's premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is this application for a live-in household domestic service worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23a. If "Yes" in question 23, have the employer and the foreign worker executed the required employment contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23b. If "Yes" in question 23a, has the employer provided a copy of the contract to the foreign worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24. If "Yes" in question 23, does the foreign worker have 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

g. Suitable Combination

25. Is the foreign worker currently working for the employer submitting this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25a. If "Yes" in question 25, does the foreign worker only qualify for the job opportunity by virtue of the employer's alternative requirements identified in Section H.e?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25b. If "Yes" in questions 25 and 25a, please write the applicable statement below that describes the employer's willingness to accept any suitable combination of education, experience, or training. <i>If submitting this form non-electronically and "No" in question 25 or "No" or "N/A" in question 25a, enter "N/A" in both spaces below.</i>	
Write "I accept"	
Write "I do not accept"	



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H. Job Opportunity Information Continued

h. Business Necessity

Note: If "Yes" is marked in any of the following questions (26, 27, or 28), the employer must provide a brief explanation of business necessity and be prepared to provide documentation demonstrating business necessity. Preferences will be considered to be the same as requirements for the job opportunity.

26. Is proficiency in a foreign language required or preferred to perform the job duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26a. If "Yes" in question 26, provide a brief explanation (3-5 sentences). <i>If submitting this form non-electronically and "No" in question 26, enter "N/A."</i>	
27. Do the job requirements indicated in Section H 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
27a. If "Yes" in question 27, provide a brief explanation (3-5 sentences). <i>If submitting this form non-electronically and "No" or "N/A" in question 27, enter "N/A."</i>	
28. Does this application involve a job opportunity that includes a combination of occupations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28a. If "Yes" in question 28, provide a brief explanation (3-5 sentences). <i>If submitting this form non-electronically and "No" in question 28, enter "N/A."</i>	



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I. Recruitment Information

a. General Information – All must complete this Section.

1. Has the employer received payment of any kind for the submission of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If "Yes" in question 1, provide a brief explanation (3-5 sentences). <i>If submitting this form non-electronically and "No" in question 1, enter "N/A."</i>	
2. 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
2a. If "Yes" in question 2, provide a brief explanation (3-5 sentences) describing the nature of the layoff and the method(s) by which potentially qualified laid-off U.S. workers were notified and considered for the job opportunity for which certification is sought. <i>If submitting this form non-electronically and "No" in question 2, enter "N/A."</i>	

b. Occupation Type – All must complete this Section.

Mark ONE appropriate box below:	
3a. <input type="checkbox"/>	This application is for a non-professional occupation and the recruiting was conducted in accordance with 20 CFR 656.17(e)(2).
3b. <input type="checkbox"/>	This application is for a professional occupation as listed in Appendix A on page 23 of the instructions (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).
3c. <input type="checkbox"/>	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.
3d. <input type="checkbox"/>	None of the above apply because this application is for a Schedule A or shepherd occupation, a professional athlete, or recruitment was conducted in accordance with a regulatory provision not listed above.

c. Supervised Recruitment– All must complete this Section.

4. 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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Note: Answer "Yes" only where the employer received a Notice of Supervised Recruitment from a Certifying Officer. *If submitting this form non-electronically and "Yes" in question 4, enter "N/A" or "0" (zero), as appropriate, in the remainder of Section I and continue to Section J below. If submitting this form electronically and "Yes" in question 4, continue to Section J below. If "No" in question 4, complete the remainder of Section I below.*



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I. Recruitment Information Continued

d. Professional/Non-Professional Recruitment Information

Note: Complete if recruitment was conducted in accordance with 20 CFR 656.17. If submitting this form non-electronically and not applicable, enter "N/A" or "0" (zero), as appropriate, in questions 5-11.

5. Start date for the SWA job order	6. End date for the SWA job order
7. 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	
8. Name of newspaper of general circulation in which a print advertisement was placed	9. Date of advertisement
10. Which of the following did the employer use to place the other advertisement for the job opportunity? (Choose only one) <input type="checkbox"/> Newspaper <input type="checkbox"/> Professional Journal <input type="checkbox"/> N/A	
10a. Name of newspaper or professional journal in which the employer placed the other advertisement	11. Date of advertisement

e. Additional Recruitment Steps for Professional Occupations

Note: Complete a minimum of 3 recruitment events if recruitment was conducted in accordance with 20 CFR 656.17(e)(1). If an item below occurred on a single day enter that date in both the "From" and "To" spaces. If submitting this form non-electronically and not applicable, enter "0" (zero) in questions 12-21.

12. Dates advertised at job fair From: To:	13. Dates posted on employer web site From: To:
14. Dates listed with job search web site From: To:	15. Dates of on-campus recruiting From: To:
16. Dates advertised with trade or professional organization From: To:	17. Dates listed with private employment firm From: To:
18. Dates advertised with employee referral program From: To:	19. Dates advertised with campus placement office From: To:
20. Dates advertised with local or ethnic newspaper From: To:	21. Dates advertised with radio and/or TV ads From: To:



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I. Recruitment Information Continued

f. Special Recruitment and Documentation Procedures for College and University Teachers

Note: Complete if recruitment was conducted in accordance with 20 CFR 656.18, the competitive recruitment and selection process. If submitting this form non-electronically and not applicable, enter "N/A" in questions 22-24.

22.	Date foreign worker selected
23.	Name of national professional journal in which advertisement was placed
23a.	Start date of advertisement identified in question 23
24.	Specify additional recruitment. The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted.

g. General Information- All must complete this Section

Mark ONE appropriate box below:	
25a. <input type="checkbox"/>	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.
25b. <input type="checkbox"/>	There is no bargaining representative, so a notice of this filing has been posted for 10 consecutive business days in a conspicuous location at the place of employment and in all in-house media normally used to inform current employees of job vacancies at least 30 days before, but not more than 180 days before, the date the application was filed.
25c. <input type="checkbox"/>	The domestic employment will be in a private household (not a home office or home business) and the employer does not employ any U.S. workers in the home, so no posting or notification was made.
25d. <input type="checkbox"/>	The employer did not post the notice of filing.



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J. Foreign Worker Information

a. Foreign Worker Contact Information

Note: The foreign worker information in this Section should be different from the attorney/agent information listed in Section E, if any. The foreign worker information in this Section must be different from the employer information listed in Section C, unless the position is for a live-in. If submitting this application electronically, items J.1–J.3 will be pre-populated with the information previously entered in items B.1–B.3 of this application. If submitting this form non-electronically, re-enter the information.

1. Foreign worker's last (family) name	2. First (given) name	3. Middle name(s)
4. Address 1 (current)		
5. Address 2		
6. City	7. State	8. Postal code
9. Country	10. Province	
11. Telephone number	12. Extension	
13. Date of birth	14. Country of birth	
15. Country of citizenship	16. Class of admission (if applicable)	
17. Alien registration number (A#) (if applicable)	18. Alien admission number (I-94) (if applicable)	

b. General Questions

19. Please confirm that the job opportunity described in Section H is being offered to the foreign worker identified above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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c. Foreign Worker Employment and Qualifying Experience

20. Is the foreign worker currently employed by the employer submitting this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. If "Yes" in 20, 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 H? <i>If "Yes" in question 21, the employer must be prepared to provide documentation demonstrating why it is no longer feasible to train a worker to qualify for the position.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22. If "Yes" in 20, 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 H?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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J. Foreign Worker Information Continued

d. Foreign Worker Education

Note: Identify any relevant diplomas/degrees attained that qualify the foreign worker for the job opportunity for which the employer is seeking certification. List the most recent diploma/degree attained first. Where the foreign worker attained a diploma/degree outside the U.S., mark the U.S. equivalent of the diploma/degree. The employer must complete every field for each set. The employer may submit up to 3 sets of experience (2 in addition to the one below); if the employer wishes to list additional sets, an attachment listing up to 2 sets of the foreign worker's education may be submitted. If submitting this form non-electronically and the foreign worker does not hold relevant diplomas/degrees, mark "None" in question J.23 and "N/A" or "0" (zero), as appropriate, in questions J.23a – J.23e.

1. Educational Attainment

23. Education: U.S. diploma/degree attained relevant to the job opportunity referenced in Section H.		
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)		
23a. If "Other degree" in question 23, specify the diploma/degree attained	23b. Specify major(s) and/or field(s) of study (May list more than one related major and more than one field)	
23c. Name of institution that issued the degree/diploma		
23d. Name of country of institution identified in question 23c	23e. Year attained diploma/degree (YYYY)	

e. Foreign Worker Work Experience

Note: Identify any relevant employment experiences (other than training) that qualify the foreign worker for the job opportunity for which the employer is seeking certification. List the most recent experience first. Do not include periods of unemployment. The employer must complete every field for each set. The employer may submit up to 10 sets of experience (9 in addition to the one below); if the employer wishes to list additional sets, an attachment listing up to 9 sets of the foreign worker's work experience may be submitted. If submitting this form non-electronically and the foreign worker does not have work experience, enter "N/A" or "0" (zero), as appropriate, in question group J.24.

1. Work Experience

24. Employer name		
24a. Address 1		
24b. Address 2		
24c. City	24d. State	24e. Postal code
24f. Country	24g. Province	
24h. Type of business	24i. Job title	
24j. Start date (mm/yyyy)	24k. End date (mm/yyyy)	24l. Number of hours worked per week
24m. Job details: Specify details of job (duties performed, use of tools, machines, equipment, etc.) The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted.		



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J. Foreign worker Information Continued

f. Foreign Worker Training (relevant to the job opportunity)

Note: Identify any relevant completed training programs, coursework, and/or training experience (other than employment) that qualify the foreign worker for the job opportunity for which the employer is seeking certification. List the most recent training completed first. The employer must complete every field for each set. The employer may submit up to 3 sets of training (2 in addition to the one below); if the employer wishes to list additional sets, an attachment listing up to 2 sets of the foreign worker's training may be submitted. If submitting this form non-electronically and the foreign worker has no training, enter "N/A" or "0" (zero), as appropriate, in question group J.25.

1. Training

25. Name of school/training provider		Dates of Training (mm/yyyy format)	
		25a. From:	25b. To:
25c. Name of training, coursework, experience received		25d. Licenses/Certificates/Certifications attained (if applicable)	

g. Foreign Worker Skills, Abilities, and Proficiencies

26. Other specific skills, abilities, and/or proficiencies the foreign worker possesses which help establish whether the foreign worker meets the requirements identified for the job opportunity. The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted. If submitting this form non-electronically and not applicable, enter "N/A."

K. Declaration of Foreign Worker

Note: If submitting this form electronically, the information entered in items B.1 to B.3 will pre-populate items J.1 to J.3, and K.1 to K.3 of the form. If submitting this form non-electronically, re-enter the information in questions 1 to 3 below.

I declare under penalty of perjury that the information in Sections J and K are true and correct. I understand that to knowingly furnish 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 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 Employment and Training Administration (ETA) immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

In addition, I further declare under penalty of perjury that I intend to accept the position offered in Section H of this application if a labor certification is approved and I am granted a visa or an adjustment of status based on this application.

1. Foreign worker's last (family) name	2. First (given) name	3. Full middle name
4. Signature		5. Date signed



Application for Permanent Employment Certification
ETA Form 9089
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L. Declaration of Attorney/Agent

Note: The name and e-mail address in this Section must be the same as the attorney or agent information listed in Section E. If submitting this form non-electronically and the employer is not being represented by an attorney or agent in the filing of this application, enter "N/A" or "0" (zero), as appropriate, in items L.1 to L.7.

I hereby certify that I am an employee of, or hired by, the employer listed in Section C, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

1. Attorney or Agent's last (family) name	2. First (given) name	3. Middle initial
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

Substitute Attorney/Agent Signature

Note: The following fields should ONLY be completed if the original signer (attorney/agent identified above) is no longer available or authorized to sign the ETA Form 9089, and any such substitution must be supported by a letter from the employer to the appropriate agency (Department of Labor and/or U.S. Citizenship and Immigration Services) explaining the circumstances for the new signature. Please read the complete application prior to signing.

I hereby certify that I have read and reviewed this application at the direct request of the employer listed in Section C and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or five (5) years in a Federal penitentiary or both (18 U.S.C. 1001).

8. Attorney or Agent's (family) name	9. First (given) name	10. Middle initial
11. Firm/Business name		
12. E-Mail address		
13. Signature		14. Date signed



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M. Declaration of Employer

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 the employer will pay the prevailing wage from the time permanent residency is granted based on the approval of a labor certification or from the time the foreign worker is admitted to take up the certified employment.
2. The wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. The employer's job opportunity does not involve unlawful discrimination, by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
4. The employer's job opportunity is not:
 - a. 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
 - b. At issue in a labor dispute involving a work stoppage.
5. The employer's job opportunity's terms, conditions, and occupational environment are not contrary to Federal, State or local law.
6. The job opportunity has been and is clearly open to any U.S. worker.
7. The U.S. workers who applied for the job opportunity were rejected for lawful, job-related reasons.
8. The job opportunity is for full-time, permanent employment.

I hereby designate the agent or attorney (if any) identified in Sections E and M to represent me for the purpose of labor certification and, declare that pursuant to 20 CFR 656.12(b) I have not sought or received any payment of any kind for any activity related to this application, including payment of fees for any attorney designated in Sections E and M, whether as an incentive or inducement to filing, or reimbursement of costs incurred, except in such circumstances when work to be performed by the foreign worker in connection with the job opportunity has benefited or accrued to the person or entity who has made the payment and that third party has an established business relationship with me, as the employer. **I take full responsibility** for the accuracy of any representations made by the agent or attorney listed on the application.

I declare under penalty of perjury that I have not and shall not offer this labor certification for sale, barter, or purchase in accordance with 20 CFR 656.12.

I declare under penalty of perjury that this is a legitimate and permissible application, i.e., one filed on behalf of the foreign worker identified in the application who may be required by the Immigration and Nationality Act to have such a certification in order to obtain permanent resident status in the United States; 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 hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or five (5) years in the Federal penitentiary or both (18 U.S.C. 1001).*

1. Employer's last (family) name	2. First (given) name	3. Middle initial
4. Title		
5. Signature		6. Date signed

Substitute Employer Signature

Note: *The following fields should ONLY be completed if the original signer (employer identified above) is no longer available or authorized to sign the ETA Form 9089, and any such substitution must be supported by a letter from the employer to the appropriate agency (Department of Labor and/ or U.S. Citizenship and Immigration Services) explaining the circumstances for the new signature. Please read the complete application prior to signing.*

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 hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).*

7. Employer's last (family) name	8. First (given) name	9. Middle initial
10. Title		
11. Signature		12. Date signed



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N. U.S. Government Agency Use (ONLY)

Pursuant to the provisions of Section 212 (A)(14) of the Immigration and Nationality Act (now at Section 212(a)(5)). I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.

This certification is valid from _____ to _____.

Department of Labor, Office of Foreign Labor Certification

Certification Date (date signed)

Case number

Priority Date

O. Signature Notification

The signatures and dates signed on this form will not be filled out when electronically submitting to DOL for processing, but **MUST** be complete when submitting non-electronically. 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.

P. OMB Paperwork Reduction Act (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 mandatory 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, Room C-4312, 200 Constitution Ave., NW, 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) 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 foreign workers 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. To obtain information on further relevant disclosures of this record, please visit the DOL website at <http://www.dol.gov>.