

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



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

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**This page is to be completed by those seeking to utilize the filing date from a previously submitted Application for Alien Employment Certification (ETA 750) ONLY.**

1. Enter the previous filing date (MM/DD/YYYY)	
2. Enter the Backlog Elimination Center or State Workforce Agency case number for the ETA Form 750	

By completing this page you are requesting that the attached ETA Form 9089 be used to re-file the above listed ETA Form 750. This will also serve as a request to withdraw the ETA Form 750, unless it has already been withdrawn.



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Please read and review the filing instructions carefully before completing this form. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. If submitting ETA Form 9089 by mail, **ALL** questions must be answered. If a question is not applicable, enter "NA" or "None." Do not leave any field blank. If submitting ETA Form 9089 electronically, complete questions as prompted by the program.

**Important Note:** In accordance with Federal Regulations at 20 CFR 656.17(a)(1), incomplete applications will be denied by the DOL ETA National Processing Center.

**A. Foreign Worker's Name**

Insert foreign worker's complete name (Note: Data entry here will pre-populate item J.1 of this application for electronic filing Only).

1. Foreign worker's last (Family) name	First (Given) name	Full middle name(s)

**B. Schedule A or Shepherd Information**

Is this application in support of a Schedule A or Shepherd occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, do NOT send this application to the Department of Labor. All applications in support of Schedule A or Shepherd occupations must be sent directly to the <b>United States Department of Homeland Security, Citizenship and Immigration Services (CIS)</b> .	

**C. Employer Information**

1. Employer's name (i.e. Headquarters or Main Office)			
2. Trade Name/Doing Business As (DBA), if applicable			
3. Address 1			
Address 2			
4. City	5. State/Province	6. Country	7. Postal Code
8. Phone number		Extension	
9. Number of employees currently on the employer's payroll in the area of intended employment		10. Year commenced business (or date FEIN issued for households)	
11. Federal Employer Identification Number (FEIN from IRS)		12. NAICS code (must be at least 4-digits)	
13. 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
14. 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**

(This section must be filled out by an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The name, phone number, and email in this section must be different from the agent or attorney contact information listed in Section E, unless attorney is an employee of the employer.)

1. Contact's last (Family) name		First (Given) name		Middle name(s)	
2. Job Title					
3. Address 1					
Address 2					
4. City		5. State/Province		6. Country	
				7. Postal Code	
8. Phone number			Extension		
9. E-Mail Address					

**E. Agent or Attorney Contact Information (If applicable)**

1. Agent or Attorney's last (Family) name		First (Given) name		Middle name(s)	
2. Address 1					
Address 2					
3. City		4. State/Province		5. Country	
				6. Postal Code	
7. Phone number			Extension		
8. E-Mail Address					
9. Firm Name			10. Firm FEIN		
11. Name of Highest Court in the State Where Attorney is in Good Standing (if applicable)			12. State BAR Number (if applicable)		

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**F. Prevailing Wage Information**

(This information must match the information on the Prevailing Wage Determination (PWD) as provided by the State Workforce Agency (SWA).)

1. State/District/Territory which issued prevailing wage	
2. Prevailing wage tracking number (if applicable)	3. OES Wage Level
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 is indicated in question 7, specify:	
8. Determination date	9. Expiration date

**G. Wage Offer Information**

1. Offered wage  From: \$      To: (Optional) \$	2. 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. Job Description**

1. Job title
2. Number of <u>hours</u> of work required per week
3. Job duties – <u>Job duties description MUST begin in this space.</u> If submitting ETA Form 9089 by mail, add attachment if necessary to <u>continue</u> description. <u>If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.</u>
4. List other specific skills, <u>licenses/certificates/certifications</u> , and other requirements – <u>Skills description MUST begin in this space.</u> If submitting ETA Form 9089 by mail, add attachment if necessary to <u>continue</u> description. <u>Write "None" here if you do not require skills/licenses.</u> If submitting ETA Form 9089 electronically, complete question(s) as prompted by the <u>program.</u>

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H. Job Opportunity Information Continued

b. Worksite Information

**Note:** This may include: business premises, employer's private household, or employee's private household. It is important for the employer to define the area of intended employment with as much specificity as possible. This information is used for purposes of reviewing any advertising, notice posting, and prevailing wage in support of this application.

5. Primary worksite address 1 (Where work will be performed most of the time)		
<b>Note:</b> This must be a physical location and cannot be a P.O. Box. If no specific address, write "NA" and continue to question 9.		
Address 2		
6. City	7. State	8. Postal Code
9. The address listed in question 5 is: (Choose only one)		
<input type="checkbox"/> business premise		
<input type="checkbox"/> employer's private household (includes live-in)		
<input type="checkbox"/> employee's private household (only when work is performed directly from residence)		
<input type="checkbox"/> no specific worksite address		
9a. If employee's private household in question 9, will work be performed in location(s) other than the household (address listed in question 5)?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
10. If no specific worksite address marked in question 9, or Yes in question 9a, mark ONE box below:		
<b>Note:</b> The employer must be prepared to provide documentation demonstrating the intended area of employment or justifying unanticipated worksites.		
<input type="checkbox"/>	Work will be performed in ONE designated Metropolitan Statistical Area (MSA). For the definition, codes, and alphabetical list of MSAs, please visit the Census Bureau's website at <a href="http://www.census.gov/population/www/estimates/metroarea.html">http://www.census.gov/population/www/estimates/metroarea.html</a>	
If marked box above, list the code and principal city of MSA where work will be performed		
<input type="checkbox"/>	Work will be performed in multiple designated MSAs	
If marked box above, list codes and principal cities for various MSAs where work will be performed		
<input type="checkbox"/>	Work will be performed in multiple U.S. states	
If marked box above, list every state and percentage of time work will be performed in each		
<input type="checkbox"/>	Work will be performed in unanticipated worksites and/or unknown geographic locations	
If marked box above, provide brief explanation		

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**H. Job Opportunity Information Continued**

**c. Primary Requirements:**

<b>11.</b> Education: minimum U.S. level required:  <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	
<b>11a.</b> If Other in question 11, specify the education required:	
<b>11b.</b> Indicate the major field(s) of study (May list more than one related major and more than one field)	
<b>12.</b> Is training for the job opportunity required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>12a.</b> If Yes, number of <u>months</u> of training required:
<b>12b.</b> If Yes in question 12, indicate the field(s)/type(s) of training:	
<b>13.</b> Is employment experience required? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>13a.</b> If Yes, number of <u>months</u> of experience required:
<b>13b.</b> If Yes in question 13, indicate the occupation(s) required	



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H. Job Opportunity Information Continued

d. Alternative Requirements

(Whether or not a portion of the listed Alternative Requirements is duplicate of portions of the listed Primary Requirements, the information must be reentered below.)

**Note:** Alternative Requirements MUST begin in this space. If the employer will accept more than one set of Alternative Requirements, you may submit up to 2 additional sets. If submitting ETA Form 9089 by mail, add attachment if necessary to include additional sets of question groups 14-16. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

14. Alternative education: minimum U.S. level accepted: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	
14a. If Other in question 14, specify the alternative education accepted:	
14b. Indicate the alternative major field(s) of study (May list more than one related major and more than one field)	
15. Is alternative training for the job opportunity accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	15a. If Yes, number of <u>months</u> of alternative training accepted:
15b. If Yes in question 15, indicate the alternative field(s)/type(s) of training:	
16. Is alternative employment experience accepted? <input type="checkbox"/> Yes <input type="checkbox"/> No	16a. If Yes, number of <u>months</u> of alternate experience accepted:
16b. If Yes in question 16, indicate the alternative occupation(s) accepted	

e. Suitable Combination

17. If the foreign worker is currently working for the employer and only qualifies for the job opportunity per the employer's alternative requirements, please confirm the employer's willingness to accept any suitable combination of education, experience training by <u>writing the applicable statement</u> below.	
Write "I accept"	
Write "I do not accept"	
Write "NA"	





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H. Job Opportunity Information Continued

**f. Additional Requirements**

18. Is a foreign educational equivalent acceptable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
19. Does the job opportunity require the foreign worker to live on the employer's premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the application for a live-in household domestic service worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20a. If Yes in question 20, have the employer and the foreign worker executed the required employment contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
20b. If Yes in question 20a, has the employer provided a copy of the contract to the foreign worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
20c. If Yes in question 20, does the foreign worker have one year of paid experience?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

**g. Business Necessity**

**Note:** If the answer to any of the following questions (21-23) is Yes, provide brief explanation of the business necessity.

21. Is proficiency in a foreign language required or preferred to perform the job duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Note:</b> Preferences will be considered to be the same as requirements. If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the language requirement is supported by business necessity.	
21a. If yes in question 21, provide brief explanation:	
22. Do the job requirements exceed those assigned to the occupation as shown in the ONET Job Zone (SVP level)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the job requirements are supported by business necessity or that the employer normally has these requirements.</b>	
22a. If yes in question 22, provide brief explanation:	
23. Does this application involve a job opportunity that includes a combination of occupations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the combination of occupations is supported by business necessity, the employer normally employed persons for that combination of occupations, and/or workers customarily perform the combination of occupations in the area of intended employment.</b>	
23a. If yes in question 23, provide brief explanation	



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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, specify:	
2. Has the employer had a layoff in the occupation involved in this application or in a related occupation within the six 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, were potentially qualified laid-off U.S. workers notified of the job opportunity for which certification is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2b. If Yes in question 2, were the potentially qualified laid-off U.S. workers indicated in question 2a considered for the job opportunity for which certification is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
3. 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

**Note:** Answer question 3 "Yes" only if received notice of Supervised Recruitment from the Certifying Officer. If the answer to question 3 is "Yes," please skip the remainder of Section I and continue to Section J. Where the answer to question 3 is "No," complete the remainder of Section I below.

**b. Occupation Type – All must complete this section.**

4. Mark ONE appropriate box below:	
<input type="checkbox"/>	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"/>	This application is for a <b>professional occupation</b> as listed in Appendix A (in the instructions) and the recruiting was conducted in accordance with 20 CFR 656.17(e)(1)
<input type="checkbox"/>	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
<input type="checkbox"/>	None of the above apply.



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I. Recruitment Information Continued

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

**Complete only if the recruitment was conducted in accordance with 20 CFR 656.17**

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
8. Name of newspaper of general circulation in which one print advertisement was placed:	
9. Date of advertisement identified in question 8:	
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	10a. Name of newspaper or Professional Journal in which the employer placed the other advertisement (if applicable).
11. Date of advertisement identified in question 10:	

**d. Additional Recruitment Steps for Professional Occupations**

**Complete only if recruitment was conducted in accordance with 20 CFR 656.17(e)(1)**

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:

**Note: If an item above occurred on a single day enter that date in both the FROM and TO spaces.**



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I. Recruitment Information Continued

**e. Special Recruitment and Documentation Procedures for College and University Teachers – Complete only if recruitment was conducted in accordance with 20 CFR 656.18- the Competitive Recruitment Process.**

22. Date foreign worker selected
23. Name of national professional journal in which advertisement was placed:
23a. Date of advertisement identified in question 23:
24. Specify additional recruitment. Information MUST begin in this space. If submitting ETA Form 9089 by mail, add attachment if necessary to continue description. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

**f. General Information – All must complete this section.**

25. Mark ONE appropriate box below:	
<input type="checkbox"/>	Notice of this filing has been provided to the bargaining representative at least 30 days before but not more than 180 days before the date the application was filed, for workers in the occupation in which the foreign worker will be employed.
<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.
<input type="checkbox"/>	The 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.
<input type="checkbox"/>	None of the above apply.



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**J. Foreign Worker Information**

**Note:** This section must be filled out. **The foreign worker name, phone number, and email in this section must be different from the agent or attorney contact information listed in Section E, unless agent/attorney is an employee of the employer.**

**a. Foreign Worker Contact Information**

1. Foreign worker's last (Family) name	First (Given) name	Middle name(s)	
2. Address 1 (current)			
Address 2			
3. City	4. State/Province	5. Country	6. Postal Code
7. Phone Number	Extension		
8. Foreign worker's Date of Birth	9. Country of Birth		
10. Country of Citizenship	11. Class of Admission (if applicable)		
12. Alien registration number (A#) (if applicable)	13. Alien admission number (I-94) (if applicable)		

**b. General Questions**

14. Please confirm that the job opportunity identified in section H is being offered to the foreign worker identified above under J.1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**c. Foreign worker Employment and Qualifying Experience**

15. Is the foreign worker currently employed by the petitioning employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Did the foreign worker beneficiary gain any of the qualifying experience with the employer in a position <u>substantially comparable</u> to the job opportunity identified in section H?  <b>If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the qualifying experience was not gained in a position substantially comparable to the job opportunity or that it is no longer feasible to train a worker to qualify for the position.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
17. 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"/> NA

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J. Foreign worker Information Continued

d. Foreign Worker Education (relevant to the job opportunity)

18. Education: highest U.S. level achieved, relevant to the job opportunity referenced in Section H. Mark U.S. equivalent of the level of relevant foreign education if completed outside the U.S.			
<input type="checkbox"/> None/NA <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other			
19. If Other indicated in question 18, specify			
20. Specify major field(s) of study			
21. Year relevant education completed (YYYY format)			
22. Institution that issued the degree or diploma in question 18			
23. Address 1 of conferring institution			
Address 2			
24. City	25. State/Province	26. Country	27. Postal code

e. Foreign Worker Work Experience

**Note:** List all employment experiences including paid and unpaid work experience, internships, apprenticeships, etc. that qualifies 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. If submitting ETA Form 9089 by mail, add attachments if necessary to continue listing work experiences.

1. Job 1

28. Employer name			
29. Address 1			
Address 2			
30. City	31. State/Province	32. Country	33. Postal Code
34. Type of business		35. Job title	
36. Start date	37. End date	38. Number of hours worked per week	
39. Job details. Specify details of job (duties performed, use of tools, machines, equipment, etc.) Description MUST begin in this space. If submitting ETA Form 9089 by mail, add attachment if necessary to continue description. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.			

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**J. Foreign Worker Information Continued**

**2. Job 2**

28. Employer name			
29. Address 1			
Address 2			
30. City	31. State/Province	32. Country	33. Postal Code
34. Type of business		35. Job title	
36. Start date	37. End date	38. Number of hours worked per week	
39. Job details. Specify details of job (duties performed, use of tools, machines, equipment, etc.) Description MUST begin in this space. If submitting ETA Form 9089 by mail, add attachment if necessary to continue description. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.			

**3. Job 3**

28. Employer name			
29. Address 1			
Address 2			
30. City	31. State/Province	32. Country	33. Postal Code
34. Type of business		35. Job title	
36. Start date	37. End date	38. Number of hours worked per week	
39. Job details. Specify details of job (duties performed, use of tools, machines, equipment, etc.) Description MUST begin in this space. If submitting ETA Form 9089 by mail, add attachment if necessary to continue description. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.			



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**J. Foreign Worker Information Continued**

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

**Note:** If applicable, list all training programs, coursework, and experience (other than employment) completed that qualify the foreign worker for the job opportunity for which the employer is seeking certification. List most recent training first. If submitting ETA form 9089 by mail, add attachment if necessary to continue listing of training. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

**1. Training 1**

40. Name of School/Training Provider and Type of Training Received	41. Dates of Training  From:  To:	42. Degree/Diplomas, Licenses/Certificates/Certifications, Achieved or Conferred
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**2. Training 2**

40. Name of School/Training Provider and Type of Training Received	41. Dates of Training  From:  To:	42. Degree/Diplomas, Licenses/Certificates/Certifications, Achieved or Conferred
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**3. Training 3**

40. Name of School/Training Provider and Type of Training Received	41. Dates of Training  From:  To:	42. Degree/Diplomas, Licenses/Certificates/Certifications, Achieved or Conferred
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**g. Foreign worker Skills, Licenses, and Abilities**

43. List other specific skills, licenses/certificates/certifications, and/or other abilities/proficiencies the foreign worker possesses which would help establish whether the foreign worker meets the requirements identified for the job opportunity – Description MUST begin in this space. If submitting ETA Form 9089 by mail, add attachment if necessary to continue description. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.





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**K. Foreign Worker Declaration**

***I declare under penalty of perjury that 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 thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 AND 1001. Other penalties apply as well to fraud or misuse of 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	First (Given) name	Full middle name
2. Signature		3. Date signed

**L. Declaration of Preparer**

1. Was the application completed by the employer? <b>Note:</b> If No, the preparer must complete the remainder of this section.	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

***I hereby certify that I have prepared 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 thereto 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).***

2. Preparer's last (Family) name	First (Given) name	Middle initial
3. Title		
4. E-mail address		
5. Signature		6. Date signed

**Substituted Preparer Signature**

**Note: The following fields should ONLY be completed if the original signer (preparer identified above) is no longer available or authorized to sign the ETA Form 9089, and any such signature must be supported by a letter from the employer to the appropriate agency (Department of Labor or US Citizenship and Immigration Service) 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 thereto 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).***

7. Preparer's last (Family) name	First (Given) name	Middle initial
8. Title		
9. E-mail address		
10. Signature		11. Date signed



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**M. Employer Declaration**

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

1. The offered wage equals or exceeds the prevailing wage and the employer will pay the prevailing wage from the time Permanent residency is granted 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 identified in section E (if any) to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, **I take full responsibility** for the accuracy of any representations made by my agent or attorney.

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

**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 therein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).*

1. Employer's last (Family) name	First (Given) name	Middle initial
2. Title		
3. Signature		4. Date signed

**Substituted 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 signature must be supported by a letter from the employer to the appropriate agency (Department Of Labor or US Citizenship and Immigration Service) 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 therein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).*

5. Employer's last (Family) name	First (Given) name	Middle initial
6. Title		
7. Signature		8. Date signed

OMB Approval:  
Expiration Date:



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

**N. U.S. Government Agency Use Only**

Pursuant to the provisions of Section 212 (A)(14) of the Immigration and Nationality Act, as amended, 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 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Certifying Officer

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Case number

\_\_\_\_\_  
**Date received**

**O. Signature Notification**

The signatures and dates signed on this form do not have to be filled out when electronically submitting to DOL for processing, but **MUST** be complete when submitting by mail. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

**P. OMB Paperwork Reduction Act (1205-0310)**

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

Respondents are required to reply to these reporting requirements 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 1¼ 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 C4312 \* 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.

OMB Approval:  
Expiration Date:



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**U.S. Department of Labor**

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Further relevant disclosures may be made in accordance with the Privacy Act and under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647;

to an information source or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged

to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.