

Application for Permanent Employment Certification
Form ETA-9089 – Appendix B: Additional Worksite Information
U.S. Department of Labor



ADDITIONAL WORKSITE INFORMATION

A. Additional Worksite 1 §

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

B. Additional Worksite 2 §

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

C. Additional Worksite 3 §

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

D. Additional Worksite 4 §

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

E. Additional Worksite 5 §

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

For Public Burden Statement, see the Instructions for Form ETA-9089.

Draft – Not for Submission