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

IMPORTANT: Please read these instructions carefully before completing ETA Form 9089 – Application for Permanent Employment Certification. These instructions contain full explanations of the questions and attestations that make up ETA Form 9089.

Any employer or foreign worker, or their agent or attorney, who knowingly and willingly furnishes any false information in the preparation of ETA Form 9089 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fine or imprisonment up to five years or both (18 U.S.C. §§ 2, 1001). Other penalties apply as well to fraud or misuse of this immigration document and to perjury with respect to this form
(18 U.S.C. §§ 1546, 1621).

Employing or continuing to employ a foreign national unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

Regulatory Information

The permanent labor certification program is governed by the Immigration and Nationality Act, 8 U.S.C. 1101 et seq. and 20 CFR part 656. This regulation can be found at http://www.foreignlaborcert.doleta.gov/perm.cfm. Employers applying for labor certification must comply with all regulatory and statutory requirements.

How to File

A. Who May File:
An employer who desires to apply for a labor certification, for occupations other than sports, on behalf of an foreign worker must file ETA Form 9089.

B. How/Where to File
1. For all occupations other than Schedule A and Sheepherders, ETA Form 9089 must be submitted to the Department of Labor for processing in one of two ways:

- Online. Employers can complete and submit their permanent applications online at the following web address: http://www.plc.doleta.gov.
- Mail. Applications can be mailed to the DOL National Processing Center serving the state where the job will be located. Addresses and a downloadable form and instructions can be found at the following web address: http://www.foreignlaborcert.doleta.gov/.

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

2. Applications for Sheepherders and Schedule A occupations are granted or denied by the United States Citizenship and Immigration Service (USCIS). All applications for Sheepherders and Schedule A labor certifications must be mailed to the USCIS service center serving the state where the job will be located. Addresses can be found at: http://www.uscis.gov

3. All application information (a copy of certified ETA Form 9089, recruitment information, re-filing information (if applicable), etc…) must be retained by the employer or their attorney/agent for five years from the date of filing the *Application for Permanent Employment Certification*.

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.

Re-filing Information

Note: An employer that filed an Application for Alien Employment Certification (ETA Form 750) under the previous regulations in effect prior to March 28, 2005, may file an Application for Permanent Employment Certification (ETA Form 9089) under the current regulations and retain the filing date of ETA Form 750, if a job order has not yet been placed and the following conditions are met:
1. The employer must file ETA Form 9089 for the identical job opportunity listed on the ETA Form 750.
2. The employer must comply with all filing and recruiting requirements of the basic labor certification process in the current regulations.
3. The employer must withdraw the ETA Form 750 and file a ETA Form 9089 within 210 days of the withdrawal of the ETA Form 750. If the employer marks "Yes" to question 1-A on this ETA Form 9089, the ETA Form 750 will be withdrawn.

1. If the employer is seeking to utilize the filing date from a previously submitted ETA Form 750, enter the filing date from the previously submitted ETA Form 750. Use a month/day/full year (MM/DD/YYYY) format.

2. Enter the Backlog Elimination Center or State Workforce Agency (SWA) case number for the previously submitted ETA Form 750. If the case number is not available, enter the state in which ETA Form 750 was submitted.

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

Section A
Foreign Worker's Name

1. Enter the last (family) name, first (given) name, and full middle name of the foreign worker. If the foreign worker has only one name, enter the name in the last name field and enter "FNU" (first name unknown) in the first name field. If the foreign worker does not have a middle name, enter "NA" in the middle name field. If submitting ETA Form 9089 electronically, the information entered will pre-populate item J-1 of the form. If submitting ETA Form 9089 by mail, re-enter this information in item JI-1.

Section B
Schedule A or Sheepherder Information

1. If the job opportunity is for a Schedule A position or a Sheepherder, mark "Yes" and submit the completed application to U.S. Citizenship and Immigration Services (USCIS). USCIS filing information can be found at www.uscis.gov. DO NOT submit Schedule A or Sheepherder applications to the Department of Labor.

Section C
Employer Information (Headquarters or Main Office)

1. Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer, filing this application. The employer's full legal name is the exact legal name of the individual, corporation, LLC, partnership, or other organization.

2. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization, i.e., the employer, filing this application. If none, enter "NA."

3. Enter the street address of the employer's principal place of business. If additional space is needed, use second line. Otherwise, enter "NA" in second line.

4. Enter the city of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.

5. Enter the State/Province of the employer's principal place of business. If none, enter "NA."

6. Enter the Country of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.

7. Enter the Postal (Zip) Code of the employer's principal place of business. If none, enter "NA."

8. Enter the area code and/or telephone number of the employer's principal place of business. Include country code and/or extension, if applicable.

9. Enter the number of employees currently employed by the employer in the area of intended employment. The area of intended employment is the area within normal commuting distance of the address of the place of intended employment.

10. Enter the year the employer began business or was incorporated. If the employer is a private household, enter the date the Internal Revenue Service (IRS) issued a Federal Employer Identification Number (FEIN).

11. Enter the employer's nine-digit FEIN as assigned by the IRS. All employers MUST obtain an EIN from the IRS before completing this application. Information on obtaining an EIN can be found at www.IRS.gov.

12. Enter the four to six-digit North American Industry Classification System (NAICS) code. A listing of NAICS codes can be found at http://www.census.gov/epcd/www/naics.html.

13. If the employer is a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest, mark "Yes." Otherwise, mark "No." A closely held corporation is typically one with relatively few shareholders and whose shares are not generally traded in the securities market.

14. If there is a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators of the employer, mark "Yes." Otherwise, mark "No."

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

Section D
Employer Point of Contact Information

An employer point of contact is an employee of the employer whose position authorizes the employee to provide information and supporting documentation concerning this Application for Permanent Employment Certification and communicate with the Department of Labor on behalf of the employer. The employer point of contact should be the individual most familiar with the content of this application and circumstances of the foreign worker's employment.

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

1. Enter the last (family) name, first (given) name, and middle initial of the employer's point of contact.

2. Enter the job title of the employer's point of contact.

3. Enter the business street address of the employer's point of contact. If additional space is needed, use second line. Otherwise, enter "NA" in second line.

4. Enter the city of the employer's point of contact. If the city and country are the same, the name must still be entered in both fields.

5. Enter the State/Province of the employer's point of contact. If none, enter "NA."

6. Enter the Country of the employer's point of contact. If the city and country are the same, the name must still be entered in both fields.

7. Enter the Postal (zip) Code of the employer's point of contact. If none, enter "NA."

8. Enter the area code and business telephone number of the employer's point of contact. Include country code and/or extension, if applicable.

9. Enter the business e-mail address of the employer's point of contact.

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

Section E
Agent or Attorney Information

Note: Only complete this section if the employer is represented by an agent or attorney. The agent/attorney information in this section must be different from the employer's point of contact information in Section D above, unless the attorney is an employee of the employer.

1. Enter the last (family) name, first (given) name, and middle initial of the agent/attorney.

2. Enter street address of the agent/attorney. If additional space is needed, use second line. Otherwise, enter "NA" in second line.

3. Enter the city of the agent/attorney.

4. Enter the State/Province of the agent/attorney.

5. Enter the Country of the agent/attorney.

6. Enter the Postal (zip) Code of the agent/attorney.

7. Enter the area code and telephone number of the agent/attorney. Include country code and/or extension, if applicable.

8. Enter the e-mail address of the agent/attorney.

9. Enter the agent/attorney's firm name

10. Enter the agent/attorney's nine-digit FEIN as assigned by the IRS.

11. Enter the name of the highest court in the state where the attorney is in good standing. If agent or none, enter "NA."

12. Enter the attorney's state Bar number. If agent or none, enter "NA."

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

Section F
Prevailing Wage Information

Note: Before completing this section of the form, obtain a Prevailing Wage Determination (PWD) from the State Workforce Agency (SWA) responsible for the state in which the work will be performed. A listing of SWAs and their contact information can be found at http://www.foreignlaborcert.doleta.gov/contacts.cfm#statecont. The information in this section must match the information on the PWD as determined by the SWA.

1. Enter the state of the SWA which issued the PWD.

2. Enter the prevailing wage tracking number assigned by the SWA. If the SWA did not assign a prevailing wage tracking number, enter "NA."

3. Enter the OES wage (skill) level of the job opportunity as determined by the SWA. If the SWA did not determine a skill (wage) level, enter "NA."

4. Enter the six-digit Standard Occupational Classification (SOC) code (or eight-digit O*NET/OES extension) for the occupation as determined by the SWA. More information on SOC codes can be found at http://www.bls.gov/soc/ or http://online.onetcenter.org/.

5. Enter the occupation title associated with the SOC/ O*NET(OES) code as determined by the SWA.

6. Enter the prevailing wage for the job opportunity as determined by the SWA.

6-A. Identify whether the prevailing wage is per hour, week, bi-weekly, month, or year. Only mark one box.

7. Identify the prevailing wage source as specified by the SWA: Occupational Employment Statistics (OES); Collective Bargaining Agreement (CBA); Davis-Bacon Act (DBA); McNamara-O'Hara Service Contract Act (SCA); or Other. Only mark one box.

7-A. If the answer to question 7 is "Other," enter the name of the prevailing wage source as specified by the SWA. Otherwise, enter "NA."

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8. Enter the date the SWA issued the PWD. Use a month/day/full year (MM/DD/YYYY) format.

9. Enter the expiration date of the PWD as specified by the SWA. Use a month/day/full year (MM/DD/YYYY) format.

Section G
Wage Offer Information

1. Enter the wage the employer will pay the employee. If the wage offered is fixed, enter the wage in the "From" field and enter "NA" in the "To" field. If the wage offered is range, enter the low-end of the range in the "From" field and the high-end of the range in the "To" field.

2. Identify whether the wage offered by the employer will be paid per hour, week, bi-weekly, month, or year. Only mark one box.

Section H
Job Opportunity Information

a. Job Description

1. Enter the title of the job being offered by the employer.

2. Enter the number of hours of work required per week for the job opportunity.

3. Describe the job duties for the job opportunity. Include work to be performed, equipment to be used, pertinent working conditions, and all other relevant information. If submitting ETA Form 9089 by mail, the description must begin in the space provided. If additional space is necessary to continue the description, add an attachment. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

4. Describe the specific skills, required licenses/certificates/certifications, and/or other requirements for the job opportunity. (Example: "A+" computer certification, shorthand, typing speed, specific language proficiency, etc.) If submitting ETA Form 9089 by mail, the description must begin in the space provided. If additional space is necessary to continue the description, add an attachment. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

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

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b. Worksite Information

The primary worksite is the location where work will be performed most of the time. This may include, but is not limited to: business premises, the employer's private household, or the employee's private household.

Note: It is important for the employer to define the area of intended employment with as mush specificity as possible. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, notice posting, and prevailing wage determinations.

5. Enter the street address of the primary worksite. This must be a physical location and cannot be a P.O. Box. If additional space is needed, use second line. Otherwise, enter "NA" in second line. If there is no known primary worksite, enter "NA" and continue to question 9.

6. Enter the city of the primary worksite.

7. Enter the state or province of the primary worksite.

8. Enter the postal (zip) Code of the primary worksite.

9. Identify the primary worksite (address entered in question 5) as a business premises, employer's private household (including live-in), employee's private household (only when actual work will be performed from the residence), or no specific worksite address.   Mark only one box.

9-A. If the answer to question 9 is "employee's private household," and work will be performed in additional locations other than the address listed in question 5 (private household), mark "Yes." If the answer to question 9 is "employee's private household," and work will be performed only in the address listed in question 5 (private household), mark "No." Otherwise, mark "NA."

10. If the answer to question 9 is "no specific worksite address," or the answer to question 9-A is "Yes," mark the box that best describes the area where work will be performed. Only mark one box.

If work will be performed in one designated Metropolitan Statistical Area (MSA), mark the first box and list the code and principal city of the MSA. 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.

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

If work will be performed in multiple designated MSAs, mark the second box and list the codes and principal cities of each.

If work will be performed in multiple U.S. states, mark the third box and list every state and percentage of time work will be performed in each.

If work will be performed in unanticipated worksites and/or unknown geographic locations, mark the last box and provide a brief explanation of why the worksites/locations are unanticipated/unknown.

c. Primary Requirements
Note: All questions in this section must be answered. If not applicable, enter "NA" or "0" (zero) depending on the instructions.

Education

11. Identify the minimum level of U.S. education required by the employer for the job opportunity. Only mark one box.

11-A. If the answer to question 11 is "Other," enter the level of education required. (Example: MD, JD, etc.) Otherwise, enter "NA."

11-B. Enter the major field(s) of study required by the employer for the job opportunity. You may list more than one field and/or more than one related major. If the answer to question 11 is "None" or "High School", enter "NA."

Training
Note: Training may include, but is not limited to: programs, coursework, or experience (other than employment.)

12. If the employer requires training for the job opportunity, mark "Yes." Otherwise, mark "No." When answering this question, do not duplicate requirements – the training required should not also be included as education or experience required.

12-A. If the answer to question 12 is "Yes," enter the number of months of training required by the employer for the job opportunity. If no training is required by the employer in question 12, enter "0" (zero.) When answering this question, do not duplicate time requirements – the time required in training should not also be counted as time in education or experience required.

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

12-B. If the answer to question 12 is "Yes," enter the training that is required by the employer for the job opportunity. Otherwise, enter "NA."

Experience

13. If the employer requires employment experience in the job offered, mark "Yes." Otherwise, mark "No."

13-A. If the answer to question 13 is "Yes," enter the number of months of experience required by the employer for the job opportunity. If no experience is required by the employer in question 13, enter "0" (zero.)

13-B. If the answer to question 13 is "Yes," enter the occupation(s) required by the employer for the job opportunity. Otherwise, enter "NA."

d. Alternative Requirements
Note: Education and experience requirements listed in the question groups below (H 14 to H 16) are separate from the education and experience requirements listed in question groups H 11 to H 13. (Example: Question groups H 11 and H 13 list the employer's requirements as a Bachelor's degree and two years employment experience. If the employer will also accept a Master's degree and one year employment experience, these alternative requirements should be listed in question groups H 14 and H 16 as alternative education and employment experience. Another example is an Associate's degree with two years experience or the alternative requirements of Bachelor's degree with no experience.) All questions in this section must be answered.

List every alternative requirement, whether or not it is a duplicate of portions listed as primary requirements. The employer may complete up to 3 different sets only. If not applicable, enter "NA" or "Zero" depending on the instructions. If submitting ETA Form 9089 by mail, the requirements must begin in the space provided. If additional space is necessary to continue, add attachment of additional sets of question groups 14-16. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

Education

14. If the employer will accept an alternative education to that described in question group H 11 (primary requirement,) identify the alternative level of U.S. education that is acceptable. Otherwise, mark "None." Only mark one box.

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

14-A. If the answer to question 14 is "Other," enter the alternative level of U.S. education accepted by the employer for the job opportunity.   (Example: MD, JD, etc.) Otherwise, enter "NA."

14-B. Enter the alternative major field(s) of study accepted by the employer for the job opportunity. You may list more than one field and/or more than one related major. If the answer to question 14 is "None" or "High School", enter "NA."

Training
Training may include, but is not limited to: programs, coursework, or experience (other than employment.)

15. If the employer will accept alternative training to that listed in question group H 12 (primary requirement,) mark "Yes." Otherwise, mark "No." When answering this question, do not duplicate requirements – the training required should not also be included as education or experience required.

15-A. If the answer to question 15 is "Yes," enter the number of months of alternative training accepted by the employer for the job opportunity. If no alternative training is accepted by the employer in question 15, enter "0" (zero.) When answering this question, do not duplicate time requirements – the time required in training should not also be counted as time in education or experience required.

15-B. If the answer to question 15 is "Yes," enter the alternative training that is accepted by the employer for the job opportunity. Otherwise, enter "NA."

Experience

16. If the employer accepts alternative employment experience to that listed in question group H 13 (primary requirement,) mark "Yes." Otherwise, mark "No."

16-A. If the answer to question 16 is "Yes," enter the number of months of alternative experience accepted by the employer for the job opportunity. If no alternative experience is accepted by the employer in question 16, enter "0" (zero.)

16-B. If the answer to question 16 is "Yes," enter the alternative occupation(s) accepted by the employer for the job opportunity. Otherwise, enter "NA."

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

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e. Suitable Combination
Note: For more information on "suitable combination"- magic language, read the Board of Alien Labor Certification Appeals' (BALCA) decision in *Matter of Francis Kellogg*, 1994 INA 00465 (BALCA Feb. 2, 1998) (en banc).

17. If the foreign worker is currently working for the employer, and only qualifies for the job opportunity per the employer's alternative requirements, i.e. does not qualify per the primary requirements, and the employer is willing to accept any suitable combination of education, experience, or training, write "I accept" in the space provided.

If the foreign worker is currently working for the employer, and only qualifies for the job opportunity per the employer's alternative requirements, i.e. does not qualify per the primary requirements but the employer is not willing to accept any suitable combination of education, experience, or training, write "I do not accept" in the space provided.

If the foreign worker is not currently working for the employer, or qualifies per the primary requirements, write "NA."

f. Additional Requirements

18. If the employer will accept a foreign educational equivalent to the U.S. education listed in question groups H 11 or H 14, mark "Yes." If the employer will not accept a foreign educational equivalent to the U.S. education, mark, "No." If the employer Is not requiring an education in question groups H 11 or H 14, Mark "NA."

19. If the job opportunity requires the foreign worker to live on the employer's premises, mark "Yes." Otherwise, mark "No."

20. If the job opportunity is for a live-in domestic service worker, mark "Yes." Otherwise, mark "No." A live-in domestic service worker is a worker who resides at and performs job duties in or around the employer's private home. The employer's private home may be a fixed place of residence or a temporary dwelling, if traveling or on vacation. Any separate and distinct dwelling occupied by the employer, which may take the form of a house, apartment, condominium, hotel, etc., may be considered a private home.

20-A. If the answer to question 20 is "Yes" and the employer and the foreign worker have executed (signed and dated) an employment contract as described in 20 CFR 656.19(b)(2), mark "Yes." If the answer to question 20 is "Yes" but the employer and the foreign worker have not executed an employment contract as described in 20 CFR 656.19(b)(2), mark "No." If the answer to question 20 is "No," mark "NA."

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

20-B. If the answer to question 20-A is "Yes" and the employer has provided a copy of the executed contract to the foreign worker, mark "Yes." If the answer to question 20-A is "Yes" but the employer has not provided a copy of the executed contract to the foreign worker, mark "No." If the answer to question 20-A is "NA," mark "NA."

20-C. If the answer to question 20 is "Yes" and the foreign worker has a total of one year of full-time paid experience, mark "Yes." If the answer to question 20 is "Yes" and the foreign worker does not have a total of one year of full-time paid experience, mark "No." If the answer to question 20 is "No," mark "NA."

g. Business Necessity

21. If the employer has a language requirement and/or preference other than English, mark "Yes," and be prepared to provide documentation demonstrating that the language requirements are supported by business necessity. Otherwise, mark "No."

21-A. If the answer to question 21 is "Yes," provide a brief explanation demonstrating that the language requirements are supported by business necessity. Otherwise, enter "NA."

22. If the employer's requirements for the job opportunity exceed those assigned to the occupation by O*NET Job Zone, mark "Yes' and be prepared to provide documentation demonstrating that the job requirements are supported by business necessity. Otherwise, mark "No."

Note: A detailed description of occupational requirements can be found at http://online.onetcenter.org/.

22-A. If the answer to question 22 is "Yes," provide a brief explanation demonstrating that the job requirements are supported by business necessity. Otherwise, enter "NA."

23. If the job opportunity involves a combination of occupations (example: Engineer/Pilot), mark "Yes" and be prepared to provide documentation demonstrating that the combination 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. Otherwise, mark "No."

23-A. If the answer to question 23 is "Yes," provide a brief explanation demonstrating that the combination 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. Otherwise, enter "NA."

Section I
Recruitment Information

a. General Information – All employers must complete this section.

1. If the employer has received payment of any kind for the submission of this application, mark "Yes." Otherwise, mark "No." **Note:** An employer may not seek or receive payment of any kind for any activity related to obtaining a permanent labor certification, including payment of the employer's attorneys' fees or as a reimbursement for costs incurred in preparing or filing the application. Payment may include, but is not limited to: monetary payment, wage concessions (including deductions from salary or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.

1-A. If the answer to question 1 is "Yes," describe details of the payment. Include amount, date, and purpose of payment. Otherwise, enter "NA."

2. If the employer has had a layoff in the area of intended employment involving the occupation for which certification is sought or in a related occupation, within the six months immediately preceding the filing of this application, mark "Yes." Otherwise, mark "No." A layoff is any involuntary separation of one or more employees without cause or prejudice.

2-A. If the answer to question 2 is "Yes" and the employer notified all potentially qualified laid off U.S. workers referenced in question 2, mark "Yes." If the answer to question 2 is "Yes," but the employer did not notify all potentially qualified laid off U.S. workers, mark "No." If the answer to question 2 is "Yes," but there were no potentially qualified laid off U.S. workers, mark "NA." If the answer to question 2 is "No," mark "NA."

2-B. If the answer to question 2 is "Yes" and the employer considered all potentially qualified laid off U.S. workers referenced in question 2-A, mark "Yes." If the answer to question 2 is "Yes," but the employer did not consider all those U.S. workers, mark "No." If the answer to question 2 is "Yes," but there were no potentially qualified laid off U.S. workers, mark "NA." If the answer to question 2 is "No," mark "NA."

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

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3. If the employer has received notice from a Certifying Officer that it is required to undergo supervised recruitment per 20 CFR 656.21, mark "Yes" and continue to Section J. Otherwise, mark "No" and complete Section I.

Note: Only answer "Yes," if the employer received written notice of supervised recruitment from a Certifying Officer. Employers undergoing supervised recruitment will be instructed by the Certifying Officer on how to conduct recruitment after the filing of the ETA Form 9089.

b. Occupation Type – All employers must complete this subsection.

4. Mark the box that accurately describes the type of occupation and recruitment for the job opportunity offered by the employer. Only mark one box. If the job opportunity is not for a professional occupation and the candidate was selected using the basic recruitment process described in 20 CFR 656.17(e)(2), mark the first box.

If the job opportunity is for a professional occupation, (listed in Appendix A, on page 28 of these instructions) other than for a college/university teacher, and the candidate was selected using the recruitment process described in 20 CFR 656.17(e)(1), mark the second box.

If the job opportunity is for a college or university teacher and the candidate was selected using the competitive recruitment process described in 20 CFR 656.18, mark the third box.

If none of the boxes apply, mark the last box.

c. Professional/Non-Professional Information – Complete this section only if conducted recruitment in accordance with 20 CFR 656.17(e)(1) and/or 656.17(e)(2). All employers must complete this subsection unless the job opportunity is for a Schedule A position, Sheepherder, or college/university teacher selected using the competitive recruitment and selection process described in 20 CFR 656.18.

5. Enter the start date for the SWA job order. Use a month/day/full year (MM/DD/YYYY) format.

6. Enter the end date for the SWA job order. Use a month/day/full year (MM/DD/YYYY) format.

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

7. If there is a Sunday edition of a newspaper of general circulation in the area of intended employment, mark "Yes." Otherwise, mark "No."

Note: Only if the job opportunity is located in a rural area of intended employment that does not have a newspaper that publishes a Sunday edition, may the employer use the newspaper edition with the widest circulation in the area of intended employment, rather than a Sunday edition.

8. Enter the name of the newspaper of general circulation in which the employer placed one advertisement for the job opportunity.

9. Enter the date of the newspaper advertisement referenced in question 8. Use a month/day/full year (MM/DD/YYYY) format.

10. Identify the type of print medium, i.e., newspaper or professional journal, in which the employer placed the other advertisement for the job opportunity.

Note: A professional journal can only be used if advertising for a professional occupation.

10-A. Enter the name of the newspaper of general circulation or professional journal in which the employer placed the other advertisement referenced in question 10.

11. Enter the date of the advertisement referenced in question 10. Use a month/day/full year (MM/DD/YYYY) format.

4. Additional Recruitment Steps for Professional Occupations – In addition to the section above, complete this section only if conducted recruitment in accordance with 20 CFR 656.17(e)(1).
Note: Complete at least three of the recruitment events listed. If documenting a one-day event, enter the same date in the "From" and "To" fields.

12. If the employer recruited for the job opportunity at a job fair, enter the date(s) of recruitment.

13. If the employer recruited for the job opportunity using the employer's web site, enter the date(s) of recruitment.

14. If the employer recruited for the job opportunity using a job search web site other than the employer's, enter the date(s) of recruitment.

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

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15. If the employer recruited for the job opportunity on a college or university campus, enter the date(s) of recruitment.

16. If the employer recruited for the job opportunity using a trade or professional organization, enter the date(s) of recruitment.

17. If the employer recruited for the job opportunity using a private employment firm, enter the date(s) of recruitment.

18. If the employer recruited for the job opportunity using an employee referral program with incentives, enter the date(s) of recruitment.

19. If the employer recruited for the job opportunity using a campus placement office, enter the date(s) of recruitment.

20. If the employer recruited for the job opportunity using a local or ethnic newspaper, enter the date(s) of recruitment.

21. If the employer recruited for the job opportunity using radio and/or television advertisement, enter the date(s) of recruitment.

e. Optional Special Recruitment Procedures for College and University Teachers– Employers must only complete this subsection if conducted recruitment in accordance with 20 CFR 656.18.

22. Enter the date the date the foreign worker was selected. Use a month/day/full year (MM/DD/YYYY) format. Otherwise, enter "NA."

23. Enter the name of the national professional journal in which the employer placed an advertisement for the job opportunity. Otherwise, enter "NA."

23-A. Enter the date(s) in which the employer placed the advertisement referenced in question 23. Use a month/day/full year (MM/DD/YYYY) format. Otherwise, enter "NA."

24. Describe all other recruitment sources used by the employer. If submitting ETA Form 9089 by mail, the description <u>must</u> begin in the space provided. If additional space is necessary to <u>continue</u> the description, add an attachment. Otherwise, enter "NA." If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

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

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f. General Information – All must complete this section

25. Mark the box that accurately describes the employer's actions. Only mark one box.
If the employer gave notice of the filing of this application 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 filing, mark
the first box.

If there is no bargaining representative for workers in the occupation in which the
foreign worker will be employed, and the employer posted the notice of filing of this
application for 10 consecutive business days in a conspicuous location at the place of
employment, at least 30 days before but not more than 180 days before the filing, mark
the second box.

If the employer is a private household employing no U.S. worker(s), mark the third box.

If none of the boxes apply, mark the last box.

Section J
a. Foreign Worker Information

1. Enter the last (family) name, first (given) name, and full middle name of the foreign
worker. If the foreign worker has only one name, enter the name in the last name field
and enter "FNU" (first name unknown) in the first name field.

If the foreign worker does not have a middle name, enter "NA" in the middle name field.

2. Enter the street address of the foreign worker's current residence. If additional space
is needed, use second line. Otherwise, enter "NA" in second line.

3. Enter the city of the foreign worker's current residence. If the city and country of
residence are the same, the name must still be entered in both fields.

4. Enter the state or province of the foreign worker's current residence.

5. Enter the country of the foreign worker's current residence. If the city and country of
residence are the same, the name must still be entered in both fields.

6. Enter the postal (zip) Code of the foreign worker's current residence.

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

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7. Enter the area code and telephone number of the foreign worker 's current residence. Include country code, if applicable.

8. Enter the foreign worker 's date of birth. Use a month/day/full year (MM/DD/YYYY) format.

9. Enter the foreign worker's country of birth.

10. Enter the foreign worker's country of current citizenship.

11. Enter the foreign worker's class of admission. (Example: H-1B, H-2A, etc.) If the foreign worker does not have a class of admission, enter "NA."

12. Enter the alien's registration number (A#) assigned by the Department of Homeland Security (DHS). If the foreign worker does not have an A#, enter "NA."

13. Enter the foreign worker's admission number (I-94#) assigned by DHS. If the foreign worker does not have an I-94#, enter "NA."

b. General Questions

14. If the employer is offering the job opportunity to the foreign worker described in Section J, mark "Yes." Otherwise, mark "No."

c. Foreign Worker Employment and Qualifying Experience

15. If the foreign worker is currently employed by the employer, mark "Yes." Otherwise, mark "No."

16. If the foreign worker gained any of the qualifying experience with the employer in a position substantially comparable to the job opportunity, mark "Yes." A substantially comparable position/job is one that requires performance of the same job duties more than 50% of the time.

If the foreign worker did not gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity, mark "No."

If the foreign worker is (was) not previously employed by the employer or if the job opportunity is for a Schedule A position, sheepherder, or college or university teacher selected using the competitive recruitment and selection process described in 20 CFR 656.18, mark "NA."

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

Note: If the foreign worker gained any of the qualifying experience with the employer, 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.

17. If the employer paid for any education or training that qualified the foreign worker for the job opportunity, mark "Yes."

If the employer did <u>not</u> pay for any education and/or training that qualified the foreign worker for the job opportunity, mark "No."

If no education and/or training is required for the job opportunity, <u>and/or</u> the job opportunity is for a Schedule A position, sheepherder, or college or university teacher selected using the competitive recruitment and selection process described in 20 CFR 656.18, mark "NA."

d. Foreign Worker Education
Note: Only indicate education that is relevant to the job opportunity.

18. Mark the highest U.S. level of education achieved by the foreign worker relevant to the job opportunity. Only mark one box. If the foreign worker achieved the education in a foreign country, please mark the U.S. equivalent of the level of that education.

19. If the answer in question 18 is "Other," enter the level of education achieved. (Example: MD, JD, etc.) If "Other" is not marked in question 18, enter "NA."

20. Enter the foreign worker's major field(s) of study for the level of education indicated in question 18. If the answer to question 18 is "None" or "High School," enter "NA."

21. Enter the year the foreign worker completed the education indicated in question 18. Use a full year (YYYY) format.

22. Enter the name of the institution where the foreign worker received the education referenced in question 18.

23. Enter the street address of the institution indicated in question 22. If additional space is needed, use second line. Otherwise, enter "NA" in second line.

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

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24. Enter the city of the institution indicated in question 22. If the city and country are the same, the name must still be entered in both fields.

25. Enter the state or province of the institution indicated in question 22. If none, enter "NA."

26. Enter the country of the institution indicated in question 22. If the city and country are the same, the name must still be entered in both fields.

27. Enter the postal (zip) Code of the institution indicated in question 22. If none, enter "NA."

e. Foreign Worker Work Experience
Note: List all employment experience that qualifies the foreign worker for the job opportunity. This may include, but is not limited to: paid and unpaid experience, internships, apprenticeships, etc. List most recent experience first. Do not include periods of unemployment. Be sure to complete every field for each experience entry. If submitting ETA Form 9089 by mail, add attachments if necessary to continue listing work experience. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

1. Job(s)- Complete as many as necessary.

28. Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer that employed the foreign worker.

29. Enter the street address of the employer. If additional space is needed, use second line. Otherwise, enter "NA" in second line.

30. Enter the city of the employer. If the city and country are the same, the name must still be entered in both fields.

31. Enter the state or province of the employer. If none, enter "NA."

32. Enter the country of the employer. If the city and country are the same, the name must still be entered in both fields.

33. Enter the postal (zip) Code of the employer. If none, enter "NA."

34. Enter the type of business of the employer. (Example: food service, landscaping, computer hardware manufacturing, etc.)

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

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35. Enter the foreign worker's job title with the employer indicated in question 28.

36. Enter the date the foreign worker started working for the employer indicated in question 28.

37. Enter the date the foreign worker stopped working for the employer indicated in question 28. If the foreign worker is currently working for the employer, enter "present."

38. Enter the number of hours the foreign worker worked per week while working for the employer indicated in question 28.

39. Describe the job duties the foreign worker performed while working for the employer. Include work done, managerial or supervisory functions performed, equipment and tools used, materials or products handled, and all other relevant information. If submitting ETA Form 9089 by mail, the description must begin in the space provided. If additional space is necessary to continue the description, add an attachment. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

Note: You do not need to include the phone number of the employer and the name of the foreign worker's supervisor.

f. Foreign Worker Training
Note: List all training that qualifies the foreign worker for the job opportunity for which the employer is seeking certification. This may include, but is not limited to: programs, coursework, experience (other than employment), etc. List most recent training first. Be sure to complete every field for each training entry. If submitting ETA Form 9089 by mail, add attachments if necessary to continue listing of training. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

40. Enter the full name of the school or training provider that conducted the foreign worker's training and type of training received.

41. Enter the date the foreign worker began and completed the training. If the foreign worker is currently training with the provider indicated in question 52, enter "present" for the date of completion.

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

42. List any certifications, licensures, or certificates issued as a result of training. If submitting ETA Form 9089 by mail, the description must begin in the space provided. If additional space is necessary to continue the description, add an attachment. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

g. Foreign Worker Skills, Licenses, and Abilities

43. Describe other specific skills, licenses/certificates/certifications received, and/or abilities/proficiencies relevant to the job requirements, that the foreign worker possesses. If submitting ETA Form 9089 by mail, the description must begin in the space provided. If additional space is necessary to continue the description, add an attachment. If submitting ETA Form 9089 electronically, complete question(s) as prompted by the program.

Section K
Foreign Worker Declaration

1. Enter the last (family) name, first (given) name, and full middle name of the foreign worker identified in Section J. If the foreign worker has only one name, enter the name in the last name field and enter "FNU" (first name unknown) in the first name field. If the foreign worker does not have a middle name, enter "NA" in the middle name field.

2. The foreign worker identified in Section J must sign the application.

3. The foreign worker identified in Section J must sign the application. Use a month/day/full year (MM/DD/YYYY) format for the date.

Note: If submitting ETA Form 9089 by mail, the foreign worker must sign and date the application prior to submission. If submitting the application electronically, the foreign worker must sign and date the application immediately upon receipt of the certified application and before submission to USCIS.

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

Section L
Declaration of Preparer

1. If the application was completed by the employer, mark "Yes" and continue to Section M. Otherwise, mark "No" and complete this section.

2. Enter the last (family) name, first (given) name, and middle initial of the person who prepared the application.

3. Enter the job title of the person who prepared the application.

4. Enter the e-mail address of the person who prepared the application.

5. The preparer must sign the application.

6. The preparer must date the application. Use a month/day/full year (MM/DD/YYYY) format for the date.

Note: If submitting ETA Form 9089 by mail, the preparer <u>must</u> sign and date the application prior to submission. If submitting the application electronically, the preparer <u>must</u> sign and date the application immediately upon receipt of the certified application and <u>before</u> submission to USCIS**.**

Substituted Preparer's Signature

<u>**Note:**</u> The preparer's signature may be substituted ONLY when the original signer is no longer available or authorized to sign the ETA Form 9089. In addition, the employer must <u>provide a letter</u> to the appropriate agency (Department of Labor or U.S. Citizenship and Immigration Service) explaining the circumstances for the new signature. Read the entire application and verify all contained information prior to signing.

7. Enter the last (family) name, first (given) name, and middle initial of the person who prepared the application.

8. Enter the job title of the person who prepared the application.

9. Enter the e-mail address of the person who prepared the application.

10. The preparer must sign the application.

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

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11. The preparer must date the application. Use a month/day/full year (MM/DD/YYYY) format for the date.

Note: If submitting ETA Form 9089 by mail, the preparer must sign and date the application prior to submission. If submitting the application electronically, the preparer must sign and date the application immediately upon receipt of the certified application and before submission to USCIS.

**Section M
Employer Declaration**

Note: If submitting ETA Form 9089 by mail, the employer must sign and date the application prior to submission. If submitting the application electronically, the employer must sign and date the application immediately upon receipt of the certified application and before submission to USCIS.

1. Enter the last (family) name, first (given) name, and middle initial of the person with authority to sign on behalf of the employer.

2. Enter the job title of the person with authority to sign on behalf of the employer.

3. The person with authority to sign on behalf of the employer must sign and date the application. Use a month/day/full year (MM/DD/YYYY) format for the date.

4. The person with authority to sign on behalf of the employer must date the application. Use a month/day/full year (MM/DD/YYYY) format for the date.

Substituted Employer's Signature

Note: The employer's signature may be substituted ONLY when the original signer is no longer available or authorized to sign the ETA Form 9089. In addition, the new signer (employer) must provide a letter to the appropriate agency (Department Of Labor or U.S. Citizenship and Immigration Service) explaining the circumstances for the new signature. Read the entire application and verify contained information prior to signing.

5. Enter the last (family) name, first (given) name, and middle initial of the person with authority to sign on behalf of the employer.

6. Enter the job title of the person with authority to sign on behalf of the employer.

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

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7. The person with authority to sign on behalf of the employer.

8. The person with authority to sign on behalf of the employer must date the application. Use a month/day/full year (MM/DD/YYYY) format for the date.

Section N
U.S. Government Agency Use Only

Read this section. No entries required.

Section O
Signature Notification

Read this section. No entries required.

Section P
OMB Notice   *Paperwork Reduction Act/Information Control Number 1205-0451*

Read this section. No entries required.

Section Q
Privacy Statement Information

Read this section. No entries required.