

PART B. STATEMENT OF QUALIFICATIONS OF ALIEN

FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: If alien is in the U.S., contact nearest office of Immigration and Naturalization Service. If alien is outside U.S., contact nearest U.S. Consulate.
IMPORTANT: READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.
 Print legibly in ink or use a typewriter. If you need more space to fully answer any questions on this form, use a separate sheet. Identify each answer with the number of the corresponding question. Sign and date each sheet.

| | | | | | | |
|---|---|-------------------------|------------|----------------------------------|---|------------------------------|
| 1. Name of Alien (Family name in capital letters) | | | | First name | Middle name | Maiden name |
| 2. Present Address (No., Street, City or Town, State or Province and ZIP code) | | | | | Country | 3. Type of Visa (If in U.S.) |
| 4. Alien's Birthdate (Month, Day, Year) | 5. Birthplace (City or Town, State or Province) | | | Country | 6. Present Nationality or Citizenship (Country) | |
| 7. Address in United States Where Alien Will Reside | | | | | | |
| 8. Name and Address of Prospective Employer if Alien has job offer in U.S. | | | | | 9. Occupation in which Alien is Seeking Work | |
| 10. "X" the appropriate box below and furnish the information required for the box marked | | | | | | |
| a. <input type="checkbox"/> Alien will apply for a visa abroad at the American Consulate in _____ | | City in Foreign Country | | Foreign Country | | |
| b. <input type="checkbox"/> Alien is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at _____ | | City | | State | | |
| 11. Names and Addresses of Schools, Colleges and Universities Attended (Include trade or vocational training facilities) | Field of Study | FROM | TO | Degrees or Certificates Received | | |
| | | Month Year | Month Year | | | |
| | | | | | | |
| | | | | | | |
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SPECIAL QUALIFICATIONS AND SKILLS

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| 12. Additional Qualifications and Skills Alien Possesses and Proficiency in the use of Tools, Machines or Equipment Which Would Help Establish if Alien Meets Requirements for Occupation in Item 9. | |
| 13. List Licenses (Professional, journeyman, etc.) | |
| 14. List Documents Attached Which are Submitted as Evidence that Alien Possesses the Education, Training, Experience, and Abilities Represented | |
| Endorsements | DATE REC. DOL |
| (Make no entry in this section - FOR Government Agency USE ONLY) | O.T. & C. |

(Items continued on next page)

15. WORK EXPERIENCE. List all jobs held during the last three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.

a. NAME AND ADDRESS OF EMPLOYER

| | | | |
|-------------|---|--|------------------|
| NAME OF JOB | DATE STARTED Month Year | DATE LEFT Month Year | KIND OF BUSINESS |
|-------------|---|--|------------------|

| | |
|--|-----------------------|
| DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT | NO. OF HOURS PER WEEK |
|--|-----------------------|

b. NAME AND ADDRESS OF EMPLOYER

| | | | |
|-------------|---|--|------------------|
| NAME OF JOB | DATE STARTED Month Year | DATE LEFT Month Year | KIND OF BUSINESS |
|-------------|---|--|------------------|

| | |
|--|-----------------------|
| DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT | NO. OF HOURS PER WEEK |
|--|-----------------------|

c. NAME AND ADDRESS OF EMPLOYER

| | | | |
|-------------|---|--|------------------|
| NAME OF JOB | DATE STARTED Month Year | DATE LEFT Month Year | KIND OF BUSINESS |
|-------------|---|--|------------------|

| | |
|--|-----------------------|
| DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT | NO. OF HOURS PER WEEK |
|--|-----------------------|

16. DECLARATIONS

| | |
|----------------------|---|
| DECLARATION OF ALIEN | Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct. |
|----------------------|---|

| | |
|--------------------|------|
| SIGNATURE OF ALIEN | DATE |
|--------------------|------|

| | |
|---------------------------------|---|
| AUTHORIZATION OF AGENT OF ALIEN | I hereby designate the agent below to represent me for the purposes of labor certification and I take full responsibility for accuracy of any representations made by my agent. |
|---------------------------------|---|

| | |
|--------------------|------|
| SIGNATURE OF ALIEN | DATE |
|--------------------|------|

| | |
|-------------------------------|---|
| NAME OF AGENT (Type or print) | ADDRESS OF AGENT (No., Street, City, State, ZIP code) |
|-------------------------------|---|

15. WORK EXPERIENCE. List all jobs held during the last three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.

d. NAME AND ADDRESS OF EMPLOYER

| | | | |
|--|---|--|-----------------------|
| NAME OF JOB | DATE STARTED Month Year | DATE LEFT Month Year | KIND OF BUSINESS |
| DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT | | | NO. OF HOURS PER WEEK |
| | | | |
| | | | |

e. NAME AND ADDRESS OF EMPLOYER

| | | | |
|--|---|--|-----------------------|
| NAME OF JOB | DATE STARTED Month Year | DATE LEFT Month Year | KIND OF BUSINESS |
| DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT | | | NO. OF HOURS PER WEEK |
| | | | |
| | | | |

f. NAME AND ADDRESS OF EMPLOYER

| | | | |
|--|---|--|-----------------------|
| NAME OF JOB | DATE STARTED Month Year | DATE LEFT Month Year | KIND OF BUSINESS |
| DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES OR EQUIPMENT | | | NO. OF HOURS PER WEEK |
| | | | |
| | | | |

16. DECLARATIONS

| | |
|---------------------------------------|---|
| DECLARATION OF ALIEN | ➤ ➤ Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct. |
| SIGNATURE OF ALIEN | DATE |
| AUTHORIZATION OF AGENT OF ALIEN | ➤ I hereby designate the agent below to represent me for the purposes of labor certification and I take full responsibility for accuracy of any representations made by my agent. |
| SIGNATURE OF ALIEN | DATE |
| NAME OF AGENT (Type or print) | ADDRESS OF AGENT (No., Street, City, State, ZIP code) |