



Employee Information Request Form Permanent Labor Certification

Labor Certification is the first step toward a permanent resident visa (green card) based on employment. Documentation requirements for teaching and professional staff positions are consistent with normal University recruitment procedures and involve little additional effort by the hiring department. International Programs will submit a completed Application for Permanent Employment Certification (ETA Form 9089) to the U.S. Department of Labor after receipt of this form and the required supporting documentation.

- Current Immigration document (H-1B approval notice, DS-2019, or I-20 and OPT EAD card)
- Passport ID page
- Current or last U.S. entry visa in passport
- I-94 record (both sides if paper card)
- If you have ever previously been in J-1 status, all copies of DS-2019

Note: Employment authorization is provided by other documentation, the Labor Certification application bears no relationship to current work permission. Please contact International Programs with any questions.

EMPLOYEE INFORMATION (complete all fields)			
1. Family/Last Name: (as appears in passport)	1a. Given/First:	1b. Middle: (if any)	
2. Current Address: (Street number and name, city, state, postal code, country)			
Address:			
City:	State/Province:	Postal Code:	Country:
3. Date of Birth: (mm/dd/yyyy)	4. Country of Citizenship:	5. Country of Birth:	
6. Phone No. of current residence:	7. U.S. Social Security Number: (if any)	8. Alien Registration Number: (if any)	
IF IN THE U.S.			
9. I-94 Number: (Arrival-Departure Document)	10. Date of Arrival: (mm/dd/yyyy)		
11. Current Nonimmigrant Status:	12. Date Status Expires: (mm/dd/yyyy)		
13. Are you in exclusion or deportation proceedings? Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Has an immigrant petition (I-140, I-130, I-360) ever been filed by you or on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION

1. Highest Level of Education Achieved Relevant to the Requested Occupation:

 Master's Doctorate Other If 'Other' indicated, specify:

2. Specify major field(s) of study:

4. Year relevant education completed:

6. Institution where relevant education was received:

7. Institution's Address: (Street number and name, city, state, and zip code)

Address:

City:

State/Province:

Postal Code:

Country:

8. Did KU pay for any of your education or training necessary to satisfy any of the job requirements for this position? Yes No9. Are you currently employed by KU? Yes No**WORK EXPERIENCE**

Please list all jobs held in the past 3 years and all other experience that qualifies you for your current position. List your KU position first if you have already started your position. Provide job details, e.g. taught classes in your specialty or in basic courses, conducted research in specialty, other administrative responsibilities or duties performed. Attach additional pages if needed.

JOB 1

Employer and Department Name:

Employer's Address Street number and name, city, state, postal code, country

Address:

City:

State/Province:

Postal Code:

Country:

Type of Business:

Job Title:

Start Date: (mm/dd/yyyy)

End Date: (mm/dd/yyyy)

Number of Hours Worked per Week:

Job Details: (duties performed, skills, qualifications, licenses, certification, use of tools, machines, equipment, etc.)

Phone Number of Employer:

Supervisor's Name & Title:

JOB 2**Employer and Department Name:****Employer's Address** Street number and name, city, state, postal code, country

Address:

City:

State/Province:

Postal Code:

Country:

Type of Business:**Job Title:****Start Date:** (mm/dd/yyyy)**End Date:** (mm/dd/yyyy)**Number of Hours Worked per Week:****Job Details:** (duties performed, skills, qualifications, licenses, certification, use of tools, machines, equipment, etc.)**Phone Number of Employer:****Supervisor's Name & Title:****JOB 3****Employer and Department Name:****Employer's Address** Street number and name, city, state, postal code, country

Address:

City:

State/Province:

Postal Code:

Country:

Type of Business:**Job Title:****Start Date:** (mm/dd/yyyy)**End Date:** (mm/dd/yyyy)**Number of Hours Worked per Week:****Job Details:** (duties performed, skills, qualifications, licenses, certification, use of tools, machines, equipment, etc.)**Phone Number of Employer:****Supervisor's Name & Title:**

JOB 4**Employer and Department Name:****Employer's Address** Street number and name, city, state, postal code, country

Address:

City:

State/Province:

Postal Code:

Country:

Type of Business:**Job Title:****Start Date:** (mm/dd/yyyy)**End Date:** (mm/dd/yyyy)**Number of Hours Worked per Week:****Job Details:** (duties performed, skills, qualifications, licenses, certification, use of tools, machines, equipment, etc.)**Phone Number of Employer:****Supervisor's Name & Title:****JOB 5****Employer and Department Name:****Employer's Address** Street number and name, city, state, postal code, country

Address:

City:

State/Province:

Postal Code:

Country:

Type of Business:**Job Title:****Start Date:** (mm/dd/yyyy)**End Date:** (mm/dd/yyyy)**Number of Hours Worked per Week:****Job Details:** (duties performed, skills, qualifications, licenses, certification, use of tools, machines, equipment, etc.)**Phone Number of Employer:****Supervisor's Name & Title:**

JOB 6**Employer and Department Name:****Employer's Address** Street number and name, city, state, postal code, country

Address:

City:

State/Province:

Postal Code:

Country:

Type of Business:**Job Title:****Start Date:** (mm/dd/yyyy)**End Date:** (mm/dd/yyyy)**Number of Hours Worked per Week:****Job Details:** (duties performed, skills, qualifications, licenses, certification, use of tools, machines, equipment, etc.)**Phone Number of Employer:****Supervisor's Name & Title:****JOB 7****Employer and Department Name:****Employer's Address** Street number and name, city, state, postal code, country

Address:

City:

State/Province:

Postal Code:

Country:

Type of Business:**Job Title:****Start Date:** (mm/dd/yyyy)**End Date:** (mm/dd/yyyy)**Number of Hours Worked per Week:****Job Details:** (duties performed, skills, qualifications, licenses, certification, use of tools, machines, equipment, etc.)**Phone Number of Employer:****Supervisor's Name & Title:**

EMPLOYEE DECLARATION	
<i>By signing below, I am confirming that the information provided on this form is accurate to the best of my knowledge. I further declare under perjury that I intend to accept the position offered if a labor certification (ETA 9089) is approved and I am granted an immigrant visa or an adjustment of status based on the ETA 9089.</i>	
Signature of the Employee	Date: