			OMB Approval No. 1205-0015		
U.S. DEPARTMENT OF LABOR Employment and Training Administration	IMPORTANT: READ CAREFULLY				
	PRINT legibly in ink or use a typewriter. If you need more space to answer questions in this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each				
APPLICATION FOR					
ALIEN EMPLOYMENT CERTIFICATION	ation of this form nother to do so is nitentiary, or both				
PART A. OFFER OF EMPLOY	nonday, or boar				
1. Name of Alien (Family name in capital letter, First, Middle, Maiden)					
2. Present Address of Alien (Number, Street, City and Town, State ZIP code or Provin	ice Country)		3. Type of Visa (If in		
·····	Ú.S.)				
The following information is submitted as an offer of employment. 4. Name of Employer (Full name of Organization)			5. Telephone		
4. Name of Employer (Full name of Organization)		5. Telephone			
6. Address (Number, Street, City and Town, State ZIP code)					
7. Address Where Alien Will Work (if different from item 6)					
8. Nature of Employer's Business 9. Name of Job Title	10. Total Hours Per Week	11. Work	12. Rate of Pay		
Activity	a. Basic b. Overtime	Schedule (Hourly)	a. Basic b. Overtime		
		a.m. p.m.	\$ per per hour		
13. Describe Fully the job to be Performed (Duties)		piini	per per loui		
 State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above. 	15. Other Special Requirements				
EDU- CATION School School College College Degree Required (specify)					
(Enter number of Major Field of Study					
years)					
TRAIN- No. Yrs. No. Mos. Type of Training ING					
Job Offered Related Occupation (specify)					
EXPERI- ENCE Yrs. Mos. Yrs. Mos.					
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor			17. Number of Employees Alien Will Supervise		
•	•	ENDORSEMEN	ITS (Make no entry in entry in		
	Г	Forms Received			
	L	0.	S.O.		
•	• R	.0.	N.O.		
	Ir	d. Code	Occ. Code		
	G	cc. Title			

Replaces MA 7-50A, B and C (Apr. 1970 edition) which is obsolete.

18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY			19. IF JOB IS UNIONIZED (Complete)					
a. No. of Open- ings To Be Filled By Aliens	b. Exact Dates You Expect To Employ Alien		a. Number of	b. Name of Local				
Under Job Offer	From	То		Local				
					c. City and	I State		
20. STATEMENT FOR	LIVE-AT-WORK JOB	OFFERS (Complete f	or Private Household ON	NLY)			
a. Description of Reside			rsons residi	ng at Place of Employm				
("X" one) House	Number of Rooms	Adults	BOYS	Children		lges	room not shared with any- one be provided?	🗆 YES 🗖 NO
Apartment	_		GIRLS				-	
					art II of th	e instructi	ions to assure that appropriate	
supporting do	cumentation is inc	cluded wit	th your a	23. EMPLOYER C	ERTIFICAT	ONS		
	By virtue of	my signa	ture below	, I HEREBY CERT	IFY the fo	llowing co	onditions of employment.	
	 a. I have enough funds available to pay the wage or salary offered the alien. b. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship. 							
vailing w fication i the alien vailing w							of	
bonuses	e offered is not based , or other incentives, u paid on a weekly, bi-w	inless I guai	rantee		 At issue in a labor dispute involving a work stoppage. The job opportunity's terms, conditions and occupa- tional environment are not contrary to Federal, State or local law. 			
on or be	able to place the alien fore the date of the alien into the United States	en's propos			 h. The job opportunity has been and is clearly open to any qualified U.S. worker. 			
				24. DECLA	RATIONS			
DECLARATION OF EMPLOYER	Pursuar	nt to 28 U.S	.C. 1746, I d	declare under penalty of	perjury the	foregoing is	true and correct.	
SIGNATURE NAME (Type or Print)					TITLE		D	ATE
AUTHORIZATION C		EREBY DE	SIGNATE th	ne agent below to repres	sent me for	he purposes	s of labor certification and I TAKE FULL	
AGENT OF EMPLO	YER RE	SPONSIBIL	ITY for acc	uracy of any representat	tions made	oy my agent		ATC
SIGNATURE OF EMPL	OYER						D.	ATE
NAME OF AGENT (Ty	oe or Print)				ADDRES	S OF AGEN	IT (Number, Street, City, State, ZIP cod	e)

Public Burden Statement

Paperwork Reduction Project 1205-0015

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection is approved. This collection is approved under OMB Control Number 1205-0015. The time required to complete this information is estimated to average 1.2 hours to complete part A and 2.8 hours to complete both part A and part B, including the time to review the instructions, search existing data resources, gather data needed, and complete and review the information.

PRIVACY ACT STATEMENT

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) is maintaining a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7).

Case files developed in processing labor certification applications, labor condition applications, or labor attestations, may be released to the employers which filed such applications, their representatives, and to named alien beneficiaries or their representatives, if requested, to review Employment and Training Administration (ETA) actions in connection with appeals of denials before the DOL Office of Administrative Law Judges and federal courts; to participating agencies such as the DOL Office of Inspector General, Employment Standards Administration, Department of Homeland Security's U.S. Citizenship and Immigration Services and Bureau of Immigration and Customs Enforcement, and Department of State in connection with administering and enforcing related immigration laws and regulations; and to the DOL Office of Administrative Law Judges and Federal courts in connection with appeals of denials administering and enforcing related immigration laws and regulations; and to the DOL Office of Administrative Law Judges and Federal Courts in connection with appeals of labor certification requests, labor condition applications, and labor attestations.

Further disclosures may be made 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 in connection with personnel, procurement, or benefit-related matters, to a contractor or their employees, consultants, grantees or their employees, or volunteers who have been engaged to assist the agency in the performance of a contract; for Federal debt collection purposes; the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; if a person about whom this record is maintained submits a written request to a Member of Congress or their staff and that request is forwarded to the Department, we may release the information to the Member of Congress or Congressional staff in response to the inquiry made on behalf of the subject of the record; 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 or integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information unless the disclosure would constitute an unwarranted invasion of personal privacy.