

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



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

Any employer or alien, 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 an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

Privacy Statement Information

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) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named foreign workers or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act. To obtain information on further relevant disclosures of this record, please visit the DOL website at <http://www.dol.gov>.

OMB Notice

Paperwork Reduction Act/Information Control Number 1205-0451

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification, U.S. Department of Labor, Room C-4312, 200 Constitution Ave., NW, Washington, DC 20210 **Do NOT send the completed application to this address.**

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.

Any employer or foreign worker, or their agent or attorney, who knowingly and willingly furnishes any false information in the preparation of the 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 worker unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

How to File

A. Who May File:

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An employer who desires to apply for a labor certification on behalf of a foreign worker, for occupations other than in sports, must file the ETA Form 9089.

B. How/Where to File

1. For all occupations other than Schedule A and Shepherder, the ETA Form 9089 must be submitted to the Department of Labor for processing in one of two ways:
 - Online (electronically). Employers can complete and submit their applications online at <http://www.plc.doleta.gov>.
 - Mail (non-electronically). Employers can complete and mail applications to the Department of Labor National Processing Center serving the state where the job will be located. National Processing Center addresses, and a downloadable ETA Form 9089 and accompanying instructions can be found at <http://www.foreignlaborcert.doleta.gov/>.
2. Applications for Shepherder and Schedule A occupations are not adjudicated by the Department of Labor. All applications (ETA Form 9089) for Shepherder and Schedule A occupations must be mailed as part of the filing of Form I-140, Immigrant Petition for Alien Worker, to the U.S. Citizenship and Immigration Services' service center serving the state where the job will be located. Service center addresses can be found at <http://www.uscis.gov>
3. All application information (a copy of the certified ETA Form 9089, recruitment information, etc...) must be retained by the employer or its attorney/agent for five years from the date of filing the *Application for Permanent Employment Certification*.

In accordance with Federal Regulations at 20 CFR 656.17(a)(1), incomplete applications will be denied by the Department of Labor. If submitting this form non-electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank, and, at the end of each page, you will be asked to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A."

**Section A
Schedule A or Shepherder Information**

1. If the job opportunity is for a Schedule A or a Shepherder occupation, mark "Yes," complete an ETA Form 9089 off-line or online using a fillable form, and submit the completed application to the U.S. Citizenship and Immigration Services (USCIS) as part of the filing of Form I-140, Immigrant Petition for Alien Worker. USCIS filing information can be found at www.uscis.gov. DO NOT submit Schedule A or Shepherder applications to the Department of Labor.

**Section B
Foreign Worker's Name**

If submitting this form electronically, the information entered in items B.1-B.3 will pre-populate items J.1-J.3 and K.1-K.3 of the form. If submitting this form non-electronically, you will need to re-enter this information in items J.1-J.3, and K.1-K.3 of the form.

1. Enter the last (family) name of the foreign worker. If the foreign worker has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field.
2. Enter the first (given) 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 this field.
3. Enter the full middle name of the foreign worker. If the foreign worker does not have a middle name, enter "N/A."

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Section C
Employer Information (Headquarters or Main Office)

Note: If submitting this form non-electronically and a question is not applicable, enter "N/A" or "0" (zero), as appropriate in questions 1 to 17 below.

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 name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service.
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 submitting this form non-electronically and no trade name or "Doing Business As" (DBA) name, enter "N/A."
3. Enter the street address of the employer's principal place of business.
4. If additional space is needed for the street address, use this line. If submitting this form non-electronically and no additional space is needed, enter "N/A."
5. 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.
6. Enter the state of the employer's principal place of business. If submitting this form non-electronically and no state, enter "N/A."
7. Enter the postal (zip) code of the employer's principal place of business. If submitting this form non-electronically and no postal code, enter "0" (zero).

Section C Continued

8. 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.
9. Enter the province of the employer's principal place of business. If submitting this form non-electronically and no province, enter "N/A."
10. Enter the area code and telephone number for the employer's principal place of business. Include country code, if applicable.
11. Enter the extension of the telephone number for the employer's principal place of business. If submitting this form non-electronically and no extension, enter "0" (zero).
12. Enter the number of employees currently on the employer's payroll, i.e., 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.
13. Enter the year the employer began business or was incorporated. If the employer is a private household, enter the year the Internal Revenue Service (IRS) issued a Federal Employer Identification Number (FEIN). Use a full year (YYYY) format.

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14. Enter the employer's nine-digit FEIN as assigned by the IRS. Do not enter a social security number.

Note: All employers, including private households, MUST obtain an FEIN from the IRS before completing this application. Information on obtaining an FEIN can be found at www.IRS.gov.

15. 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>. If submitting this form non-electronically and no NAICS code applies, enter "0" (zero).

16. 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.

17. 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."

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 to 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 as the point of contact will be contacted to verify whether the employer is authorizing the application and sponsoring the foreign worker named within. If submitting this form non-electronically and one of the questions is not applicable, enter "N/A" or "0" (zero), as appropriate in questions 1 to 14 below.

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

1. Enter the last (family) name of the employer's point of contact.

Section D Continued

2. Enter the first (given) name of the employer's point of contact.

3. Enter the middle initial of the employer's point of contact.

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

5. Enter the business street address for the employer's point of contact.

6. If additional space is needed for the street address, use this line. If submitting this form non-electronically and no additional space is needed, enter "N/A."

7. 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.

8. Enter the state of the employer's point of contact. If submitting this form non-electronically and no state, enter "N/A."

9. Enter the postal (zip) code of the employer's point of contact. If submitting this form non-electronically and no postal code, enter "0" (zero).

10. 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

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both fields.

11. Enter the province of the employer's point of contact. If submitting this form non-electronically and no province, enter "N/A."

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

13. Enter the extension of the telephone number of the employer's point of contact. If submitting this form non-electronically and no extension, enter "0" (zero).

14. Enter the business e-mail address of the employer's point of contact. If submitting this form non-electronically and no e-mail address, enter "N/A."

Section E
Attorney or Agent Information

Note: The attorney/agent information in this Section, specifically the name, telephone number, and email address, must be different from the employer's point of contact information in Section D, unless the attorney is an employee of the employer.

1. Identify whether the employer is represented by an attorney or agent in the process of filing this application. Only mark one box. If "Yes" complete the remainder of Section E. If submitting this form non-electronically and "No" in question 1, enter "N/A" or "0" (zero), as appropriate, in questions 2 to 19 and continue to Section F.

2. Enter the last (family) name of the attorney/agent. If submitting this form non-electronically and "No" in question 1, enter "N/A."

3. Enter the first (given) name of the attorney/agent. If submitting this form non-electronically and "No" in question 1, enter "N/A."

4. Enter the middle initial of the attorney/agent. If submitting this form non-electronically and "No" in question 1, enter "N/A."

Section E Continued

5. Enter the street address of the attorney/agent. If submitting this form non-electronically and "No" in question 1, enter "N/A."

6. If additional space is needed for the street address, use this line. If submitting this form non-electronically and no additional space is needed, or "No" in question 1, enter "N/A."

7. Enter the city of the attorney/agent. If submitting this form non-electronically and "No" in question 1, enter "N/A."

8. Enter the state of the attorney/agent. If submitting this form non-electronically and "No" in question 1, enter "N/A."

9. Enter the postal (zip) code of the attorney/agent. If submitting this form non-electronically and "No" in question 1, enter "0" (zero).

10. Enter the country of the attorney/agent. If submitting this form non-electronically and "No" in question 1, enter "N/A."

11. Enter the province of the attorney/agent. If submitting this form non-electronically and no province, or "No" in question 1, enter "N/A."

12. Enter the area code and telephone number of the attorney/agent. Include country code, if applicable. If submitting this form non-electronically and "No" in question 1, enter "0" (zero).

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13. Enter the extension of the telephone number of the attorney/agent. If submitting this form non-electronically and no extension, or "No" in question 1, enter "0" (zero).

14. Enter the e-mail address of the attorney/agent. If submitting this form non-electronically and no e-mail address, or "No" in question 1, enter "N/A."

15. Enter the attorney/agent's law firm or business name. If submitting this form non-electronically and no law firm or business name, or "No" in question 1, enter "N/A."

16. Enter the attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS. If submitting this form non-electronically and no FEIN, or "No" in question 1, enter "0" (zero)."

17. Enter the attorney's state Bar number. If the attorney is licensed in more than one state, enter only one state Bar number. If submitting this form non-electronically and the attorney is licensed in a state which does not issue state Bar numbers, or an agent, or "No" in question 1, enter "0" (zero)." If submitting this form electronically and the attorney is licensed in a state which does not issue state Bar numbers, leave the field blank and once confirmed it will be automatically prepopulated with "N/A."

Note: The answers to questions 18 and 19 below should correspond to the same state for which a Bar number was provided in question 17, if any.

18. Enter the state of the highest court where the attorney is in good standing. If submitting this form non-electronically and an agent, or "No" in question 1, enter "N/A."

19. Enter the name of the highest court in the state where the attorney is in good standing. If submitting this form non-electronically and an agent, or "No" in question 1, enter "N/A."

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Section F
Prevailing Wage Information

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>. If submitting this form non-electronically and the employer did not obtain a PWD from the SWA, enter "N/A" or "0" (zero), as appropriate.

Note: The information in this Section must match the information on the PWD as determined by the SWA.

1. Enter the state/district/territory of the SWA which issued the PWD. If submitting this form non-electronically and the employer did not obtain a PWD, enter "N/A."
2. Enter the prevailing wage tracking number assigned by the SWA. If submitting this form non-electronically and the SWA did not assign a prevailing wage tracking number, or the employer did not obtain a PWD, enter "0" (zero)."
3. Identify whether the wage (skill) level of the job opportunity as determined by the SWA is a level I, II, III, or IV. Only mark one box. If the SWA did not determine a wage (skill) level, mark "N/A." If submitting this form non-electronically and the employer did not obtain a PWD, also mark "N/A."
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. If submitting this form non-electronically and the employer did not obtain a PWD, enter "N/A."

Note: 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. If submitting this form non-electronically and the employer did not obtain a PWD, enter "0" (zero).
6. Enter the prevailing wage for the job opportunity as determined by the SWA. If submitting this form non-electronically and the employer did not obtain a PWD, enter "0" (zero).
- 6-A. Identify whether the prevailing wage is per hour, week, bi-weekly, month, or year. Only mark one box. If submitting this form non-electronically and the employer did not obtain a PWD, enter "N/A."
7. Identify whether the prevailing wage source as specified by the SWA is Occupational Employment Statistics (OES); Collective Bargaining Agreement (CBA); Davis-Bacon Act (DBA); McNamara-O'Hara Service Contract Act (SCA); or Other (includes employer-provided survey). Only mark one box. If submitting this form non-electronically and the employer did not obtain a PWD, mark "N/A."
- 7-A. If "Other" in question 7, enter the name of the prevailing wage source as specified by the SWA. If submitting this form non-electronically and not "Other" in question 7, or the employer did not obtain a PWD, enter "N/A."
8. Enter the date the SWA issued the PWD. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and the employer did not obtain a PWD, enter "0" (zero).
9. Enter the expiration date of the PWD as specified by the SWA. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and the employer did not obtain a PWD, enter "0" (zero).

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Section G
Wage Offer Information

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

1-A. 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. Worksite Information

Identify every worksite location where work will be performed. It is important for the employer to define the area of intended employment with as much geographic specificity as possible. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, notice posting, and prevailing wage determinations.

1. Identify whether the worksite location that best describes where work will be performed is business premises, employer's private household (including live-in and domestic household workers), employee's private residence (only when actual work will be performed from the residence), or no one specific worksite address or physical location (if there is more than one worksite location or geographic area). Only mark one box.

Note: If submitting this form non-electronically and "No one specific worksite address or physical location" is marked in question 1, enter "N/A" or "0" (zero), as appropriate, in questions 2-7, mark "N/A" in question 8, and continue to Section H.b.

2. Enter the street address of the worksite location identified in question 1, where work will be performed. The worksite address must be a physical location and cannot be a P.O. Box.

3. If additional space is needed for the street address, use this line. If submitting this form non-electronically and no additional space is needed, enter "N/A."

4. Enter the city of the worksite location.

5. Enter the county of the worksite location.

6. Enter the state/district/territory of the worksite location.

7. Enter the postal (zip) code of the worksite location.

8. If work will be performed in location(s) other than the address listed in questions 2-7 above, mark "Yes" and complete questions 9-9i or question 10, as appropriate. If work will not be performed in location(s) other than the address listed in questions 2-7 above, mark "No." If "No one specific worksite address or physical location" in question 1, mark "N/A" and complete questions 9-9i or question 10, as appropriate.

If submitting this form non-electronically and "No" in question 8, enter "N/A" in questions 9-9i and question 10.

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Section H

b. Additional Worksite Information

9. If “No one specific worksite address or physical location” in question 1 or “Yes” in question 8, you may enter up to 5 Metropolitan Statistical Areas (MSA) covering the area(s) of intended employment where work will be performed. For each MSA, enter the code and name 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>.

If submitting this form non-electronically and the MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area, enter “N/A” in questions 9-9i and complete question 10, as appropriate. If submitting this form electronically and the MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area, skip questions 9-9i and complete question 10, as appropriate.

10. Identify the geographic area(s) where work will be performed. This may include a listing of cities or townships/states, counties/states, or several states. If submitting this form non-electronically and not applicable, enter “N/A.”

c. Job Description

11. Enter the title of the job opportunity for which labor certification is being sought by the employer.

12. If the job opportunity is for a full-time position (35 hours or more), mark “Yes.” Otherwise, mark “No.”

13. Describe the job duties for the job opportunity. Include work to be performed, equipment to be used, pertinent working conditions, incidental travel (i.e. incidental travel relevant to performing the duties of the job opportunity) and all other relevant information. The description must begin in the space provided. If the employer wishes to continue the description, an attachment must be submitted.

14. Describe other special requirements, specific skills, and/or required licenses/certificates/certifications for the job opportunity. (Example: “A+” computer certification, shorthand, typing speed, specific language proficiency, etc.) The description must begin in the space provided. If the employer wishes to continue the description, an attachment must be submitted. If submitting this form non-electronically and not applicable, enter “N/A.”

d. Primary Requirements

Note: All questions in this Section must be answered. If submitting this form non-electronically and not applicable, mark “None” in question 15 and enter “N/A” or “0” (zero), as appropriate, in questions 15a to 18a.

15. Identify whether the minimum U.S. diploma or degree required by the employer for the job opportunity is none, high school/GED, Associates, Bachelor’s, Master’s, Doctorate, or other. Only mark one box.

15-A. If “Other” in question 15, enter the specific U.S. diploma or degree required. (Example: JD, MD, DDS, etc.) If submitting this form non-electronically and not “Other” in question 15, enter “N/A.”

15-B. Enter the major(s) and/or 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 submitting this form non-electronically and “None” or “High School” in question 15, enter “N/A.”

16. If the employer requires a second U.S. diploma or degree for the job opportunity, mark “Yes.” Otherwise, mark “No.”

16-A. If “Yes” in question 16, enter the specific second U.S. diploma or degree required. If submitting this form non-electronically and “No” in question 16, enter “N/A.”

17. If the employer requires training for the job opportunity, mark “Yes.” Otherwise, mark “No.” Training may include, but is not limited to: programs, coursework, or training experience (other than employment). Where training is listed as a requirement, it should not be added to or included in education or experience requirements.

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Section H Continued

17-A. If "Yes" in question 17, enter the number of months of training required by the employer for the job opportunity. If submitting this form non-electronically and "No" in question 17, enter "0" (zero). Where training is listed as a requirement, it should not be added to or included in education or experience requirements.

17-B. If "Yes" in question 17, enter the field(s) and/or name(s) of the training required by the employer for the job opportunity. You may list more than one field and/or more than one name. If submitting this form non-electronically and "No" in question 17, enter "N/A."

18. If the employer requires employment experience, mark "Yes." Otherwise, mark "No."

18-A. If "Yes" in question 18, enter the number of months of experience required by the employer. If submitting this form non-electronically and "No" in question 18, enter "0" (zero).

18-B. If "Yes" in question 18, enter the occupation in which experience is required by the employer for the job opportunity. If submitting this form non-electronically and "No" in question 18, enter "N/A."

e. Alternative Requirements

Note: Education and experience requirements listed in question group H.20 below are considered separate from the education and experience requirements listed in question groups H.15 to H.18 above. (Example: Question groups H.15 and H.18 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 group H.20 as alternative education and employment experience. Another example is an Associate's degree with two years of experience or the alternative requirements of a Bachelor's degree with no experience.)

19. If the employer has alternative requirements for the job opportunity, mark "Yes." Otherwise, mark "No."

If "Yes" in question 19, identify any alternative requirements required by the employer for the job opportunity. Be sure to complete every field for each set, whether or not it is a duplicate of portions of the primary requirements. For example, where the employer has an alternative education requirement for the job opportunity, but always requires five years of experience in the same occupation, it must enter the alternative education requirement and then re-enter the five years of experience and related occupation in the same set. You may submit up to 3 sets of alternative requirements (2 in addition to the one for which space is provided) in addition to the primary requirements entered in Section H.d. If the employer wishes to list a second or third set of alternative requirements, an attachment must be submitted.

If submitting this form non-electronically and "No" in question 19, mark "None" in question 20 and enter "N/A" or "0" (zero), as appropriate, in questions 20a to 20j.

20. Identify whether the minimum U.S. diploma or degree required by the employer for the job opportunity is none, high school/GED, Associates, Bachelor's, Master's, Doctorate, or other. Only mark one box. If submitting this form non-electronically and no alternative requirements, mark "None."

20-A. If "Other" in question 20, enter the specific U.S. diploma or degree required. (Example: JD, MD, DDS, etc.) If submitting this form non-electronically, and not "Other" in question 20, or no alternative requirements, enter "N/A."

20-B. Enter the major(s) and/or 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 submitting this form non-electronically and "None" or "High School" in question 20, or no alternative requirements, enter "N/A."

20-C. If the employer requires a second U.S. diploma or degree for the job opportunity, mark "Yes." If the employer does not require a second U.S. diploma or degree for the job opportunity, mark "No." If submitting this form non-electronically and no alternative requirements, mark "N/A."

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20-D. If "Yes" in question 20-C, enter the specific second U.S. diploma or degree required. If submitting this form non-electronically and "No" or "N/A" in question 20-C, or no alternative requirements, enter "N/A."

20-E. If the employer requires training for the job opportunity, mark "Yes." If the employer does not require training for the job opportunity, mark "No." If submitting this form non-electronically and there are no alternative requirements, mark "N/A." Training may include, but is not limited to: programs, coursework, or training experience (other than employment). Where training is listed as a requirement, it should not be added to or included in education or experience requirements.

20-F. If "Yes" in question 20-E, enter the number of months of training required by the employer for the job opportunity. If submitting this form non-electronically and "No" or "N/A" in question 20-E, or no alternative requirements, enter "0" (zero). When answering this question, do not duplicate time requirements – the time required in training should not also be counted as time required in education or experience.

e. Alternative Requirements Continued

20-G. If "Yes" in question 20-E, enter field(s) and/or name(s) of the training required by the employer for the job opportunity. You may list more than one field and/or more than one name. If submitting this form non-electronically and "No" in question 20-E, or no alternative requirements, enter "N/A."

20-H. If the employer requires employment experience, mark "Yes." If the employer does not require employment experience, mark "No." If submitting this form non-electronically and no alternative requirements, mark "N/A."

20-I. If "Yes" in question 20-H, enter the number of months of experience required by the employer for the job opportunity. If submitting this form non-electronically and "No" or "N/A" in question 20-H, or no alternative requirements, enter "0" (zero).

20-J. If "Yes" in question 20-H, enter the occupation required by the employer for the job opportunity. If submitting this form non-electronically and "No" or "N/A" in question 20-H, or no alternative requirements, enter "N/A."

f. Other Requirements

21. If the employer will accept a foreign diploma or degree equivalent to the U.S. diploma or degree listed in question groups H.15, H.16, and/or H.20, mark "Yes." If the employer will not accept a foreign diploma or degree equivalent to the U.S. diploma or degree, mark, "No."

If the employer is not requiring any diploma or degree in question groups H.15, H.16, and H.20, Mark "N/A."

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

23. 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.

23-A. If "Yes" in question 23 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 "Yes" in question 23 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 submitting this form non-electronically and "No" in question 23, mark "N/A."

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23-B. If "Yes" in question 23-A and the employer has provided a copy of the executed contract to the foreign worker, mark "Yes." If "Yes" in question 23-A but the employer has not provided a copy of the executed contract to the foreign worker, mark "No."

If submitting this form non-electronically and "No" in question 23, mark "N/A."

24. If "Yes" in question 23 and the foreign worker has a total of one year of full-time paid experience with someone other than the petitioning employer, mark "Yes." If "Yes" in question 23, but the foreign worker does not have a total of one year of full-time paid experience with someone other than the petitioning employer, mark "No."

If submitting this form non-electronically and "No" in question 23, mark "N/A."

g. Suitable Combination

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

25. If the foreign worker is currently working for the employer, mark "Yes." Otherwise, mark "No."

25-A. If "Yes" in question 25 and the foreign worker only qualifies for the job opportunity by virtue of the employer's alternative requirements identified in Section H.e of the form, i.e., does not qualify by the primary requirements, mark "Yes." If "Yes" in question 25, but the foreign worker qualifies for the job opportunity by virtue of the employer's primary requirements identified in Section H.d of the form, mark "No."

If submitting this form non-electronically and "No" in question 25, mark "N/A."

25-B. If "Yes" in questions 25 and 25-A and the employer is willing to accept any suitable combination of education, experience, or training, write "I accept" in the space provided. If "Yes" in questions 25 and 25-A 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 submitting this form non-electronically and "No" in question 25 and "No" or "N/A" in question 25-A, enter "N/A" in both spaces.

h. Business Necessity

26. 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 requirement is supported by business necessity. Otherwise, mark "No."

26-A. If "Yes" in question 26, provide a brief explanation (3-5 sentences) demonstrating that the language requirement is supported by business necessity. If submitting this form non-electronically and "No" in question 26, enter "N/A."

27. If the employer's requirements for the job opportunity listed in Section H of this form exceed the Specific Vocational Preparation (SVP) level assigned to the occupation by O*NET Job Zones, mark "Yes" and be prepared to provide documentation demonstrating that the job requirements are supported by business necessity. If the employer's requirements for the job opportunity listed in Section H of this form do not exceed those assigned to the occupation by O*NET Job Zones, mark "No."

If the SWA's prevailing wage determination did not include the prevailing wage (skill) level, mark "N/A."

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

27-A. If "Yes" in question 27, provide a brief explanation (3-5 sentences) demonstrating that the job requirements are supported by business necessity. If submitting this form non-electronically and "No" or "N/A" in question 27, enter "N/A."

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28. 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 has 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."

28-A. If "Yes" in question 28, provide a brief explanation (3-5 sentences) 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.

If submitting this form non-electronically and "No" in question 28, enter "N/A."

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, except for a third party to whose benefit work to be performed in connection with the job opportunity would accrue, based on that person's or entity's established business relationship with the employer.

1-A. If "Yes" in question 1, provide a brief description (3-5 sentences) of the details of the payment. Include amount, date, and purpose of payment. If submitting this form non-electronically and "No" in question 1, enter "N/A."

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 "Yes" in question 2, provide a brief explanation (3-5 sentences) of the nature of the layoff and the methods by which the employer notified and considered all potentially qualified laid off U.S. workers. If submitting this form non-electronically and "No" in question 2, enter "N/A."

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

Mark the box that accurately describes the type of occupation and recruitment for the job opportunity offered by the employer. Only mark one box.

3-A. 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 this box.

3-B. If the job opportunity is for a professional occupation listed in Appendix A (on page 23 of these instructions) which includes the college/university teacher selected using the basic labor certification process provision outlined in 20 CFR 656.17(e)(1) and not the competitive recruitment and selection process, mark this box.

3-C. If the job opportunity is for a college or university teacher and the candidate was selected using the competitive recruitment and selection process outlined in 20 CFR 656.18, mark this box.

3-D. If none of the boxes apply, because the job opportunity is for a schedule A or shepherd occupation, a professional athlete, or recruitment was conducted in accordance with a regulatory provision not listed above, mark this box.

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c. Supervised Recruitment – All employers must complete this Section.

4. 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." Otherwise, mark "No" and complete Section I. If submitting this form electronically and "Yes" in question 4, skip the remainder of Section I and continue to Section J. If submitting this form non-electronically and "Yes" in question 4, enter "N/A" in the remainder of Section I and continue to Section J.

Note: Answer "Yes" ONLY 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.

d. Professional/Non-Professional Information – Complete this Section only if recruitment was conducted 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, Shepherd, or college/university teacher selected using the competitive recruitment and selection process described in 20 CFR 656.18. If submitting this form non-electronically and recruitment was not conducted in accordance with 20 CFR 656.17(e)(1) and/or 656.17(e)(2), enter "N/A" or "0" (zero), as appropriate, in questions 5-11 below and continue to Section I.e.

5. Enter the start date for the SWA job order. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and not applicable, enter "0" (zero).

6. Enter the end date for the SWA job order. Use a month/day/full year (MM/DD/YYYY) format. If the employer's SWA job order has not ended, enter the date the employer submitted the ETA Form 9089 as the end date. If submitting this form non-electronically and not applicable, enter "0" (zero).

7. If there is a Sunday edition of a newspaper of general circulation in the area of intended employment, mark "Yes." If there is no Sunday edition of a newspaper of general circulation in the area of intended employment, mark "No." If submitting this form non-electronically and not applicable, mark "N/A." Mark only one box.

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, is the employer permitted to use the newspaper edition with the widest circulation in the area of intended employment and not a Sunday edition.

8. Enter the name of the newspaper of general circulation in which the employer placed an advertisement for the job opportunity. If submitting this form non-electronically and "N/A" in question 7, enter "N/A."

9. Enter the date of the newspaper advertisement referenced in question 8. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and "N/A" in question 7, enter "0" (zero).

10. Identify whether the type of print medium in which the employer placed the other advertisement for the job opportunity is a newspaper or professional journal. If the employer did not place another advertisement, mark "N/A." Mark only one box.

Note: A professional journal can only be used in lieu of one of the Sunday newspaper advertisements if the job opportunity requires experience and an advanced degree, and a professional journal normally would be used to advertise the job opportunity.

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. If submitting this form non-electronically and "N/A" in question 10, enter "N/A."

11. Enter the date of the advertisement referenced in question 10. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and "N/A" in question 10, enter "0" (zero).

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e. Additional Recruitment Steps for Professional Occupations – In addition to the Section above, complete this Section only if recruitment was conducted in accordance with 20 CFR 656.17(e)(1). If submitting this form non-electronically and recruitment was not conducted in accordance with 20 CFR 656.17(e)(1), enter “0” (zero) in questions 12-21 below and continue to Section I.f.

Note: You must complete at least 3 of the recruitment events listed. If documenting a one-day event, enter the same date in the “From” and “To” fields. Use a month/day/full year (MM/DD/YYYY) format.

12. If the employer recruited for the job opportunity at a job fair, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

13. If the employer recruited for the job opportunity using the employer’s web site, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

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. If submitting this form non-electronically and not applicable, enter “0” (zero).

15. If the employer recruited for the job opportunity on a college or university campus, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

16. If the employer recruited for the job opportunity using a trade or professional organization, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

17. If the employer recruited for the job opportunity using a private employment firm, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

18. If the employer recruited for the job opportunity using an employee referral program with incentives, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

19. If the employer recruited for the job opportunity using a campus placement office, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

20. If the employer recruited for the job opportunity using a local or ethnic newspaper, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

21. If the employer recruited for the job opportunity using radio and/or television advertisement, enter the date(s) of recruitment. If submitting this form non-electronically and not applicable, enter “0” (zero).

f. Special Recruitment Procedures for College and University Teachers– complete this Section only if recruitment was conducted in accordance with 20 CFR 656.18. If submitting this form non-electronically and recruitment was not conducted in accordance with 20 CFR 656.18, enter “N/A” or “0” (zero) in questions 22-24 below, as appropriate, and continue to Section I.g.

22. Enter the date the foreign worker was selected. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and not applicable, enter “0” (zero).

23. Enter the name of the national professional journal in which the employer placed an advertisement for the job opportunity. If submitting this form non-electronically and not applicable, enter “N/A.”

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. If submitting this form non-electronically and not applicable, enter “0” (zero).

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24. Describe all other recruitment conducted by the employer, including sources used. The description must begin in the space provided. If the employer wishes to continue the description, an attachment must be submitted. If submitting this form non-electronically and not applicable, enter "N/A."

g. General Information – All must complete this section

Mark the box that accurately describes the employer's actions. Only mark one box.

25-A. If the employer provided 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 this box.

25-B. 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 this box.

25-C. If the employer is a private household employing no U.S. worker(s) and does not need to post the notice of filing, mark this box.

25-D. If none of the boxes above apply because the employer did not post the notice of the filing of this application, mark this box.

**Section J
Foreign Worker Information**

Note: The foreign worker information in this Section should be different from the attorney/agent information listed in Section E, if any, and must be different from the employer information listed in Section C, unless the position is for a live-in. If submitting this form electronically, items J.1-J.3 will be pre-populated with the information previously entered in items B.1- B.3. If submitting this form non-electronically, re-enter the information in questions 1 to 3 below. name, telephone number, and email address.

a. Foreign Worker Contact Information

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

2. Enter the first (given) 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 this field.

3. Enter the full middle name of the foreign worker. If the foreign worker does not have a middle name, enter "N/A."

4. Enter the street address of the foreign worker's current residence.

5. If additional space is needed for the street address, use this line. If submitting this form non-electronically and no additional space is needed, enter "N/A."

6. 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.

7. Enter the state of the foreign worker's current residence. If submitting this form non-electronically and no state, enter "N/A."

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8. Enter the postal (zip) code of the foreign worker's current residence. If submitting this form non-electronically and no postal code, enter "0" (zero).

9. 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.

10. Enter the province of the foreign worker's current residence. If submitting this form non-electronically and no province, enter "N/A."

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

12. Enter the extension of the telephone number of the foreign worker's current residence. If submitting this form non-electronically and no extension, enter "0" (zero).

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

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

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

16. Enter the foreign worker's class of admission. (Example: H-1B, H-2A, etc.) If submitting this form non-electronically and no class of admission, enter "N/A."

17. Enter the foreign worker's alien registration number (A#) assigned by the Department of Homeland Security (DHS). If submitting this form non-electronically and no alien registration number, enter "0" (zero).

18. Enter the foreign worker's admission number (I-94#) assigned by DHS. If submitting this form non-electronically and no admission number, enter "0" (zero).

b. General Questions

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

c. Foreign Worker Employment and Qualifying Experience

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

21. If "Yes" in question 20 and the foreign worker gained any of the qualifying experience with the employer listed in Section D in a position substantially comparable to the job opportunity, mark "Yes" and be prepared to provide documentation demonstrating why it is no longer feasible to train a U.S. worker to qualify for the position. A substantially comparable position/job is one that requires performance of the same job duties as the foreign worker's current position/job with the employer more than 50% of the time. If "Yes" in question 20, but 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 submitting this form non-electronically and "No" in question 20, mark "N/A." if the job opportunity is for a Schedule A position, shepherd, or college or university teacher selected using the competitive recruitment and selection process described in 20 CFR 656.18, also mark "N/A."

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22. If "Yes" in question 20 and the employer paid for any education or training that qualified the foreign worker for the job opportunity, mark "Yes." If "Yes" in question 20, but the employer did not pay for any education and/or training that qualified the foreign worker for the job opportunity, mark "No."

If submitting this form non-electronically and "No" in question 20, mark "N/A." If no education and/or training is required by the employer for the job opportunity, and/or the job opportunity is for a Schedule A position, shepherd, or college or university teacher selected using the competitive recruitment and selection process described in 20 CFR 656.18, mark "N/A."

d. Foreign Worker Education

Identify any relevant diplomas/degrees attained that qualify the foreign worker for the job opportunity for which the employer is seeking certification. List the most recent diploma/degree attained first. Be sure to complete every field for each set. You may submit up to 3 sets of experience (2 in addition to the one provided); if you wish to list a second or third set, an attachment listing up to 2 sets of the foreign worker's education may be submitted. If submitting this form non-electronically and the foreign worker does not hold relevant diplomas/degrees, mark "None" in question 23 and "N/A" or "0" (zero), as appropriate, in questions 23a – 23e.

Note: Where the foreign worker attained a diploma/degree outside the U.S., mark the U.S. equivalent of the diploma/degree.

23. Identify whether the foreign worker's minimum U.S. diploma or degree, relevant to the job opportunity, is none, high school/GED, Associates, Bachelor's, Master's, Doctorate, or other. Only mark one box. If submitting this form on-electronically and no relevant diploma or degree, enter "N/A."

23-A. If "Other" in question 23, enter the specific U.S. diploma or degree received. (Example: JD, MD, DDS, etc.) If submitting this form non-electronically and not "Other" in question 23, or no relevant diploma/degree, enter "N/A".

23-B. Enter the foreign worker's major(s) and/or field(s) of study for the diploma or degree indicated in question 23. You may list more than one field and/or more than one related major. If submitting this form non-electronically and "None" or "High School" in question 23, or no relevant diploma/degree, enter "N/A."

23-C. Enter the name of the institution where the foreign worker received the diploma or degree referenced in question 23. If submitting this form on-electronically and no relevant diploma/degree, enter "N/A."

23-D. Enter the country of the institution identified in 23-C. If submitting this form on-electronically and no relevant diploma or degree, enter "N/A."

23-E. Enter the year the foreign worker received the diploma or degree referenced in question 23. Use a full year (YYYY) format. If submitting this form on-electronically and no relevant diploma or degree, enter "0" (zero).

e. Foreign Worker Work Experience

Identify any relevant employment experiences (other than training) that qualify the foreign worker for the job opportunity for which the employer is seeking certification. This may include, but is not limited to: paid and unpaid experience, internships, apprenticeships, etc. List the most recent experience first. Do not include periods of unemployment. If currently working for the employer, enter the date the employer submitted the ETA Form 9089 in the "To" field. Be sure to complete every field for each set. You may submit up to 10 sets of experience (9 in addition to the one provided); therefore, if you wish to list additional sets, an attachment listing up to 9 sets of the foreign worker's work experience may be submitted. If submitting this form non-electronically and the foreign worker does not have work experience, enter "N/A" or "0" (zero), as appropriate, in question group J.24.

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

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

24. Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer that employed the foreign worker. If submitting this form non-electronically and no work experience, enter "N/A."

24-A. Enter the street address of the employer. If submitting this form non-electronically and no work experience, enter "N/A."

24-B. If additional space is needed for the street address, use this line. If submitting this form non-electronically and no additional space is needed, or no work experience, enter "N/A."

24-C. Enter the city of the employer. If the city and country are the same, the name must still be entered in both fields. If submitting this form non-electronically and no work experience, enter "N/A."

24-D. Enter the state of the employer. If submitting this form non-electronically and no state, or no work experience, enter "N/A."

24-E. Enter the postal (zip) code of the employer. If submitting this form non-electronically and no postal code, or no work experience, enter "0" (zero).

24-F. Enter the country of the employer. If the city and country are the same, the name must still be entered in both fields. If submitting this form non-electronically and no work experience, enter "N/A."

24-G. Enter the province of the employer. If submitting this form non-electronically and no province, or work experience, enter "N/A."

24-H. Enter the type of business of the employer. (Example: food service, landscaping, computer hardware manufacturing, etc.) If submitting this form non-electronically and no work experience, enter "N/A."

24-I. Enter the foreign worker's job title with the employer identified in question 24. If submitting this form non-electronically and no work experience, enter "N/A."

24-J. Enter the date the foreign worker started working for the employer identified in question 24. Use a month/full year (MM/YYYY) format. If submitting this form non-electronically and no work experience, enter "0" (zero).

24-K. Enter the date the foreign worker stopped working for the employer identified in question 24. Use a month/full year (MM/YYYY) format. If the foreign worker is currently working for the employer, enter the date the employer submitted the ETA Form 9089 in the "To" field. If submitting this form non-electronically and no work experience, enter "0" (zero).

24-L. Enter the number of hours the foreign worker worked per week while working for the employer identified in question 24. If submitting this form non-electronically and no work experience, enter "0" (zero).

24-M. 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. The description must begin in the space provided. If the employer wishes to continue the description, an attachment must be submitted. If submitting this form non-electronically and no work experience, enter "N/A."

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f. Foreign Worker Training

Identify any relevant completed training programs, coursework, and/or training experience (other than employment) that qualify the foreign worker for the job opportunity for which the employer is seeking certification. This may include, but is not limited to: programs, coursework, training experience (other than employment), etc. List the most recent training completed first. Be sure to complete every field for each set. You may submit up to 3 sets of training (2 in addition to the one provided); therefore, if you wish to list a second or third set, an attachment listing up to 2 sets of the foreign worker's training may be submitted. If submitting this form non-electronically and the foreign worker has no training, enter "N/A" or "0" (zero), as appropriate, in questions 25 to 25d.

25. Enter the full name of the school or training provider that conducted the foreign worker's training. If submitting this form non-electronically and no training, enter "N/A."

25-A. Enter the date the foreign worker began the training. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and no training, enter "0" (zero).

25-B. Enter the date the foreign worker ended the training. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and no training, enter "0" (zero).

265-C. Enter the name of training received by the foreign worker with the school or training provider listed in question 25. If submitting this form non-electronically and no training, enter "N/A."

25-D. List any licenses, certificates and certifications attained or issued as a result of training. If submitting this form non-electronically and not applicable, enter "N/A."

g. Foreign Worker Skills, Licenses, and Abilities

26. Describe other specific skills, licenses/certificates/certifications received, and/or abilities/proficiencies relevant to the job requirements, that the foreign worker possesses. If submitting this form non-electronically, the description must begin in the space provided. If the employer wishes to continue the description, an attachment must be submitted.

Section K
Declaration of Foreign Worker

Note: If submitting this form electronically, the information entered in items B.1-B.3 will pre-populate items J.1-J.3, and K.1-K.3 of the form. If submitting this form non-electronically, re-enter the information in questions 1 to 3 below.

If submitting this form non-electronically, the foreign worker must sign and date the application prior to submission. If submitting this form electronically, the foreign worker must sign and date the application immediately upon receipt of the certified application and before submission to USCIS.

1. Enter the last (family) name of the foreign worker identified in Sections B, J, and K. If the foreign worker has only one name, enter the name in this field and enter "FNU" (first name unknown) in the first name field.

2. Enter the first (given) name of the foreign worker identified in Sections B, J, and K. If the foreign worker has only one name, enter the name in the last name field and enter "FNU" (first name unknown) in this field.

3. Enter the full middle name of the foreign worker identified in Section J. If the foreign worker does not have a middle name, enter "N/A."

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

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Section K Continued

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

**Section L
Declaration of Attorney/Agent**

Note: The name and e-mail address in this Section must be the same as the agent attorney or agent information listed in Section E. If submitting this form non-electronically and the employer is not being represented by an attorney or agent in the filing of this application, enter "N/A" or "0" (zero), as appropriate, in items L.1 to L.8 and continue to Section M.

If submitting this form non-electronically, the attorney/agent must sign and date the application prior to submission. If submitting this form electronically, the attorney/agent must sign and date the application immediately upon receipt of the certified application and before submission to USCIS.

1. Enter the last (family) name of the attorney/agent. If submitting this form non-electronically and no attorney or agent, enter "N/A."
2. Enter the first (given) name of the attorney/agent. If submitting this form non-electronically and no attorney or agent, enter "N/A."
3. Enter the middle initial of the attorney/agent. If submitting this form non-electronically and no attorney or agent, enter "N/A."
14. Enter the attorney/agent's law firm or business name. If submitting this form non-electronically and no law firm or business name, or no attorney or agent, enter "N/A."
5. Enter the e-mail address of the attorney/agent. If submitting this form non-electronically and no e-mail address, or no attorney or agent, enter "N/A."
6. The attorney/agent must sign the application. Read the entire application and verify all contained information prior to signing. If submitting this form non-electronically and no attorney or agent, enter "N/A."
7. The attorney/agent must date the application. Use a month/day/full year (MM/DD/YYYY) format. If submitting this form non-electronically and no attorney or agent, enter "0" (zero).

Substituted Attorney or Agent's Signature

Note: The attorney/agent'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 provide a letter to the appropriate agency (Department of Labor and/or U.S. Citizenship and Immigration Services) explaining the circumstances for the substitution. Read the entire application and verify all contained information prior to signing.

8. Enter the last (family) name of the substituted attorney/agent.
9. Enter the first (given) name of the substituted attorney/agent.
10. Enter the middle initial of the substituted attorney/agent.
11. Enter the substituted attorney/agent's law firm or business name.
12. Enter the e-mail address of the substituted attorney/agent.
13. The substituted attorney/agent must sign the application.

Note: Read the entire application and verify all contained information prior to signing.

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Section L Continued

14. The substituted attorney/agent must date the application. Use a month/day/full year (MM/DD/YYYY) format.

**Section M
Declaration of Employer**

Note: If submitting this form non-electronically, the employer must sign and date the application prior to submission. If submitting this form electronically, the employer must sign and date the application immediately upon receipt of the certified application and before submission to USCIS. An attorney or agent should not sign this section unless the attorney or agent is an employee of the employer and has authority to sign as the employer.

1. Enter the last (family) name of the person with authority to sign as the employer.
2. Enter the first (given) name of the person with authority to sign as the employer.
3. Enter the middle initial of the person with authority to sign as the employer.
4. Enter the job title of the person with authority to sign as the employer.
5. The person with authority to sign as the employer must sign the application. Read the entire application and verify all contained information prior to signing.
6. The person with authority to sign as the employer must date the application. Use a month/day/full year (MM/DD/YYYY) format.

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 and/or U.S. Citizenship and Immigration Services) explaining the circumstances for the substitution. Read the entire application and verify contained information prior to signing.

7. Enter the last (family) name of the substituted person with authority to sign on behalf of the employer.
 8. Enter the first (given) name of the substituted person with authority to sign on behalf of the employer.
 9. Enter the middle initial of the substituted person with authority to sign on behalf of the employer.
 10. Enter the job title of the substituted person with authority to sign on behalf of the employer.
 11. The substituted person with authority to sign on behalf of the employer must sign the application.
 12. The substituted person with authority to sign on behalf of the employer must date the application. Use a month/day/full year (MM/DD/YYYY) format.
-

**Section N
U.S. Government Agency Use Only**

Read this section. No entries required.

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Section O
Signature Notification

Read this section. No entries required.

Section P
OMB 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.

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Please read and review the filing instructions carefully before completing the ETA Form 9089. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>.

Important Note: In accordance with Federal Regulations at 20 CFR 656.17(a)(1), incomplete applications will be denied by the Department of Labor. If submitting this form non-electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank, and, at the end of each page, you will be asked to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A."

A. Schedule A or Shepherd Information

1. Is this application in support of a Schedule A or Shepherd occupation? <i>If "Yes," DO NOT file this application with the Department of Labor. Instead, all applications in support of Schedule A or Shepherd occupations must be filed directly with the appropriate office of the Department of Homeland Security's United States Citizenship and Immigration Services (USCIS).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

B. Foreign Worker's Name

Note: If submitting this form electronically, the data entered in items B.1-B.3 below will pre-populate items J.1-J.3 and K.1-K.3 of this application. If submitting this form non-electronically, you will need to re-enter this information in items J.1-J.3 and K.1-K.3.

1. Foreign worker's last (family) name	2. First (given) name	3. Full middle name(s)
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C. Employer Information

1. Legal business name		
2. Trade name/Doing Business As (DBA), if applicable		
3. Address 1		
4. Address 2		
5. City	6. State	7. Postal code
8. Country	9. Province	
10. Telephone number	11. Extension	
12. Number of employees currently on the employer's payroll in the area of intended employment	13. Year commenced business (if household, year issued FEIN)	
14. Federal Employer Identification Number (FEIN from IRS)	15. NAICS code (must be at least 4-digits)	
16. Is the employer a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest?		<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators?		<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR DEPARTMENT OF LABOR USE ONLY



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D. Employer Point of Contact Information

Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The employee designated in this Section will be contacted to verify whether the employer is authorizing this application and sponsoring the foreign worker named in the application. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's last (family) name	2. First (given) name	3. Middle name(s)
4. Contact's job title		
5. Address 1		
6. Address 2		
7. City	8. State	9. Postal code
10. Country	11. Province	
12. Telephone number	13. Extension	14. E-Mail address

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If "Yes," complete the remainder of Section E below. If submitting this form non-electronically and "No" in question 1, enter "N/A" or "0" (zero), as appropriate, in questions 2-19.</i>		
2. Attorney or Agent's last (family) name	3. First (given) name	4. Middle name(s)
5. Address 1		
6. Address 2		
7. City	8. State	9. Postal code
10. Country	11. Province	
12. Telephone number	13. Extension	14. E-Mail address
15. Law firm/Business name		16. Law firm/Business FEIN
17. State Bar number (only if attorney)	18. State of the highest court where attorney is in good standing (only if attorney)	
19. Name of the highest court where attorney is in good standing (only if attorney)		



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F. Prevailing Wage Information

Note: This information must be identical to the information on the Prevailing Wage Determination (PWD) provided by the State Workforce Agency (SWA).

1. State/District/Territory which issued prevailing wage		2. Prevailing wage tracking number (if provided by SWA)	
3. Wage level <div style="text-align: center;"> <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A </div>			
4. SOC (ONET/OES) code (must be at least 6-digits)		5. SOC (ONET/OES) occupation title	
6. Prevailing wage <div style="text-align: center;">\$ _____ . ____</div>		6a. Per: (Choose only one) <div style="text-align: center;"> <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year </div>	
7. Prevailing wage source (Choose only one) <div style="text-align: center;"> <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other </div>			
7a. If "Other" in question 7, specify			
8. Determination date		9. Expiration date	

G. Wage Offer Information

1. Offered wage <div style="text-align: center;"> From: \$ _____ . ____ To (Optional): \$ _____ . ____ </div>	1a. Per: (Choose only one) <div style="text-align: center;"> <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year </div>
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H. Job Opportunity Information

a. Worksite Information

Note: It is important for the employer to define the area of intended employment with as much geographic specificity as possible. This information is used for purposes of reviewing any advertising, notice posting, and prevailing wage information in support of this application. The worksite address listed in questions 2-7 below must be a physical location and cannot be a P.O. Box.

1. Type of worksite location that best describes where work will be performed: (Choose only one)	
a. <input type="checkbox"/> Business premises	
b. <input type="checkbox"/> Employer's private household (includes live-in and domestic household worker)	
c. <input type="checkbox"/> Employee's private residence (when work is performed directly out of the residence)	
d. <input type="checkbox"/> No <u>one</u> specific worksite address or physical location	
If submitting this form non-electronically and marked "No <u>one</u> specific worksite address or physical location," enter "N/A" or "0" (zero), as appropriate, in questions 2- 7 below, mark "N/A" in question 8, and continue to Section H.b.	
2. Worksite address 1	
3. Address 2	
4. City	5. County
6. State/District/Territory	7. Postal code
8. Will work also be performed in a location(s) other than the address listed in questions 2-7 above?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes," complete section H.b below.	

b. Additional Worksite Information

Note: If "No one specific worksite address or physical location" in question 1 or "Yes" in question 8 above, the employer may identify up to 5 Metropolitan Statistical Areas (MSAs) covering the area(s) of intended employment where work is expected to be performed. 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>

If the MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area, the employer may complete question 10 instead. If submitting this form non-electronically and not completing questions 9-9i, enter "N/A" in each question and continue to question 10.

1. Metropolitan Statistical Areas (MSAs)

9. MSA Code	9a. Name of MSA
9b. MSA Code	9c. Name of MSA
9d. MSA Code	9e. Name of MSA
9f. MSA Code	9g. Name of MSA
9h. MSA Code	9i. Name of MSA



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H. Job Opportunity Information Continued

2. Other Definable Geographic Area

Note: Answer question 10 only where the specific MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area. If submitting this form non-electronically, and not applicable, enter "N/A" in question 10.

10. Identify the geographic area(s) where work will be performed. For example, this can include a listing of cities or townships/states, counties/states, or states located within a geographic region.

c. Job Description

11. Job title	
12. Is this a full-time (35 hours or more) position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Job duties. The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted.	
14. Other special requirements, specific skills, licenses, certificates, and certifications. The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted.	



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H. Job Opportunity Information Continued

d. Primary Requirements

15. Education: minimum U.S. diploma/degree required	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
15a. If "Other degree" in question 15, specify the diploma/degree required	15b. Indicate the major(s) and/or field(s) of study required (May list more than one related major and more than one field)
16. Does the employer require a second U.S. diploma/degree? <input type="checkbox"/> Yes <input type="checkbox"/> No	
16a. If "Yes" in question 16, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required <i>if submitting this form non-electronically and "No" in question 16, enter "N/A."</i>	
17. Is training for the job opportunity required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17a. If "Yes" in question 17, specify the number of <u>months</u> of training required	17b. Indicate the field(s)/name(s) of training required (May list more than one related field/name)
18. Is employment experience required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18a. If "Yes" in question 18, specify the number of <u>months</u> of experience required	18b. Indicate the occupation required

e. Alternative Requirements

19. Does the employer have alternative requirements for the job opportunity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: If "Yes" in question 19, the employer may submit up to **3** sets of alternative requirements (2 in addition to the one below) in addition to the primary requirements entered in Section H.d of this form. If "No" and submitting this form non-electronically, mark "None" in question 20 and "N/A" or "0" (zero), as appropriate, in questions 20a-20j. If "No" and submitting this form electronically, skip questions 20-20j.

The employer must complete every field for each set of alternative requirements. For example, where the employer has an alternative education requirement for the job opportunity, but always requires five years of experience in the same occupation, it must enter the alternative education requirement and then re-enter the five years of experience and related occupation in the same set. If the employer wishes to list a second or third set of alternative requirements, an attachment must be submitted.

1. Alternative Requirements

20. Education: minimum U.S. diploma/degree required	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PHD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
20a. If "Other degree" in question 20, specify the diploma/degree required	20b. Indicate the major(s) and/or field(s) of study required (May list more than one related major and more than one field)



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H. Job Opportunity Information Continued
e. Alternative Requirements Continued

20c. Does the employer require a second U.S. diploma/degree?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20d. If "Yes" in question 20c, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required <i>If submitting this form non-electronically, and "No" or "N/A" in question 20c, enter "N/A."</i>		
20e. Is training for the job opportunity required?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20f. If "Yes" in question 20e, specify the number of <u>months</u> of training required	20g. Indicate the field(s)/name(s) of training required (May list more than one related field/name)	
20h. Is employment experience required?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
20i. If "Yes" in question 20h, specify the number of <u>months</u> of experience required	20j. Indicate the occupation required	

f. Other Requirements

21. Will the employer accept a foreign diploma/degree equivalent to the employer's required U.S. diploma/degree identified in Section H?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22. Does the job opportunity require the foreign worker to live on the employer's premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is this application for a live-in household domestic service worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23a. If "Yes" in question 23, have the employer and the foreign worker executed the required employment contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23b. If "Yes" in question 23a, has the employer provided a copy of the contract to the foreign worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24. If "Yes" in question 23, does the foreign worker have one year of paid experience as a live-in household domestic service worker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

g. Suitable Combination

25. Is the foreign worker currently working for the employer submitting this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No
25a. If "Yes" in question 25, does the foreign worker only qualify for the job opportunity by virtue of the employer's alternative requirements identified in Section H.e?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
25b. If "Yes" in questions 25 and 25a, please write the applicable statement below that describes the employer's willingness to accept any suitable combination of education, experience, or training. <i>If submitting this form non-electronically and "No" in question 25 or "No" or "N/A" in question 25a, enter "N/A" in both spaces below.</i>		
Write "I accept"		
Write "I do not accept"		

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H. Job Opportunity Information Continued

h. Business Necessity

Note: If "Yes" is marked in any of the following questions (26, 27, or 28), the employer must provide a brief explanation of business necessity and be prepared to provide documentation demonstrating business necessity. Preferences will be considered to be the same as requirements for the job opportunity.

26. Is proficiency in a foreign language required or preferred to perform the job duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26a. If "Yes" in question 26, provide a brief explanation (3-5 sentences). <i>If submitting this form non-electronically and "No" in question 26, enter "N/A."</i>	
27. Do the job requirements indicated in Section H exceed the Specific Vocational Preparation (SVP) level assigned to the occupation as shown in the O*NET Job Zones?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27a. If "Yes" in question 27, provide a brief explanation (3-5 sentences). <i>If submitting this form non-electronically and "No" or "N/A" in question 27, enter "N/A."</i>	
28. Does this application involve a job opportunity that includes a combination of occupations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28a. If "Yes" in question 28, provide a brief explanation (3-5 sentences). <i>If submitting this form non-electronically and "No" in question 28, enter "N/A."</i>	



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I. Recruitment Information

a. General Information – All must complete this Section.

1. Has the employer received payment of any kind for the submission of this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1a. If "Yes" in question 1, provide a brief explanation (3-5 sentences). <i>If submitting this form non-electronically and "No" in question 1, enter "N/A."</i>	
2. Has the employer had a layoff in the occupation involved in this application or in a related occupation within the 6 months immediately preceding the filing of this application in the area of intended employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If "Yes" in question 2, provide a brief explanation (3-5 sentences) describing the nature of the layoff and the method(s) by which potentially qualified laid-off U.S. workers were notified and considered for the job opportunity for which certification is sought. <i>If submitting this form non-electronically and "No" in question 2, enter "N/A."</i>	

b. Occupation Type – All must complete this Section.

Mark ONE appropriate box below:	
3a. <input type="checkbox"/>	This application is for a non-professional occupation and the recruiting was conducted in accordance with 20 CFR 656.17(e)(2).
3b. <input type="checkbox"/>	This application is for a professional occupation as listed in Appendix A on page 23 of the instructions (which includes a college or university teacher <u>not</u> selected using the competitive recruitment process) and the recruiting was conducted in accordance with 20 CFR 656.17(e)(1).
3c. <input type="checkbox"/>	This application is for a college or university teacher <u>and</u> the candidate was selected using the competitive recruitment process in accordance with 20 CFR 656.18.
3d. <input type="checkbox"/>	None of the above apply because this application is for a Schedule A or shepherd occupation, a professional athlete, or recruitment was conducted in accordance with a regulatory provision not listed above.

c. Supervised Recruitment– All must complete this Section.

4. Is the employer required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Note: Answer "Yes" only where the employer received a Notice of Supervised Recruitment from a Certifying Officer. *If submitting this form non-electronically and "Yes" in question 4, enter "N/A" or "0" (zero), as appropriate, in the remainder of Section I and continue to Section J below. If submitting this form electronically and "Yes" in question 4, continue to Section J below. If "No" in question 4, complete the remainder of Section I below.*



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I. Recruitment Information Continued

d. Professional/Non-Professional Recruitment Information

Note: Complete if recruitment was conducted in accordance with 20 CFR 656.17. If submitting this form non-electronically and not applicable, enter "N/A" or "0" (zero), as appropriate, in questions 5-11.

5. Start date for the SWA job order	6. End date for the SWA job order
7. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
8. Name of newspaper of general circulation in which a print advertisement was placed	9. Date of advertisement
10. Which of the following did the employer use to place the other advertisement for the job opportunity? (Choose only one) <input type="checkbox"/> Newspaper <input type="checkbox"/> Professional Journal <input type="checkbox"/> N/A	
10a. Name of newspaper or professional journal in which the employer placed the other advertisement	11. Date of advertisement

e. Additional Recruitment Steps for Professional Occupations

Note: Complete a minimum of 3 recruitment events if recruitment was conducted in accordance with 20 CFR 656.17(e)(1). If an item below occurred on a single day enter that date in both the "From" and "To" spaces. If submitting this form non-electronically and not applicable, enter "0" (zero) in questions 12-21.

12. Dates advertised at job fair From: To:	13. Dates posted on employer web site From: To:
14. Dates listed with job search web site From: To:	15. Dates of on-campus recruiting From: To:
16. Dates advertised with trade or professional organization From: To:	17. Dates listed with private employment firm From: To:
18. Dates advertised with employee referral program From: To:	19. Dates advertised with campus placement office From: To:
20. Dates advertised with local or ethnic newspaper From: To:	21. Dates advertised with radio and/or TV ads From: To:



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I. Recruitment Information Continued

f. Special Recruitment and Documentation Procedures for College and University Teachers

Note: Complete if recruitment was conducted in accordance with 20 CFR 656.18, the competitive recruitment and selection process. If submitting this form non-electronically and not applicable, enter "N/A" in questions 22-24.

22. Date foreign worker selected
23. Name of national professional journal in which advertisement was placed
23a. Start date of advertisement identified in question 23
24. Specify additional recruitment. The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted.

g. General Information- All must complete this Section

Mark ONE appropriate box below:	
25a. <input type="checkbox"/>	Notice of this filing has been provided 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 date the application was filed.
25b. <input type="checkbox"/>	There is no bargaining representative, so a notice of this filing has been posted for 10 consecutive business days in a conspicuous location at the place of employment and in all in-house media normally used to inform current employees of job vacancies at least 30 days before, but not more than 180 days before, the date the application was filed.
25c. <input type="checkbox"/>	The domestic employment will be in a private household (not a home office or home business) and the employer does not employ any U.S. workers in the home, so no posting or notification was made.
25d. <input type="checkbox"/>	The employer did not post the notice of filing.



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J. Foreign Worker Information

a. Foreign Worker Contact Information

Note: The foreign worker information in this Section should be different from the attorney/agent information listed in Section E, if any. The foreign worker information in this Section must be different from the employer information listed in Section C, unless the position is for a live-in. If submitting this application electronically, items J.1–J.3 will be pre-populated with the information previously entered in items B.1–B.3 of this application. If submitting this form non-electronically, re-enter the information.

1. Foreign worker's last (family) name	2. First (given) name	3. Middle name(s)
4. Address 1 (current)		
5. Address 2		
6. City	7. State	8. Postal code
9. Country	10. Province	
11. Telephone number	12. Extension	
13. Date of birth	14. Country of birth	
15. Country of citizenship	16. Class of admission (if applicable)	
17. Alien registration number (A#) (if applicable)	18. Alien admission number (I-94) (if applicable)	

b. General Questions

19. Please confirm that the job opportunity described in Section H is being offered to the foreign worker identified above.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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c. Foreign Worker Employment and Qualifying Experience

20. Is the foreign worker currently employed by the employer submitting this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. If "Yes" in 20, did the foreign worker gain any of the qualifying experience with the employer in a position <u>substantially comparable</u> to the job opportunity identified in Section H? <i>If "Yes" in question 21, the employer must be prepared to provide documentation demonstrating why it is no longer feasible to train a worker to qualify for the position.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22. If "Yes" In 20, did the employer pay for any of the foreign worker's education or training necessary to satisfy any of the employer's requirements for the job opportunity identified in Section H?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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J. Foreign Worker Information Continued

d. Foreign Worker Education

Note: Identify any relevant diplomas/degrees attained that qualify the foreign worker for the job opportunity for which the employer is seeking certification. List the most recent diploma/degree attained first. Where the foreign worker attained a diploma/degree outside the U.S., mark the U.S. equivalent of the diploma/degree. The employer must complete every field for each set. The employer may submit up to 3 sets of experience (2 in addition to the one below); if the employer wishes to list additional sets, an attachment listing up to 2 sets of the foreign worker's education may be submitted. If submitting this form non-electronically and the foreign worker does not hold relevant diplomas/degrees, mark "None" in question J.23 and "N/A" or "0" (zero), as appropriate, in questions J.23a – J.23e.

1. Educational Attainment

23. Education: U.S. diploma/degree attained relevant to the job opportunity referenced in Section H.		
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)		
23a. If "Other degree" in question 23, specify the diploma/degree attained	23b. Specify major(s) and/or field(s) of study (May list more than one related major and more than one field)	
23c. Name of institution that issued the degree/diploma		
23d. Name of country of institution identified in question 23c	23e. Year attained diploma/degree (YYYY)	

e. Foreign Worker Work Experience

Note: Identify any relevant employment experiences (other than training) that qualify the foreign worker for the job opportunity for which the employer is seeking certification. List the most recent experience first. Do not include periods of unemployment. The employer must complete every field for each set. The employer may submit up to 10 sets of experience (9 in addition to the one below); if the employer wishes to list additional sets, an attachment listing up to 9 sets of the foreign worker's work experience may be submitted. If submitting this form non-electronically and the foreign worker does not have work experience, enter "N/A" or "0" (zero), as appropriate, in question group J.24.

1. Work Experience

24. Employer name		
24a. Address 1		
24b. Address 2		
24c. City	24d. State	24e. Postal code
24f. Country	24g. Province	
24h. Type of business	24i. Job title	
24j. Start date (mm/yyyy)	24k. End date (mm/yyyy)	24l. Number of hours worked per week
24m. Job details: Specify details of job (duties performed, use of tools, machines, equipment, etc.) The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted.		



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J. Foreign worker Information Continued

f. Foreign Worker Training (relevant to the job opportunity)

Note: Identify any relevant completed training programs, coursework, and/or training experience (other than employment) that qualify the foreign worker for the job opportunity for which the employer is seeking certification. List the most recent training completed first. The employer must complete every field for each set. The employer may submit up to 3 sets of training (2 in addition to the one below); if the employer wishes to list additional sets, an attachment listing up to 2 sets of the foreign worker's training may be submitted. If submitting this form non-electronically and the foreign worker has no training, enter "N/A" or "0" (zero), as appropriate, in question group J.25.

1. Training

25. Name of school/training provider	Dates of Training (mm/yyyy format) 25a. From: 25b. To:
25c. Name of training, coursework, experience received	25d. Licenses/Certificates/Certifications attained (if applicable)

g. Foreign Worker Skills, Abilities, and Proficiencies

26. Other specific skills, abilities, and/or proficiencies the foreign worker possesses which help establish whether the foreign worker meets the requirements identified for the job opportunity. The description MUST begin in this space. If the employer wishes to continue the description, an attachment may be submitted. If submitting this form non-electronically and not applicable, enter "N/A."

K. Declaration of Foreign Worker

Note: If submitting this form electronically, the information entered in items B.1 to B.3 will pre-populate items J.1 to J.3, and K.1 to K.3 of the form. If submitting this form non-electronically, re-enter the information in questions 1 to 3 below.

I declare under penalty of perjury that the information in Sections J and K are true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a Federal offense punishable by a fine or imprisonment up to five years or both under 18 U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of Employment and Training Administration (ETA) immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.

In addition, I further declare under penalty of perjury that I intend to accept the position offered in Section H of this application if a labor certification is approved and I am granted a visa or an adjustment of status based on this application.

1. Foreign worker's last (family) name	2. First (given) name	3. Full middle name
4. Signature		5. Date signed



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L. Declaration of Attorney/Agent

Note: The name and e-mail address in this Section must be the same as the attorney or agent information listed in Section E. If submitting this form non-electronically and the employer is not being represented by an attorney or agent in the filing of this application, enter "N/A" or "0" (zero), as appropriate, in items L.1 to L.7.

I hereby certify that I am an employee of, or hired by, the employer listed in Section C, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

1. Attorney or Agent's last (family) name	2. First (given) name	3. Middle initial
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

Substitute Attorney/Agent Signature

Note: The following fields should ONLY be completed if the original signer (attorney/agent identified above) is no longer available or authorized to sign the ETA Form 9089, and any such substitution must be supported by a letter from the employer to the appropriate agency (Department of Labor and/or U.S. Citizenship and Immigration Services) explaining the circumstances for the new signature. Please read the complete application prior to signing.

I hereby certify that I have read and reviewed this application at the direct request of the employer listed in Section C and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or five (5) years in a Federal penitentiary or both (18 U.S.C. 1001).

8. Attorney or Agent's (family) name	9. First (given) name	10. Middle initial
11. Firm/Business name		
12. E-Mail address		
13. Signature		14. Date signed



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M. Declaration of Employer

By virtue of my signature below, **I HEREBY CERTIFY** the following conditions of employment:

1. The offered wage equals or exceeds the prevailing wage and the employer will pay the prevailing wage from the time permanent residency is granted based on the approval of a labor certification or from the time the foreign worker is admitted to take up the certified employment.
2. The wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. The employer's job opportunity does not involve unlawful discrimination, by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
4. The employer's job opportunity is not:
 - a. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
 - b. At issue in a labor dispute involving a work stoppage.
5. The employer's job opportunity's terms, conditions, and occupational environment are not contrary to Federal, State or local law.
6. The job opportunity has been and is clearly open to any U.S. worker.
7. The U.S. workers who applied for the job opportunity were rejected for lawful, job-related reasons.
8. The job opportunity is for full-time, permanent employment.

I hereby designate the agent or attorney (if any) identified in Sections E and M to represent me for the purpose of labor certification and, declare that pursuant to 20 CFR 656.12(b) I have not sought or received any payment of any kind for any activity related to this application, including payment of fees for any attorney designated in Sections E and M, whether as an incentive or inducement to filing, or reimbursement of costs incurred, except in such circumstances when work to be performed by the foreign worker in connection with the job opportunity has benefited or accrued to the person or entity who has made the payment and that third party has an established business relationship with me, as the employer. **I take full responsibility** for the accuracy of any representations made by the agent or attorney listed on the application.

I declare under penalty of perjury that I have not and shall not offer this labor certification for sale, barter, or purchase in accordance with 20 CFR 656.12.

I declare under penalty of perjury that this is a legitimate and permissible application, i.e., one filed on behalf of the foreign worker identified in the application who may be required by the Immigration and Nationality Act to have such a certification in order to obtain permanent resident status in the United States; that I have read and reviewed this application; and that to the best of my knowledge the information contained herein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or five (5) years in the Federal penitentiary or both (18 U.S.C. 1001).*

1. Employer's last (family) name	2. First (given) name	3. Middle initial
4. Title		
5. Signature		6. Date signed

Substitute Employer Signature

Note: *The following fields should ONLY be completed if the original signer (employer identified above) is no longer available or authorized to sign the ETA Form 9089, and any such substitution must be supported by a letter from the employer to the appropriate agency (Department of Labor and/ or U.S. Citizenship and Immigration Services) explaining the circumstances for the new signature. Please read the complete application prior to signing.*

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained herein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).*

7. Employer's last (family) name	8. First (given) name	9. Middle initial
10. Title		
11. Signature		12. Date signed



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N. U.S. Government Agency Use (ONLY)

Pursuant to the provisions of Section 212 (A)(14) of the Immigration and Nationality Act (now at Section 212(a)(5)). I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.

This certification is valid from _____ to _____.

Department of Labor, Office of Foreign Labor Certification

Certification Date (date signed)

Case number

Priority Date

O. Signature Notification

The signatures and dates signed on this form will not be filled out when electronically submitting to DOL for processing, but **MUST** be complete when submitting non-electronically. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

P. OMB Paperwork Reduction Act (1205-0451)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification, U.S. Department of Labor, Room C-4312, 200 Constitution Ave., NW, Washington, DC 20210 **Do NOT send the completed application to this address.**

Q. Privacy Statement Information

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) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named foreign workers or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act. To obtain information on further relevant disclosures of this record, please visit the DOL website at <http://www.dol.gov>.