Labor Condition Application for Nonimmigrant Workers

U.S. Department of Labor
Employment and Training Administration

Form ETA 9035
OMB Approval: 1205-0310
Expiration Date: 11/30/2008

A. Program Designation
You must choose one:

◯ H-1B ◯ H-1B1 Chile ◯ H-1B1 Singapore ◯ E-3 Australian

B. Employer's Information

If you want the application returned by mail, leave the Return Fax Number blank.

1. Return Fax Number ( ) -
2. Employer's Name
3. Employer's Address (Number and Street)
4. Employer's City State Zip/Postal Code
5. Employer's EIN Number -
6. Employer's Phone Number ( ) - Extension

C. Rate of Pay

1. Wage Rate (or Rate From) (Required): $.
2. Rate Up To (Optional): $.
3. Rate is Per: ◯ Year ◯ Week ◯ Month ◯ Hour ◯ 2 Weeks
4. Is this position part-time? ◯ Yes ◯ No

Please Note: Part-time hours worked by nonimmigrant(s) will be in the range of hours stated on the USCIS Form(s) I-129.

D. Period of Employment and Occupation Information

Please Note: The Date Information MUST be in MM/DD/YYYY format

1. Begin Date / /
2. End Date / /
3. Occupational Code
4. Number of Nonimmigrant Workers
5. Job Title

E. Information Relating to Work Location for the Nonimmigrant Worker(s)

This section is REQUIRED

Do NOT write "Same As Above". This section MUST be filled out.

1. City State
2. Prevailing Wage $.
3. Wage is Per: ◯ Year ◯ Week ◯ Month ◯ Hour ◯ 2 Weeks
4. Wage Source: ◯ OES ◯ Collective Bargaining Agreement ◯ Other

If OTHER is chosen as the Wage Source, Numbers 5 and 6 in this section MUST be filled out.

5. Year Source Published
6. Other Wage Source

Page Link: 5 5 0 4 5 2

If filing the form electronically, the Page Link field will be automatically created for you upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.

3417

E. Subsection A Information for Additional or Subsequent Work Location

This Section should be completed only if filing for more than 1 work location.

1. City

State

2. Prevailing Wage

$.

3. Wage is Per:

◯ Year ◯ Week
◯ Month ◯ Hour
◯ 2 Weeks

4. Wage Source

◯ OES
◯ Collective Bargaining Agreement
◯ Other

If OTHER is chosen as the Wage Source, Numbers 5 and 6 in this section MUST be filled out.

5. Year Source Published

6. Other Wage Source

F. Employer Labor Condition Statements

! Please Note: In order for your application to be processed, you MUST read section E of the Labor Condition Application cover pages under the heading "Employer Labor Condition Statements" and agree to all 4 labor condition statements summarized below:

(1) Wages: Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as U.S. workers.

(2) Working Conditions: Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.

(3) Strike, Lockout, or Work Stoppage: No strike or lockout in the occupational classification at the place of employment.

(4) Notice: Notice to union or to workers at the place of employment. A copy of this form to the nonimmigrant worker(s).

I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section E of the Labor Condition Application Cover Pages. ◯ **Yes** ◯ **No**

F-1. Additional Employer Labor Condition Statements - H-1B Employers Only

Please Note: In order for an application regarding H-1B nonimmigrants to be processed, you MUST read Section F-1 - Subsections 1 and 2 of the Labor Condition Application cover pages under the heading "Additional Employer Labor Condition Statements" and choose one of the 3 alternatives (A, B, or C) listed below in Subsection 1. If you mark Alternative B, you MUST read Section F-1 - Subsection 2 of the cover pages under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all 3 additional statements summarized below in Subsection 2.

1. Subsection 1

Choose ONE of the following 3 alternatives:

A ◯ **Employer is not H-1B dependent and is not a willful violator.**

B ◯ **Employer is H-1B dependent and/or a willful violator.**

C ◯ **Employer is H-1B dependent and/or a willful violator BUT will use this application ONLY to support H-1B petitions for exempt nonimmigrants.**

2. Subsection 2

If Alternative B in Subsection 1 is marked, the following Additional Labor Condition Statements are applicable:

A. Displacement: Non-displacement of the U.S. workers in employer's work force;

B. Secondary Displacement: Non-displacement of U.S. workers in another employer's work force; and

C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. worker applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

I have read and agree to Additional Labor Condition Statements 2 A, B, and C. ◯ **Yes** ◯ **No**

Page Link

5	5	0	4	5	2

If filing the form electronically, the Page Link field will be automatically created for you upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.

3417

G. Public Disclosure Information

You must choose one of the two options listed in this Section.

1. Public disclosure information will be kept at:
   - ◯ Employer's principal place of business
   - ◯ Place of employment

H. Declaration of Employer

By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read the sections E, F, and F-1 of the cover pages (Form ETA 9035CP), and that I agree to comply with the Labor Condition Statements as set forth in the cover pages and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act.

1. First Name of Hiring or Other Designated Official

MI

2. Last Name of Hiring or Other Designated Official

3. Hiring or Other Designated Official Title

4. Signature - Do NOT let signature extend beyond the box

5. Date Signed

/ /

Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

I. Contact Information

1. Contact First Name

MI

2. Contact Last Name

3. Contact Phone Number

( ) -

Extension

J. U.S. Government Agency Use Only

By virtue of my signature below, I hereby acknowledge this application certified for

Date Starting _____ and Date Ending _____

_____ _____ _____

Signature and Title of Authorized DOL Official | ETA Case Number | Date

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified labor condition application.

K. Complaints

Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division, U.S. Department of Labor. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with: U.S Department of Justice * Office of the Special Counsel for Immigration-Related Unfair Employment Practices* 950 Pennsylvania Ave, NW * Washington, DC * 20530.

Page Link: 5 5 0 4 5 2

If filing the form electronically, the Page Link field will be automatically created for you upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.

3417