



A. Program Designation H-1B H-1B1 Chile H-1B1 Singapore
You must choose one: 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**

1. City *Do NOT write "Same As Above". This section MUST be filled out.* State

2. Prevailing Wage 3. Wage is Per:
\$. Year Week
 Month Hour
 2 Weeks

4. Wage Source
 OES
 Collective Bargaining Agreement
 Other

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

6. Other Wage Source

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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 [grid] State [grid]

2. Prevailing Wage \$ [grid] . [grid]

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 [grid]

6. Other Wage Source [grid]

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... (2) Working Conditions... (3) Strike, Lockout, or Work Stoppage... (4) Notice: Notice to union or to workers...

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... B. Employer is H-1B dependent... C. Employer is H-1B dependent BUT will use this application ONLY to support H-1B petitions... 2. Subsection 2: If Alternative B in Subsection 1 is marked... A. Displacement: Non-displacement of the U.S. workers... B. Secondary Displacement: Non-displacement of U.S. workers... C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. worker applicant(s)...

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

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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

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2. Last Name of Hiring or Other Designated Official

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3. Hiring or Other Designated Official Title

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5. Date Signed

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

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

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2. Contact Last Name

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3. Contact Phone Number

Extension

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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.

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OMB Paperwork Reduction Act (1205-0310)

These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Sections 212(n) and (t) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management and to meet Congressional and statutory requirements, is estimated to average 1 hour per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0310.) **Do NOT send the completed application to this address.**