U.S. DEPARTMENT OF LABOR EMPLOYMENT AND TRAINING ADMINISTRATION APPLICATION FOR ALIEN EMPLOYMENT CERTIFICATION



OMB Approval No. 1205-0015 Expires: 06/30/2017

PART B. STATEMENT OF QUALIFICATIONS OF ALIEN										
FOR ADVICE CONCERNING REQU	FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: If the alien is in the U.S., contact nearest office of									
the United States Citizenship and Imr	nigration Service. If the alien is	outside the U.S., contact neare	est U.S. Consulate.							
		READ ATTACHED INSTRUCT								
Print legibly in ink or use a type each answer with the number of	•	• • • •	n this form, use a separa	ite sheet. Ide	entify					
1. Name of Alien (Family name in c		-			Middle	20220	Maidan name			
1. Name of Alien (Family name in c	apital letters)	First name			Middle	name	Maiden name)		
2. Present Address (No., Street, 0	City and Town, State or Province	e and ZIP code)			Country		3. Type of Visa (If in U.S.)			
A Aliquita Dista data	5. Birthplace (City or Town, St	inter en Den inter (Onumbra		0. Descent Nationality on			
 Alien's Birth date (Month, Day, Year) 			Country		 Present Nationality or Citizenship (Country) 					
7. Address in the United States Whe	re Alien Will Reside									
8. Name and Address of Prospective	e Employer if Alien has job offer i	n U.S.					 Occupation in which Alien is Seeking Work 			
							Alientie Geerking Work			
10. "X" the appropriate box below an	d furnish the information require	d for the box marked								
			City in Foreign Country				Foreign Country			
	isa abroad at the American	>								
Consulate in		-								
b. D Alien is in the United S	Natao and a 20 analy fam all and		City				State			
	states and will apply for adjust- of a lawful permanent resident									
in the office of the Unit	ted States Citizenship and Immi	gration								
Service at			1		1		1			
 Names and Addresses of Schoo Leges and Universities Attended 		Field of Study	FROM			то	Degrees or Certificates Received			
trade or vocational training facilitie	es)	Olddy	Month	Year	Month	Year	Received			
			JALIFICATIONS AND SI	KILLS	1		I			
12. Additional Qualifications and Skil	ls Alien Possesses and Proficier				Establish if					
Alien Meets Requirements for O		···, ·····								
13. List Licenses (Professional, jou	meymen etc)									
TO. LIGE LIGENOUS (FIDICOSIUIIdi, JUU										
					<u> </u>					
14. List Documents Attached Which	are Submitted as Evidence that	Alien Possesses the Education	n, Training, Experience,	and Abilities	Represented					
Endorsements							DATE REC. DOL			
							O.T. & C.			
							U.I.&.U.			
(Make no entry in										
this section - FOR										
this section - FOR Government Agency										

15. WORK EXPERIENCE List all jobs held during the last three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in Item 9.								
a. NAME AND ADDRESS	OF EMPLOYER							
NAME OF JOB		DATE STARTED Month	Year		TE LEFT onth	Year	KIND OF BUSINESS	
DESCRIBE IN DETAIL THE	E DUTIES PERFORMED, INCLUDING THE	USE OF TOOLS, MACHINES	OR EQUIPM	ENT			NO. HOURS PER WEEK	
b. NAME AND ADDRESS	OF EMPLOYER							
NAME OF JOB		DATE STARTED Month	Year		TE LEFT onth	Year	KIND OF BUSINESS	
DESCRIBE IN DETAIL THE		NO. HOURS PER WEEK						
c. NAME AND ADDRESS	OF EMPLOYER							
NAME OF JOB		DATE STARTED Month	Year		TE LEFT onth	Year	KIND OF BUSINESS	
DESCRIBE IN DETAIL THE	E DUTIES PERFORMED, INCLUDING THE	USE OF TOOLS, MACHINES	OR EQUIPM	ENT			NO. HOURS PER WEEK	
		10	6. DECLARA	TIONS				
DECLARATION OF ALIEN	➔ Pursuant to 28 U.S.C. 1	746, I declare under penalty of p	perjury the fore	egoing is true and	d correct.			
SIGNATURE OF ALIEN							DATE	
							_	
E-mail address of Alien: AUTHORIZATION								
OF AGENT OF ALIEN		agent below to represent me for icy of any representations made			tion and I take ful	I		
SIGNATURE OF ALIEN							DATE	
NAME OF AGENT	(Type or print)			ADDRESS (OF AGENT	(No., Street, City, S	state, ZIP code)	
E-mail address of Agent::								

OMB No.: 1205-0015 OMB Burden Hours averages 1.5 hours. OMB Burden Statement: 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. (Title 8 U.S.C. §§ 1882, 1884, and 1188) Public reporting burden for this collection of information, which is to assist with planning and program management, includes 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 1205-0015.)

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department of Labor (DOL) is maintaining a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7).

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

Further disclosures may be made under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647; to an information source in connection with personnel, procurement, or benefit-related matters, to a contractor or their employees, consultants, grantees or their employees, or volunteers who have been engaged to assist the agency in the performance of a contract; for Federal debt collection purposes: the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; if a person about whom this record is maintained submits a written request to a Member of Congress or their staff and that request is forwarded to the Department, we may release the information to the Member of Congress or Congressional staff in response to the inquiry made on behalf of the subject of the record: and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence or integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information unless the disclosure would constitute an unwarranted invasion of personal privacy.