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Labor Condition Application for H-1B Nonimmigrants

U.S. Department of Labor

Employment and Training Administration
U.S. Employment Service

ETA Form 9035
OMB Approval: 1205-0310
Expiration Date: 12-31-98

1. Full Legal Name of Employer

2. Federal Employer I.D. Number (9 digits)

3. Employer's Telephone Number -

4. Return FAX Number -

Contact Telephone Number -

5. Employer's Address (Number / Street)

City **State** **Zip (5 Digit)** **Zip (4 Digit)**

6. Address Where Documentation is Kept (If Different than Item 5)

City **State** **Zip (5 Digit)** **Zip (4 Digit)**

7. Occupational Information

(a) Three - Digit Occupational Code

(b) Job Title

Mark (X) if Part Time

(c) Number of H-1B Nonimmigrants

(d) Rate of Pay Range
$.
To: (Optional)
$.

Annual Monthly Bi-Weekly Weekly Hourly

Mark (x) in the *ONE* Appropriate Box **BOTH** Above **AND** Below

(e) Prevailing Wage Rate
$.

Annual Monthly Bi-Weekly Weekly Hourly

Prevailing Wage Source

SESA **Other**

Source of Other:

(f) Period of Employment **Date From:** / / **Date To:** / /
M M D D Y Y Y Y M M D D Y Y Y Y

(g) Location Where H-1B Nonimmigrants Will Work. **City:** **State:**

Employer's Control Number

23256

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8. EMPLOYER LABOR CONDITION STATEMENTS (Employers are required to develop and maintain documentation supporting labor condition statements 8(a) and 8(d). Employers are further required to make available for public examination a copy of the labor condition application and necessary supporting documentation within one (1) working day after the date on which the application is filed with DOL. Mark (X) each box to indicate that the employer will comply with each statement.)

☐ (a) H-1B nonimmigrants will be paid at least the actual wage level paid by the employer to all other individuals with similar experience and qualifications for the specific employment in question or the prevailing wage level for the occupation in the area of employment, whichever is higher.

☐ (b) The employment of H-1B nonimmigrants will not adversely affect the working conditions of workers similarly employed in the area of intended employment.

☐ (c) On the date this application is signed and submitted, there is not a strike, lockout or work stoppage in the course of a labor dispute in the occupation in which H-1B nonimmigrants will be employed at the place of employment. If such a strike or lockout occurs after this application is submitted, I will notify ETA within 3 days of the occurrence of such a strike or lockout and the application will not be used in support of petition filings with INS for H-1B nonimmigrants to work in the same occupation at the place of employment until ETA determines the strike or lockout has ceased.

☐ (d) A copy of this application has been, or will be, provided to each H-1B nonimmigrant employed pursuant to this application, and, as of this date, notice of this application has been provided to workers employed in the occupation in which H-1B nonimmigrants will be employed.
Mark (X) only the ONE appropriate box below.

☐ (i) Notice of this filing has been provided to the bargaining representative of workers in the occupation in which H-1B nonimmigrants will be employed; or

☐ (ii) There is no such bargaining representative; therefore, a notice of this filing has been posted and was, or will remain, posted for 10 days in at least two conspicuous locations where H-1B nonimmigrant workers will be employed.

9. DECLARATION OF EMPLOYER: Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury that the information provided on this form is true and correct. In addition, I declare that I will comply with the Department of Labor regulations governing this program and, in particular, that I will make this application, supporting documentation, and other records, files and documents available to officials of the Department of Labor, upon such official's request, during any investigation under this application or the Immigration and Nationality Act.

Name of Hiring or Other Designated Official

Title of Hiring or Other Designated Official

Signature

Date Signed: **M M** / **D D** / **Y Y Y Y**

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 of the United States Department of Labor.

AN APPLICATION CERTIFIED BY DOL MUST BE FILED IN SUPPORT OF AN H-1B VISA PETITION WITH INS.

FOR U.S. GOVERNMENT AGENCY USE ONLY: By virtue of my signature below, I acknowledge that this application is certified and will be valid from _____ through _____.

Signature and Title of Authorized DOL Official | ETA Case No. | Date

Subsequent DOL Action: Suspended _____(date) Invalidated _____(date) Withdrawn _____(date)

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

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents obligation to reply to these reporting requirements are mandatory (INA Act, Section 205). Public reporting burden for this collection of information is estimated to average 1 1/4 hour 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 or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of U.S. Employment Service, Department of Labor, Room N-4470, 200 Constitution Avenue, NW., Washington, DC 20210. (Paperwork Reduction Project 1205-0310). **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

ETA 9035 (Rev. Sept. 1995)

Employer's Control Number

23256

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