

DOCUMENTS AND INFORMATION NECESSARY FOR THE PREPARATION OF  
AN APPLICATION FOR ALIEN LABOR CERTIFICATION

In order to assist us in preparing the application for submission to the Employment Development Department and subsequently the Department of Labor, it is necessary for the employer to provide us with the following information. When reviewing this list, please keep in mind that the more detail that is given to the answers, the clearer the application will be.

**INFORMATION ABOUT THE EMPLOYER:**

1. The full name of the company including the name under which the company does business
2. Employer's full name and title
3. The company state tax identity number
4. Company's telephone number
5. Full address of company (not P.O. box number)
6. Address where the alien will work
7. Exactly what type of business does the company do?
8. What will the job title be? What is the common title used by the company?
9. Will the worker be required to work overtime? If yes, how many hours per week?
10. What is the basic rate of pay (per hour/week/month/year)?
11. Describe fully the job to be performed:
  - a. What does the worker do? What physical and mental activities are performed
  - b. How is it done? What methods are used?
  - c. What is the overall purpose of the job? What is the end result of the various tasks?
  - d. What manual skills, knowledge, abilities and other characteristics are required?
  - e. If the job includes a combination of duties and/or activities not normally associated with the job title, provide a break-down of the activity by percent of time spent in the various duties, and justification for the combination of duties.
12. State in detail the minimum education, training and experience for a worker to perform the job duties satisfactorily:

- a. EDUCATION: Number of years spent in grade school  
Number of years spent in college  
College degree required (AA, BA, MA, Ph.D)  
Specify equivalency, if appropriate  
Major field of study (use U.S. field of study (specify equivalency if appropriate)  
Specify if experience (X years) is acceptable in lieu of degree
  - b. TRAINING: Number of years and months  
Type of training required for the job  
Include the above only if required in addition to the education and experience
  - c. EXPERIENCE: Number of years and months experience required in the job offered.  
Is any experience in a related occupation acceptable? If so what? Is this experience a normal avenue of entry into the occupation?
13. Are there any special proficiencies, abilities, licenses, languages etc. required to perform the duties of the job offered? ANY UNUSUAL REQUIREMENTS (LANGUAGE ABILITY, OVERSEAS TRAVEL, LIVE-IN, ETC) MUST BE JUSTIFIED AS A BUSINESS NECESSITY without which it would be impossible to perform the duties of the job offered.
  14. What is the occupational title of the person who will be the alien's immediate supervisor?
  15. Number of employees the worker will supervise?  
What are the worker's supervisory duties?  
What are the titles and duties of the workers being supervised by the alien?

INFORMATION ABOUT THE ALIEN:

1. Full name (first, middle, last):
2. Date of birth (month, day, year):
3. Place of birth (city, state/province, country):
4. Present nationality or citizenship (country):
5. Full residential address:
6. Address in the United States:
7. If already in the U.S. what is your full address abroad?
8. Please provide the names and addresses of all schools, colleges and universities attended. Include trade or vocational training facilities. Also include field of study, date commenced and completed (month and year) and degree or certificates received from each facility.
9. List any additional qualifications and skills which you possess and proficiency in tools, machines or equipment which relate to the job being offered.
10. If the job being offered requires a license, certificate, etc., show whether you possess the same.
11. Please list all jobs during the past three years **and** all relevant experience in the job being offered to show that you meet the minimum education and experience requirements:



## LABOR CERTIFICATE CHECKLIST

### DOCUMENTATION FROM EMPLOYER

- \_\_\_\_\_ Detailed job description
- \_\_\_\_\_ Wages offered
- \_\_\_\_\_ Number of employees
- \_\_\_\_\_ Gross/net annual income
- \_\_\_\_\_ Residence information: square footage, number of rooms (housekeeper cases)
- \_\_\_\_\_ Work schedule for employee
- \_\_\_\_\_ Employer's schedule (housekeeper cases)
- \_\_\_\_\_ Prior recruitment efforts:
  - copy of ads, dates/name of publication
  - results
- \_\_\_\_\_ Affidavits from employers of sponsoring employer (housekeeper cases):
  - Position held and duties.
  - Dates.
  - Hours, including extraordinary, evening, weekend, travel requirements, frequency, locations, purpose.
  - Community/professional activities (names of organizations, frequency/time of meetings).
  - Outside or at home entertaining requirements for business (In sum, business necessity for housekeeper/child monitor, etc.)
  - Title of author
- \_\_\_\_\_ Executed contract
- \_\_\_\_\_ Marketing literature about employer

### DOCUMENTATION FROM EMPLOYEE

- \_\_\_\_\_ Letters (on company letterhead) or notarized affidavits from employers documenting *relevant* paid experience
  - exact dates worked
  - job duties
  - title
  - pay
  - recommendations (optional)
- \_\_\_\_\_ Certified copy of birth certificate
- \_\_\_\_\_ Copy of passport
- \_\_\_\_\_ Copy of I-94
- \_\_\_\_\_ Resume: detailed education and job history. Indicate dates, location, name of school, major subject, diploma/degree. Indicate if full-time part-time work.
- \_\_\_\_\_ Names, ages, place of birth of children, spouse; marriage and birth certificates.
- \_\_\_\_\_ Copies of diplomas, transcripts for all educational programs, training certificates
- \_\_\_\_\_ Copies of articles written by or about employee
- \_\_\_\_\_ Copies of membership cards/certificates for trade, professional organizations
- \_\_\_\_\_ Copies of awards received

## QUESTIONNAIRE INSTRUCTIONS

1. All parties must *complete* the Questionnaire and *return* it by the date stated in the Memo. If a problem exists in returning it by the specified date, please contact our office, in writing, of the situation.
2. All parties must complete the Questionnaire in its *entirety*. Failure to do so will result in returning the Questionnaire for completion.
3. Do *not* use abbreviations in the Questionnaire unless otherwise indicated.
4. Obtain all necessary *signatures* at the end of Section A.

Thank you for your cooperation. If you have any questions regarding the Questionnaire, please feel free to contact me at the number on the Memo.

**QUESTIONNAIRE**  
**(Worksheet)**

Employee's Name: \_\_\_\_\_ Date Questionnaire Completed: \_\_\_\_\_

**SECTION A - TO BE COMPLETED BY FOREIGN NATIONAL'S  
MANAGER**

Information about employer and labor certification position to be completed by foreign national's manager.

<sup>1/</sup>(16) Full Name, Job Title, Dept. Name, Phone and Mail Drop of Manager:

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When did you join [Company]? \_\_\_\_\_

How long in present position? \_\_\_\_\_

Your Primary Responsibility is to Manage What? \_\_\_\_\_

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Address Where Employee Will Work: \_\_\_\_\_

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Your Organization's Purpose: \_\_\_\_\_

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**ATTORNEY-CLIENT PRIVILEGE**

Payroll Title Of Employee (e.g., Electrical Engineer, II) \_\_\_\_\_  
\_\_\_\_\_

(9) Descriptive Job Title of Labor Certification Position:  
\_\_\_\_\_

(11) Work Schedule: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. (12) Annual Pay: \$ \_\_\_\_\_

[Company] Job Code: \_\_\_\_\_ Job Grade: \_\_\_\_\_ Is this a new position? \_\_\_\_\_

(17) Number of Employees the Employee will Supervise in this Position? \_\_\_\_\_

Titles of Supervised Employees: \_\_\_\_\_  
\_\_\_\_\_

(13) Fully Describe the Job Duties of the Position. **Do not use abbreviations.** (The more specific the information, the better able we are to draft a successful certification petition.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1/</sup>Number in parenthesis denotes the ETA-750 question this answer will address.

**ATTORNEY-CLIENT PRIVILEGE**

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(14) MINIMUM REQUIREMENTS (state in detail the MINIMUM education, training, and experience for a worker to satisfactorily perform the job duties described above):

° Education:

College Degree (i.e., M.S., Ph.D.) \_\_\_\_\_ Major field(s) of study:

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° Vocational Training:

Type: \_\_\_\_\_ No. Yrs.: \_\_\_\_\_

Does anyone in your department in the same job have a lesser degree than you have stated as the minimum for this job?  
Yes \_\_\_ No \_\_\_

° Experience: (Note: In most cases, we cannot require experience gained with [Company]. However, if minimum experience which the foreign national acquired with [Company] really is required for this job, let us know. We need to assess such experience with you.)

Position \_\_\_\_\_ No. of Years \_\_\_\_\_

Position \_\_\_\_\_ No. of Years \_\_\_\_\_

Position \_\_\_\_\_ No. of Years \_\_\_\_\_

Where/When did the foreign national gain the experience you require?

Employer \_\_\_\_\_ Dates \_\_\_\_\_

**ATTORNEY-CLIENT PRIVILEGE**

Employer \_\_\_\_\_ Dates \_\_\_\_\_

Employer \_\_\_\_\_ Dates \_\_\_\_\_

(15) **SPECIAL REQUIREMENTS:**<sup>2/</sup> List each special requirement to do this job below (previous experience in or knowledge). Include knowledge or background gained from advanced course work, thesis/dissertation research or previous work experience (other than with [Company]); list where the employee gained this knowledge.

Special Requirements  
(in-depth knowledge of)

Where Alien Gained this skill,  
(e.g., two years with Employer X,  
course name XX, course number XX,  
Chapter X from Thesis.)<sup>3/</sup>

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |

**(Note: Make sure this information is consistent with the information requested from the employee (pages 4-6).)**

Answers to the following will be part of a narrative attachment to the ETA-750.

(15) **EXPANDED INFORMATION ON SPECIAL REQUIREMENTS:** (Define terms; **do not use abbreviations**; explain technical details; **relate the special requirement to the job duties**, how is this proficiency used in the day-to-day activities of the job?):

\_\_\_\_\_

<sup>2/</sup> Please be advised that special requirements are not always necessary. They are used as a strategic tool to minimize the number of potential candidates applying for the job. If a special requirement is necessary to perform the job and you can justify the reason, then include it. Be aware that we will prepare a letter to the DES which you must sign justifying your special requirements.

<sup>3/</sup> Manager, please consult with your foreign national to complete this portion.

**ATTORNEY-CLIENT PRIVILEGE**

(a) experience in or knowledge of \_\_\_\_\_ is required

because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) experience in or knowledge of \_\_\_\_\_ is required

because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) experience in or knowledge of \_\_\_\_\_ is required

because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ATTORNEY-CLIENT PRIVILEGE**

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(d) experience in or knowledge of \_\_\_\_\_ is required

because \_\_\_\_\_

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(e) experience in or knowledge of \_\_\_\_\_ is required

because \_\_\_\_\_

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**ATTORNEY-CLIENT PRIVILEGE**

\_\_\_\_\_

(f) experience in or knowledge of \_\_\_\_\_ is required

because \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your organization, its purpose, how it fits into SPS, and how this position fits into your organization.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information to be used for drafting labor certification application for employee must be completed by immediate supervisor, then reviewed and approved by the next level of management and sent to \_\_\_\_\_, Immigration Programs, M/D \_\_\_\_\_.

**ATTORNEY-CLIENT PRIVILEGE**

Prepared By \_\_\_\_\_  
                    PRINT NAME                    TITLE                    SIGNATURE

Reviewed/  
Approved By \_\_\_\_\_  
                    PRINT NAME                    TITLE                    SIGNATURE

**SECTION B - TO BE COMPLETED BY FOREIGN NATIONAL**

**PERSONAL DATA**

(1) Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Work Home  
Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ Mail Drop: \_\_\_\_\_

(2) Present Home Address: \_\_\_\_\_

(4) Date of Birth: \_\_\_\_\_ City and Country (5) of Birth: \_\_\_\_\_

(6) Country (Countries) of Citizenship: \_\_\_\_\_

Country Issuing Passport: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Attach a complete copy of your passport.

Spouse: (City/Country of Birth) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_

Date You Last Entered the U.S.: \_\_\_\_\_ I-94: Attach copy (front and back)

Nearest U.S. Consulate To Your Home Abroad: \_\_\_\_\_

Date of Initial [Company] Employment: \_\_\_\_\_

Person(s) Who Hired You: \_\_\_\_\_

Date (Month and Year) Present [Company] Employment began: \_\_\_\_\_

Section B (cont.)

To be Completed By Foreign National

ATTORNEY-CLIENT PRIVILEGE

Location of Present [Company] Employment (include street address):

\_\_\_\_\_

Name of Current

Department: \_\_\_\_\_

Department No.: \_\_\_\_\_

Organization: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

Supervisor's Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Supervisor's Mail Drop: \_\_\_\_\_

Name of Supervisor's Manager: \_\_\_\_\_

Manager's Phone Number: (\_\_\_\_) \_\_\_\_\_ Manager's Mail Drop: \_\_\_\_\_

Job Title When Hired in Present Location: \_\_\_\_\_

Job Grade When Hired in Present Location: \_\_\_\_\_

(11) EDUCATION (Send Copies)

Name and address of **College or University**:

\_\_\_\_\_

Field of Study: \_\_\_\_\_

Number of Course Hours in this Subject: \_\_\_\_\_

Date Started: Month \_\_\_\_\_ Year \_\_\_\_\_

Date Left: Month \_\_\_\_\_ Year \_\_\_\_\_

**Degree or Certificate Received:** \_\_\_\_\_

Name and address of **College or University**:

Section B (cont.)

To be Completed By Foreign National

ATTORNEY-CLIENT PRIVILEGE

\_\_\_\_\_  
\_\_\_\_\_

Field of Study: \_\_\_\_\_

Number of Course Hours in this Subject: \_\_\_\_\_

Date Started: \_\_\_\_\_ Year \_\_\_\_\_

Date Left: \_\_\_\_\_ Year \_\_\_\_\_

**Degree or Certificate Received:** \_\_\_\_\_

Name and address of **College or University:**

\_\_\_\_\_

Field of Study: \_\_\_\_\_

Number of Course Hours in this Subject: \_\_\_\_\_

Date Started: Month \_\_\_\_\_ Year \_\_\_\_\_

Date Left: Month \_\_\_\_\_ Year \_\_\_\_\_

**Degree or Certificate Received:** \_\_\_\_\_

(15) PRIOR WORK EXPERIENCE (starting with present position):

(a) Present employment (if current position is identical to proposed labor certification position, leave blank and continue to "b" below):

Name and Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Title of Job: \_\_\_\_\_ Number of Hours per Week: \_\_\_\_\_

Dates of Employment:

Date Started (Month/Year): \_\_\_\_\_ Date Ended (Month/Year): \_\_\_\_\_

Kind of Business: \_\_\_\_\_



Section B (cont.)

To be Completed By Foreign National

ATTORNEY-CLIENT PRIVILEGE

Title of Job: \_\_\_\_\_ Number of Hours per Week: \_\_\_\_\_

Dates of Employment:

Date Started (Month/Year): \_\_\_\_\_ Date Ended (Month/Year): \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Describe in Detail the Duties Performed Including the Use of Tools, Machines, or Equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Name and Address of Employer:

\_\_\_\_\_  
\_\_\_\_\_

Title of Job: \_\_\_\_\_ Number of Hours per Week: \_\_\_\_\_

Dates of Employment:

Date Started (Month/Year): \_\_\_\_\_ Date Ended (Month/Year): \_\_\_\_\_

Kind of Business: \_\_\_\_\_

Describe in Detail the Duties Performed Including the Use of Tools, Machines, or Equipment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE