## **Labor Condition** Application for

## **U.S. Department of Labor**

Form ETA 9035

OMB Approval: 1205-0310 **Employment and Training Administration** Expiration Date: 11/30/2008 **Nonimmigrant Workers** ○ H-1B1 Chile ○ H-1B1 Singapore A. Program Designation You must choose one: ⊃E-3 Australian 1. Return Fax Number **B.** Employer's Information If you want the application returned by mail, leave the Return Fax Number blank. 2. Employer's Name 3. Employer's Address (Number and Street) Zip/Postal Code 4. Employer's City State 5. Employer's EIN Number 6. Employer's Phone Number Extension C. Rate of Pay Wage Rate (or Rate From) (Required): 3. Rate is Per: 4. Is this position part-time? Year Week Please Note: Part-time hours worked by nonimmigrant(s) O Yes 2. Rate Up To (Optional): will be in the range of hours Month O Hour stated on the USCIS Form(s)  $\bigcirc$  No I-129. 2 Weeks Period of Employment and Occupation Information Please Note: The Date Information MUST be in MM/DD/YYYY format

1. Begin Date 3. Occupational Code 4. Number of Nonimmigrant Workers 1 2 3 4 5 6 7 8 9 0 1234567890 2. End Date (1)(2)(3)(4)(5)(6)(7)(8)(9)(0)[ 1234567890 1 2 3 4 5 6 7 8 9 0 1234567890 5. Job Title E. Information Relating to Work Location for the Nonimmigrant Worker(s)

1. City Do NOT write "Same As Above". This section MUST be filled out. This section is REQUIRED 1. City State 2. Prevailing Wage 3. Wage is Per: 4. Wage Source OES Year Week If OTHER is chosen as the Collective Wage Source, Numbers 5 Year Source Published 5. ○ Month Hour Bargaining and 6 in this section MUST Agreement 🔾 2 Weeks be filled out. Other 6. Other Wage Source

Page Link

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.



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A	· C	)	Employer is not H-1B dependent and is not a willful violator.											A. Displacement: Non-displacement of the U.S. workers in employer's work force;															
E		)	Employer is H-1B dependent and/or a willful violator.									]	B. Secondary Displacement: Non-displacement of U.S. workers in another employer's work force; and																
C	: (	)		Employer is H-1B dependent and/or a willful violator BUT will use this application ONLY to										• •															
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Pennsylvania Ave, NW \* Washington, DC \* 20530.

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be filed with: U.S Department of Justice \* Office of the Special Counsel for Immigration-Related Unfair Employment Practices\* 950