Labo	r Condition Application	•	U.S. Department of Labor							
for H-	1B Nonimmigrants		Employment and Training Administration U.S. Employment Service							
1. Full L	egal Name of Employer	5. Employer's Address								
2. Fede	ral Employer I.D. Number									
3. Empl	loyer's Telephone No.	6. Address Where Documen	6. Address Where Documentation is Kept (if different than item 5)							
4. Empl	loyer's FAX No.									
7. OCC	UPATIONAL INFORMATION (Use attachment if additio	nal space is needed)								
(a) Thre	e-digit Occupational Group Code (From Appendix 2):	(b) Job Title (Check Bo	x if Part-Time):							
(c) No. Nonimm			(f) Period of Employment From To	(g) Location(s) Where H-1B Nonimmigrants Will Work (see instructions)						
	\$\$ \$\$ BESA	Other:								
statemei necessa	PLOYER LABOR CONDITION STATEMENTS (Emplo nts 8(a) and 8(d). Employers are further required to ary supporting documentation within one (1) working d that the employer will comply with each statement.) H-1B nonimmigrants will be paid at least the actua	make available for public examinat ay after the date on which the a	ion a copy of the labor c pplication is filed with DO	ondition application and L. Check each box to						
(a)	qualifications for the specific employment in ques 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) ☐ (d)	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.									
	(check appropriate box) ☐ (i) Notice of this filing has been provided t	o bargaining representative of work	ers in the occupation in w	rhich H-1B nonimmigrants						
	 will be employed; or (ii) There is no such bargaining representat 10 days in at least two conspicuous loc 			s, or will remain, posted for						
and cor make th	LARATION OF EMPLOYER. Pursuant to 28 U.S.C. 174 rect. In addition, I declare that I will comply with the his application, supporting documentation, and other re- request, during any investigation under this application	6. I declare under penalty of perjui Department of Labor regulations g cords, files and documents availab	ry that the information prov overning this program, and le to officials of the Depar	d, in particular, that I will						
Name	and Title of Hiring or Other Designated Official	Signature	Date							
of the Labor.		any office of the Wage and He	our Division of the Un	ited States Department of						
AN AP	PLICATION CERTIFIED BY DOL MUST BE FILE	D IN SUPPORT OF AN H-1B VI	SA PETITION WITH TH	E INS.						
	U.S. GOVERNMENT AGENCY USE ONLY ation is hereby certified and will be value and will be value.									
Signatur	re and Title of Authorized DOL Official	ETA Case No.	Date							
Subsequ	uent DOL Action: Suspended	(date) Invalidated	(date) Withdrawn	(date)						
	partment of Labor is not the guarantor of the accurac									
searchin commer Office o	eporting burden for this collection of information is esting a existing data sources, gathering and maintaining this regarding this burden estimate or any other aspect of U.S. Employment Service, Department of Labor, Roc Vachington, DC 20210 (1205-0310)	ne data needed, and completing t of this collection of information. i	and reviewing the collecti ncluding suggestions for r	on of information. Send educing this burden, to the						
DO NO	Vashington, DC 20210. (1205-0310). T SEND THE COMPLETED FORM TO EITHER OF	THESE OFFICES		ETA 9035 (Rev. Dec 1994)						

INSTRUCTIONS FOR COMPLETING ETA 9035 - LABOR CONDITON APPLICATION FOR H-1B NONIMMIGRANTS

IMPORTANT: READ CAREFULLY BEFORE COMPLETING FORM

Print legibly in ink or use a typewriter. Sign and date one form in original signature. Citations below to "regulations" are citations to identical provisions at 20 CFR 655, Subparts H and I, and to 29 CFR 507, Subparts H and I.

To knowingly furnish any false information in the preparation of this form and any supporting documentation thereto, or to aid, abet or counsel another to do so is a felony, punishable by \$10,000 fine or five years in the penitentiary, or both (18 U.S.C. 1001). Other penalties apply as well to fraud or misuse of this immigration document (U.S.C. 1546) and to perjury with respect to this form (18 U.S.C. 1546 and 1621).

Employers seeking to hire H-1B nonimmigrants in specialty occupations or as fashion models of distinguished merit and ability must submit the completed and dated original Form ETA 9035 (or a facsimile) and one copy of the completed original Form ETA 9035 to the regional certifying officer in the Department of Labor (DOL), Employment and Training Administration (ETA) regional office having jurisdiction over the State in which the position is located. See 20 CFR 655.720 for ETA regional office addresses. An application which is complete and has no obvious inaccuracies will be certified by DOL and returned to the employer, who may then file it in support of it's petition with the Immigration and Naturalization Service.

Item 1. <u>Full Legal Name of Employer.</u> Enter full legal name of business, firm or organization, or, if an individual, enter name used for legal purposes on documents.

Item 2. <u>Federal Employer I.D. Number.</u> Enter employer's Federal Employer Identification Number (EIN) assigned by the Internal Revenue Service.

Item 3. Employer's Telephone No. Self-explanatory.

- Item 4. Employer's FAX No. Self-explanatory.
- Item 5. Employer's Address. Self-explanatory.
- Item 6. Address Where Documentation is Kept. Self-explanatory.

Item 7. Occupational Information. Enter the information requested under the appropriate subheading. If necessary, continue on an attachment.

Item 7(a). <u>Three Digit Occupational Groups Code.</u> Enter the three-digit code from Appendix 2 which most closely describes the job to be performed. (DOL purposes only.)

Item 7(b). Job Title. Enter the common name or payroll title of the job being offered. Check box to the right of the blank if position is part-time. A separate labor condition application shall be filed for each occupation in which H-1B nonimmigrants will be employed.

Item 7(c). Number of H-1B Nonimmigrants. Enter the number of H-1B nonimmigrants that will be hired in the three-digit occupational code stated in item 7(a).

Item 7(d). <u>Rate of Pay.</u> Enter the salary to be paid in terms of the amount per hour, week, year, etc. If a wage range is listed for this item, the salary for each H-1B nonimmigrant shall be maintained in support of the application.

Item 7(e). Prevailing Wage Rate and its Source. Enter the prevailing wage rate in terms of the amount per hour, week, year, etc. If the employer is replying on a wage determination obtained from a State Employment Security Agency, check the box marked "SESA." If the employer is using another source, check the "Other" box and specify such other source: i.e., published wage survey, or other source utilized by the employer to determine the prevailing wage for the occupational classification in which H-1B nonimmigrants will be employed, e.g., "collective bargaining agreement," or "Bureau of Labor Statistics Occupational Compensation Survey, Denver, Colorado, Metropolitan Area." (Only 1 box can be checked per line item).

Item 7(f). <u>Period of Employment.</u> Enter the starting and ending dates during which the H-1B nonimmigrants will be employed.

Item 7(g). Locations Where H-1B Nonimmigrants Will Work. Enter the city and State of site or location where the work will actually be performed. **Item 8.** Employer Labor Condition Statements. The employer must attest by checking off the conditions listed in (a) through (d) and by signing the application form. Employers must develop and maintain documentation to support labor condition statements 8(a) and 8(d). Documentation in support of a labor condition application shall be retained at the employer's principal place of business or worksite and made available to DOL upon such official's request. See 20 CFR 655.731 through 655.734 for guidance on the documentation that must support each labor condition statement.

Item 8(a). The employer must attest that H-1B nonimmigrants will be paid wages which are at least the higher of 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 occupational classification in the area of intended employment.

Item 8(b). The employer must attest that the employment of H-1B nonimmigrants in the occupations named will not adversely affect the working conditions of workers similarly employed in the area of intended employment.

Item 8(c). The employer must attest that on the date the application is signed and submitted, there is no strike, lockout or work stoppage in the course of a labor dispute in the named occupations at the worksite. If such a strike or lockout occurs after this application is submitted, the employer must notify ETA within 3 day of the occurrence of such a strike or lockout and the application may 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.

Item 8(d). The employer must attest that as of the date of filing, notice of the labor condition application has been provided to workers employed in the named occupation. The application may be provided to the workers through the bargaining representative, or where there is no such bargaining representative, notice of the filling must be posted in a conspicuous place where H-1B nonimmigrants will be employed. Further, the employer must attest that each H-1B nonimmigrant employed pursuant to the application will be provided with a copy of the application. The notification shall be provided no later than the date the H-1B nonimmigrant reports to work at the place of employment.

Item 9. Declaration of Employer. One copy of this form must bear the original signature of the employer. By signing this form, the employer is attesting to accuracy of the labor condition statements listed in items 8(a) through (d) and to compliance with these conditions. False statements are subject to Federal criminal penalties, as stated above. Failure to meet a condition of the application regarding strikes or lockouts, substantial failure to meet a condition of the application regarding notification of the bargaining unit representative, or H-1B employees, nonimmigrants, willful failure to meet a condition of the application regarding wages or working condition, or misrepresentation of a material fact may result in additional penalties.

THREE-DIGIT OCCUPATIONAL GROUPS PROFESSIONAL, TECHNICAL, AND MANAGERIAL OCCUPATIONS AND FASHION MODELS

OCCUPATIONS IN ARCHITECTURE, ENGINEERING, AND SURVEYING

- 001 ARCHITECTURAL OCCUPATIONS
- 002 AERONAUTICAL ENGINEERING OCCUPATIONS
- ELECTRICAL/ELECTONICS ENGINEERING OCCUPATIONS 003
- 005 CIVIL ENGINEERING OCCUPATIONS
- 006 CERAMIC ENGINEERING OCCUPATIONS
- 007 MECHANICAL ENGINEERING OCCUPATIONS
- CHEMICAL ENGINEERING OCCUPATIONS 008
- 010 MINING AND PETROLEUM ENGINEERING OCCUPATIONS
- METALLURGY AND METALLURGICAL ENGINEERING OCCUPATIONS110 011
- INDUSTRIAL ENGINEERING OCCUPATIONS 012
- 013 AGRICULTURAL ENGINEERING OCCUPATIONS
- MARINE ENGINEERING OCCUPATIONS 014
- 015 NUCULEAR ENGINEERING OCCUPATIONS
- 017 DRAFTERS
- 018 SURVEYING/CARTOGRAPHIC OCCUPATIONS
- 019 OTHER OCCUPATIONS IN ARCHITECTURE, ENGINEERING, AND SURVEYING

OCCUPATIONS IN MATHEMATICS AND PHYSICAL SCIENCES

- 020 OCCUPATIONS IN MATHEMATICS
- 021 OCCUPATIONS IN ASTRONOMY
- 022 OCCUPATIONS IN CHEMISTRY
- 023 OCCUPATIONS IN PHYSICS
- OCCUPATIONS IN GEOLOGY 024
- 025 OCCUPATIONS IN METEROLOGY
- OTHER OCCUPATIONS IN MATHEMATICS AND PHYSICAL SCIENCES ARTS 029

COMPUTER-RELATED OCCUPATIONS

- 030 OCCUPATIONS IN SYSTEMS ANALYSIS AND PROGRAMMING
- OCCUPATIONS IN DATA COMMUNICATIONS AND NETWORKS 031
- OCCUPATIONS IN COMPUTER SYSTEM USER SUPPORT 032
- 033 OCCUPATIONS IN COMPUTER SYSTEM TECHNICAL SUPPORT
- 039 OTHER COMPUTER-RELATED OCCUPATIONS

OCCUPATIONS IN LIFE SCIENCES

- 040 OCCUPATIONS IN AGRICULTURAL SCIENCES
- 041 OCCUPATIONS IN BIOLOGICAL SCIENCES
- OCCUPATIONS IN PSYCHOLOGY 045
- 049 OTHER OCCUPATIONS IN LIFE SCIENCES

OCCUPATIONS IN SOCIAL SCIENCES

- OCCUPATIONS IN ECONOMICS 050
- 051 OCCUPATIONS IN POLITICAL SCIENCE
- 052OCCUPATIONS IN HISTORY
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- 055 OCCUPATIONS IN ANTHROPOLOGY
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- 072 DENTISTS
- 073 VETERINARIANS
- 074 PHARMACISTS
- 076 THERAPISTS
- 077 DIETICIANS
- 078 OCCUPATIONS IN MEDICAL AND DENTAL TECHNOLOGY 079
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- OCCUPATIONS IN SECONDARY SCHOOL EDUCATION 091
- OCCUPATIONS IN PRESCHOOL, PRIMARY SCHOOL, AND 092 KINDERGARTEN EDUCATION
- OCCUPATIONS IN EDUCATION OF PERSONS WITH DISABILITIES 094HOME ECONOMICS AND FARM ADVISERS 096
- 097 OCCUPATIONS IN VOCATIONAL EDUCATION
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FINANCE, INSURANCE, AND REAL ESTATE MANAGERS AND

PUBLIC ADMINISTRATION MANAGERS AND OFFICIALS

for H-1B Nonimmigrants					Emplo	U.S. Department of Labor Employment and Training Administration J.S. Employment Service				\wedge
1. Full Legal Name of Employer			5.	5. Employer's Address OMB Approval No.: 1205-0310 (No., Street, City, State, and ZIP Code) Expiration Date: 11-30-97						
2. Federa	al Employe	r I.D. Number								
3. Employer's Telephone No.				6.	6. Address Where Documentation is Kept (if different than item 5)					
4. Emplo	oyer's FAX ∣	No.								
7. OCCL	JPATIONAL	. INFORMATIO	N (Use attach	ment if additional	space is	s needed)				
(a) Three	-digit Occup	oational Group (Code (From A	ppendix 2):		(b) Job Title (Check Box if	Part-Time):			
(c) No. o Nonimmi		(d) Rate of Pay	(e) Pre	evailing Wage Rate (see instruct		Source	(f) Period Employn From		(g) Location(s) Nonimmigrant: (see instr	s Will Work
	\$		\$ \$	□SESA □Oth □SESA □Oth	ner: ner:					
statemen necessar	ts 8(a) and y supportin that the em H-1B non	l 8(d). Employ g documentatio nployer will cor nimmigrants will	vers are furth on within one mply with ead I be paid at	er required to male (1) working day ch statement.) least the actual w	ke availa after the age leve	required to develop and ma able for public examination e date on which the appl el paid by the employer to e prevailing wage level fo	a copy of t ication is file all other ind	he labor co d with DOL lividuals with	ndition application Check each b h similar experien	n and box to ce and
	•	<u>is higher.</u>	pecilic emplo	lyment in question	i or th	e prevalling wage level in	or the occu	pation in	the area of empi	oyment,
🗌 (b)	•	oyment of H-	1B nonimmig	grants will not adv	versely	affect the working condition	s of workers	similarly e	mployed in the a	area of
□ (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: (check appropriate box)									
	(i) Notice of this filing has been provided to bargaining representative of workers in the occupation in which H-1B nonimmigrants will be employed; or									
	🗌 (ii)		-	• •		ore, a notice of this filing ha re H-1B nonimmigrants will	•		s, or will remain, p	osted for
and corre make thi	ect. In add s applicatio	ition, I declare	that I will co documentation	omply with the De n, and other recor	partmen ds, files	e under penalty of perjury t nt of Labor regulations gove and documents available t mmigration and Nationality /	rning this pr o officials of	ogram, and	l, in particular, tha	at I will
Name a	nd Title of H	liring or Other [Designated Of	fficial	S	ignature		Date		
of the Labor.	labor con	dition applie	cation may	be filed with an	y offic	labor condition applica e of the Wage and Hou	Division	of the Uni	ted States Depa	
AN APF	PLICATIO		BY DOL M	UST BE FILED I	N SUP	PORT OF AN H-1B VISA		WITH TH	E INS.	
				USE ONLY: will be valid		rtue of my signature		-	vledge that th	1is
Signature	e and Title o	f Authorized D	OL Official			ETA Case No.	Date			
Subseque	ent DOL Ac	tion:	Suspended		(date)	Invalidated	(date)	Withdrawn		(date)
The Dep	artment of	Labor is not t	the guarantor	of the accuracy,	truthfuln	ness or adequacy of a certi	fied labor co	ndition app	lication.	

This is to certify that the above notice was posted for 10 consecutive business days from:_____ to:_____