# U.S. DOL Form usdol-eta-9035

**Labor Condition Application for H-1B &H-1B1 Nonimmigrants**

**U.S. Department of Labor**
Employment and Training Administration

**Form ETA 9035**
OMB Approval: 1205-0510
Expiration Date: 31 Aug 2007

## A. Program Designation

***You must choose one of the following:*** ◯ H-1B ◯ H-1B1 Chile ◯ H-1B1 Singapore

## B. Employer's Information

1. Return Fax Number

( ) -

***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)

4. Employer's City | State | Zip/Postal Code

5. Employer's EIN Number -

6. Employer's Phone Number ( ) - | Extension

## C. Rate of Pay

1. Wage Rate (or Rate From) (Required): $ .

2. Rate Up To (Optional): $ .

3. Rate is Per:
◯ Year ◯ Week
◯ Month ◯ Hour
◯ 2 Weeks

4. Is this position part-time?
◯ Yes
◯ No

***Please Note: Part-time hours worked by nonimmigrant(s) will be in the range of hours stated on the INS Form(s) I-129.***

## D. Period of Employment and Occupation Information

***Please Note: The Date Information MUST be in MM/DD/YYYY format***

1. Begin Date / /

2. End Date / /

3. Occupational Code
◯ 1 2 3 4 5 6 7 8 9 0
◯ 1 2 3 4 5 6 7 8 9 0
◯ 1 2 3 4 5 6 7 8 9 0

4. Number of H-1B or H-1B1 Nonimmigrants
◯ 1 2 3 4 5 6 7 8 9 0
◯ 1 2 3 4 5 6 7 8 9 0
◯ 1 2 3 4 5 6 7 8 9 0

5. Job Title

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## E. Information Relating to Work Location for the H-1B or H-1B1 Nonimmigrants

**This section is REQUIRED**

***Do NOT write "Same As Above". This section MUST be filled out.***

1. City _____ , State _____

2. Prevailing Wage $ _____ . _____

3. Wage is Per:
- ◯ Year
- ◯ Week
- ◯ Month
- ◯ Hour
- ◯ 2 Weeks

4. Wage Source
- ◯ SESA
- ◯ Collective Bargaining Agreement
- ◯ Other

***If OTHER is chosen as the Wage Source, Numbers 5 and 6 in this section MUST be filled out.***

5. Year Source Published _____

6. Other Wage Source _____

## E. Subsection A Information for Additional or Subsequent Work Location

***This Section should be completed only if filing for more than 1 work location.***

1. City _____ , State _____

2. Prevailing Wage $ _____ . _____

3. Wage is Per:
- ◯ Year
- ◯ Week
- ◯ Month
- ◯ Hour
- ◯ 2 Weeks

4. Wage Source
- ◯ SESA
- ◯ Collective Bargaining Agreement
- ◯ Other

***If OTHER is chosen as the Wage Source, Numbers 5 and 6 in this section MUST be filled out.***

5. Year Source Published _____

6. Other Wage Source _____

## F. Employer Labor Condition Statements

***Please Note: In order for your application to be processed, you MUST read section F of the Labor Condition Application cover pages under the heading "Employer Labor Condition Statements" and agree to all 4 labor condition statements summarized below:***

(1) Wages: Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as U.S. workers.

(2) Working Conditions: Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.

(3) Strike, Lockout, or Work Stoppage: No strike or lockout in the occupational classification at the place of employment.

(4) Notice: Notice to union or to workers at the place of employment. A copy of this form to H-1B or H-1B1 workers.

***I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as set forth in Section F of the Labor Condition Application Cover Pages.*** ◯ Yes ◯ No

## G. Complaints

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, U.S. Department of Labor. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with: U.S Department of Justice * Office of the Special Counsel * 10th St. and Constitution Ave, NW * Washington, DC * 20530.

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## H. Public Disclosure Information

***You must choose one of the two options listed in this Section.***

1. Public disclosure information will be kept at:
   - ○ Employer's principal place of business
   - ○ Place of employment

## I. Declaration of Employer

***By signing this form, I, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read the sections E and F of the cover pages (Form ETA 9035CP), and that I agree to comply with the Labor Condition Statements as set forth in the cover pages and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this applicaton, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act.***

1. First Name of Hiring or Other Designated Official

MI

2. Last Name of Hiring or Other Designated Official

3. Hiring or Other Designated Official Title

4. Signature - Do NOT let signature extend beyond the box

5. Date Signed ___ / ___ / ____

***Making fraudulent representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.***

## J. Contact Information

1. Contact First Name

MI

2. Contact Last Name

3. Contact Phone Number ( ___ ) ___ - ____ Extension ____

## K. U.S. Government Agency Use Only

By virtue of my signature below, I hereby acknowledge this application certified for

Date Starting _____ and Date Ending _____

_____ _____ _____

Signature and Title of Authorized DOL Official | ETA Case Number | Date

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

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