Documento Normativo G-014-99

NORMAS Y PROCEDIMIENTOS PARA EL EMPLEO DE PROFESORES EXTRANJEROS EN LA UNIVERSIDAD INTERAMERICANA DE PUERTO RICO

La Universidad Interamericana de Puerto Rico, como sistema, constituye un solo patrono, cuyas oportunidades de empleo se harán asequibles a todos los que sientan el deseo y la disposición de colaborar en el logro de sus metas. Con ese propósito, todo el personal será reclutado, seleccionado, clasificado, adiestrado, ascendido y retenido en su empleo en consideración a sus méritos y a su capacidad sin discriminar por razones de raza, color, sexo, nacionalidad, edad, impedimento físico, mental o sensorial, condición social, Veterano de la Era de Vietnam, condición de Veterano incapacitado, ni por ideas políticas o religiosas, o por cualquier otra razón en ley.

I. Base Legal

Estas Normas y Procedimientos se promulgan en virtud de la autoridad conferida al Presidente por la Junta de Síndicos en sus Estatutos (By Laws).

II Propósito

Establecer guías de acción uniformes para el empleo de profesores extranjeros y cumplir con los requisitos del servicio de Naturalización e Inmigración de los Estados Unidos de América en caso de extranjeros no ciudadanos de los Estados Unidos.

II Alcance

Estas Normas y Procedimientos se aplicarán en todos los Recintos y dependencias de la Universidad Interamericana de Puerto Rico al momento de considerar para empleo, emplear y/o retener en el empleo a profesores extranjeros.
IV. Normas

A. Disposiciones Generales

1. La Universidad Interamericana sólo reclutará para empleo a personas que estén legalmente autorizadas, por el Servicio de Inmigración y Naturalización de Estados Unidos, para trabajar en Puerto Rico.

2. La Oficina de Recursos Humanos de la Unidad Académica deberá informar a la Oficina Central de Recursos Humanos los nombres y expedientes de las personas que interesan contratar.

3. La Oficina de Recursos Humanos de la Unidad será responsable de verificar la identidad y elegibilidad para empleo de toda persona que se reclute. Se asegurará que todo empleado extranjero reclutado después del 6 de noviembre de 1986 complete el formulario I-9 "Verificación de Elegibilidad Para Empleo", el primer día que comience a trabajar. El formulario se retendrá en el expediente del empleado por un término de 3 años a partir del inicio del empleo o de 1 año después que el período de empleo haya terminado, cualquiera que ocurra más tarde.

4. En la contratación de extranjeros con visas o permisos de empleo temporero la Universidad se asegurará de no desplazar a ningún ciudadano americano o residente permanente.

5. Todo extranjero que se reclute como empleado debe cumplir con el permiso correspondiente y requerido por el Servicio de Inmigración y Naturalización de Estados Unidos.

6. La Oficina Central de Recursos Humanos se asegurará de recopilar y mantener actualizada toda la información relacionada con las políticas y procedimientos del Servicio de Inmigración para mantener informados a los Ejecutivos Principales de las Unidades Académicas y a los Oficiales de Recursos Humanos.

7. La Universidad Interamericana de Puerto Rico, como incentivo, cubrirá los costos de la Visa H1-B del profesor cuando se solicita por primera vez. Los costos subsiguientes que conlleva la solicitud de Extensión de la Visa H1-B serán responsabilidad del profesor(a) extranjero(a), así como los costos de la(s) visa(s) de sus familiares.
8. La Universidad Interamericana de Puerto Rico autorizará además, una aportación para cubrir gastos de relocalización inicial a la llegada del profesor(a) a Puerto Rico. Estos gastos deberán ser evidenciados. El donativo sólo aplicará cuando el profesor(a) reside fuera de Puerto Rico y es traído por primera vez por la Universidad Interamericana.

9. En caso de que la Unidad Académica decida prescindir de los servicios del profesor(a) antes de finalizar el contrato o decida no renovarle el mismo, se autorizará un donativo de hasta mil dólares por familia para cubrir los gastos de relocalización de ésta en su país de origen. El donativo sólo aplicará en caso de que el profesor haya sido traído, originalmente, por la Universidad Interamericana.

10. Una vez reclutado el profesor(a) extranjero(a) permanecerá con "status" temporero o sustituto conforme se le haya contratado. No podrá hacerse petición de cambio en el tipo de nombramiento. No obstante, sí podrán realizarse peticiones para cambio en rango.

B. NORMAS PARA LA CONTRATACION DE PROFESORES EXTRANJEROS

1. La Oficina de Recursos Humanos de la Unidad Académica, será responsable de realizar todos los trámites relacionados con la contratación de profesores extranjeros; desde la publicación de la convocatoria hasta la radicación de los permisos correspondientes. Notificará mediante copia a la Oficina Central de Recursos Humanos.

2. Todos los documentos que requiera el Servicio de Inmigración deben presentarse en original y copia. Tanto en el original como en la copia deberán aparecer las firmas requeridas en original. Los documentos deben ser traducidos al idioma inglés.

3. La Oficina de Recursos Humanos en las Unidades Académicas será responsable de cumplir con los procedimientos y fechas límites del Servicio de Inmigración y Naturalización.
4. Se podrá solicitar autorización de Empleo Visa H1-B para profesores a jornada completa o parcial, después de haber completado los pasos de la solicitud de Salario Prevalente, (Anexo 1), y tener el formulario ETA-9035 "Labor Condition Application" aprobado por el Departamento del Trabajo de los Estados Unidos. Este último tiene que ser accesado vía Internet. En el Anexo 2 se incluyen las instrucciones correspondientes.

5. Toda solicitud para emplear profesores extranjeros se hará al servicio de Naturalización e Inmigración de los Estados Unidos (SIN) mediante el formulario I-129H "Petition for Nonimmigrant Worker" y el suplemento de la I-29 "Classification" (Anexo 3).

Además, se acompañarán los siguientes documentos:
1. ETA-9035 (Anexo 2)
2. To whom it may concern (Anexo 4)
3. Statement (Anexo 5)
4. Evidencia de Exención Contributiva de UIPR (Anexo 6)
5. Documentos del Profesor: Resumé, Diplomas, Certificación, Publicaciones que haya realizado, premios recibidos y 3 cartas de recomendación.
6. Pago de petición según cuota vigente del SIN.

6. Luego de recibida la I-129 aprobada por el SIN, la Oficina de Recursos Humanos de la Unidad puede entregar el formulario I-9 al profesor(a) para ser completado (Anexo 7).

7. Al radicar la petición del permiso de Visa H1-B la Unidad Académica establecerá que la duración del contrato será de un año.

8. La oferta de empleo que se haga al profesor(a) debe ser por un período de tiempo determinado, no obstante, el puesto que ocupará debe ser de carácter permanente aunque el profesor(a) siempre tendrá el estatus de empleado temporero de año en año, conforme cumpla con las disposiciones de las leyes aplicables.

9. El profesor(a) extranjero debe estar íntimamente relacionado con la posición que va a ocupar, así como su preparación académica y no podrá ocupar otra plaza que no sea aquella para la cual se solicitó autorización de trabajo, salvo que medie autorización del Servicio de Inmigración.
10. Si la petición de Visa H1-B es para una posición docente, el profesor(a) extranjero(a) con dicho permiso no podrá ser trasladado a una posición administrativa a jornada completa pues ello conlleva otros procedimientos con el Servicio de Inmigración.

11. El período de tiempo máximo para que un extranjero con residencia temporal trabaje en los Estados Unidos y sus territorios será de 6 años, excepto los casos donde se otorgue residencia permanente.

C. NORMAS PARA RADICAR PETICION DE EXTENSION DE LA VISA H1-B

1. En caso de que la Unidad Académica interese retener al profesor(a) debe realizar una evaluación escrita de la ejecutoria del profesor(a) al momento de solicitar la extensión. Luego que tenga una evaluación favorable radicará la solicitud de extensión de Visa en el Servicio de Inmigración y Naturalización de los Estados Unidos, (SIN).

2. La solicitud de extensión de Visa requiere completar los siguientes documentos con 3 meses de anticipación a la fecha en que se solicita la extensión:

   a. Solicitud de Salario Prevaleciente
   b. Formulario ETA-9035 "Labor Condition Application"
   c. Formulario I-129 "Petition for Nonimmigrant Worker" y el suplemento "H Classification"
   d. Aliens Employment History
   e. Carta de oferta de empleo del Patrono explicando las razones para la extensión.
   f. Formulario I-539 "Application to Extend Time of Temporary Stay" en caso de que el profesor(a) viaje con su familia. (Anejo 8).

Los siguientes documentos también deben acompañar la solicitud de extensión de VISA:

- Evidencia de la preparación Académica y Resumé.
- Cuota de radicación para el extranjero y su familia (si aplica).
- Copia del Formulario I-94 "Nonimmigrant Arrival/Departure Record"
- Autorización vigente (Formulario I-797) (Anejo 9)

3. Cada vez que se radique un formulario ETA-9035 "Labor Condition Application" es necesario emitir y publicar una convocatoria del puesto que es ocupado por el profesor(a) extranjero. Además, se tiene que colocar en el tablón de edictos de cada unidad académica y administrativa de la UIPR.

4. Los documentos se someterán de la siguiente manera:

Original - Servicio Inmigración y Naturalización
Copia - Unidad Académica
Copia - Oficina Central Recursos Humanos

D. PETICION DE RESIDENCIA PERMANENTE ANTE EL DEPARTAMENTO DEL TRABAJO FEDERAL Y EL SERVICIO DE INMIGRACION Y NATURALIZACION

1. La Unidad Académica deberá iniciar los trámites para la solicitud de residencia permanente a más tardar al finalizar el segundo año de trabajo del profesor(a) con la Universidad Interamericana de Puerto Rico.

2. Sólo se solicitará permiso de residencia permanente cuando se pueda establecer dificultad de reclutamiento para la posición. El Ejecutivo Principal de Unidad establecerá la dificultad de reclutamiento mediante la publicación de la convocatoria en Puerto Rico.

3. Luego de establecer dificultad de reclutamiento en Puerto Rico, la Oficina Central de Recursos Humanos publicará un anuncio en una revista profesional de circulación nacional.

4. En caso de que no aparezca ningún solicitante mejor cualificado que el profesor(a) extranjero se continuará con los trámites correspondientes para la petición de residencia permanente, y se completa el Formulario ETA-750 A y B para ser presentado primero al Departamento del Trabajo de Puerto Rico y luego al Departamento del Trabajo de los Estados Unidos (Anejo 10).
5. Una vez recibida la ETA-750 A y B aprobada por el Departamento del Trabajo de los Estados Unidos se procede a completar el formulario I-140 “Immigrant Petition for Alien Worker” (Anejo 11). La Universidad Interamericana de Puerto Rico absorberá los costos que conlleven los trámites para la solicitud de preferencia (Formulario I-140) para Residencia Permanente del profesor(a) extranjero(a).

6. El profesor(a) extranjero(a) que obtenga su residencia permanente (asignación de preferencia) deberá rendir, por lo menos, dos años de servicio con la Universidad Interamericana de Puerto Rico después de haber obtenido la misma.

7. El profesor(a) es responsable de conseguir y radicar el formulario I-485 en el Servicio de Inmigración y Naturalización (SIN) de los Estados Unidos y de cubrir los costos que ello conlleve. Dicho formulario se relaciona con el examen físico y médico requeridos por el SIN (Anejo 12).

E. NOTIFICACION DE CAMBIOS EN ESTATUS DEL EXTRANJERO AL SERVICIO DE INMIGRACION Y NATURALIZACION

1. La Oficina de Recursos Humanos de la Unidad notificará al Servicio de Inmigración y Naturalización, cualquier detención en el proceso de Solicitud de Visa H1-B o residencia permanente, ya sea porque el profesor(a) presenta su renuncia o la Universidad decide no renovarle el contrato. Informará también al profesor(a) extranjero(a).

F. AUTORIZACION DE EMPLEO A ESTUDIANTES EXTRANJEROS CON VISA F-1

1. Todo estudiante extranjero que solicite permiso para entrar a los Estados Unidos será clasificado, de acuerdo al Servicio de Inmigración y Naturalización, bajo la categoría de Estudiante Inmigrante con Visa F-1.

2. Una vez el estudiante extranjero esté admitido legalmente en los Estados Unidos y tenga un año de estudios a tiempo completo podrá solicitar permiso de empleo para trabajar en programas de adiestramiento práctico relacionados con su área de especialización de estudios.
3. Las gestiones para obtener el permiso de empleo así como las extensiones del mismo, las efectuará el estudiante en coordinación con el Oficial Encargado que designe el Ejecutivo Principal de la Unidad Académica.

4. El Oficial Designado en la Unidad cuidará porque se demuestre que el reclutamiento del estudiante extranjero no desplaza a residentes permanentes o ciudadanos de los Estados Unidos. Mantendrá un registro para controlar los permisos de empleo en la Unidad y evitar violaciones de ley. Además, informará a la Oficina Central de Recursos Humanos sobre todo estudiante extranjero al que se le otorgue permiso de empleo.

G. VIGENCIA

Estas Normas y Procedimientos comenzarán a regir inmediatamente después de su aprobación. Las mismas dejan sin efecto la Carta Circular G-152-93 sobre el mismo asunto y cualesquiera otras normas, procedimientos o directrices que entren en conflicto con estas disposiciones.

H. APROBADO

Lcdo. Manuel J. Fernández, Presidente

Fecha (D-M-A)
FORMULARIOS
Anejo 1
Estado Libre Asociado de Puerto Rico
(Commonwealth of Puerto Rico)
Departamento del Trabajo y Recursos Humanos
(Department of Labor and Human Resources)

SOLICITUD PARA DETERMINACION DE SALARIO PREVALECIENTE
(Request for Prevailing Wage Determination)

Note: If a Union Negotiates the wages for this job, contact the Union Directly for the prevailing wage and do not use this form.

Employers Name: ____________________________________________

Address: _____________________________________________________

Employer’s Industry: __________________________________________

Phone: __________________ Fax #: ____________________________

Location of Job if different from employer’s address: ____________________________

Employee’s Job Title: __________________________________________

Job Description: ________________________________________________

Alien’s Name: __________________________________________________

Hours per Week: ___________________ Full Time (X) Part Time ( )

Wage Offered: ________________________________________________

Education Required: ____________________________________________

Other Special Requirements:____________________________________

Experience Needed: ___________________ (Number of years)

Number and title of workers this employee will supervise: __________________________

Title of worker’s immediate supervisor: ____________________________

Gross Annual Sales: ___________________ If applying for President, Vicepresident, Controller, CF Director of Marketing, Sales Manager, Restaurant Manager

Requested By: ________________________________________________

Lawyers or Agents Phone # (If any): ____________________________

Mailing address to return Wage Determination: __________________________

Important: DO NOT WRITE IN THIS SPACE FOR D.O.I USE ONLY

The Prevailing rate of pay for the above Job is: ____________________________

Note: PRDOMI can only endorse or validate sources, methodology or results of USDOL. Wage Surveys used in prevailing wage determination.
Anejo 2
New LCA/H-1B Facsimile System

LCAfax

ETA is beginning the process of implementing nationally a New Automated Fax In/Fax-Out System for processing Labor Condition Applications (LCAs) for H-1B Nonimmigrants. The system is designed to reduce the processing time of LCAs and to save resources. A pilot project has been operating in ETA's Region III for several months, and has proven successful in significantly reducing the waiting times for responses to LCA submissions, while utilizing less ETA resources than the current, hard copy method. Therefore, ETA has made the decision to expand the pilot system tested in Region III nationally.

Effective March 3, 1999, the system is open to employers and their representatives seeking to employ H-1B nonimmigrants at locations under the jurisdiction of the following ETA Regional Offices: Boston, New York, Philadelphia, Atlanta, Chicago, and San Francisco. Employers in the other ETA regions will be able to utilize the system in the very near future, after a second site has been made operational.

WHO? Employers of H-1B Nonimmigrants with prospective work sites in the states under jurisdiction of the above listed ETA regional offices are encouraged to participate in the LCAfax process.

WHEN? Implementation of the LCAfax process in these regions began March 3, 1999. Shortly, LCAfax will be expanded to cover the employment of H-1B nonimmigrants throughout the U.S.

WHAT YOU NEED:

- A PC with Windows, Windows 95/98, or Windows NT connected to a printer;
- A fax machine in operation 24 hours per day, 7 days per week; and
- ETA 9035 Form Filler Program and Instructions (See Below).

HOW IT WORKS:

- Employer or representative completes LCA Form ETA 9035 using the Form Filler Program;
- Employer signs the LCA;
- If the job opportunity is in the Boston, New York, Philadelphia, Atlanta, and (temporarily) Chicago regions, the LCA is faxed to ETA (215) 596-1052 or (215) 596-0272; if the job opportunity is in the San Francisco region, the LCA is faxed to (202) 208-7506:
• ETA faxes back response to the designated fax number identified on the form.
• If the LCA is rejected, the returned fax includes the reasons for the rejection. The sender should make corrections based on those reasons for rejection and fax the corrected LCA to LCAfax; and
• If the LCA is approved, the employer attaches the certified LCA to Form I-129 (Petition for H-1B nonimmigrants) and files with the INS.

**BENEFITS TO YOU:**

• Fast response (assuming positive test results);
• Expected return times of one to three days; and
• No mail processing.

**HOW TO RECEIVE FORM FILLER AND INSTRUCTIONS:**

The Form Filler Program and Instructions are available via download from the INTERNET, or by E-MAIL, or FLOPPY DISK.

• **INTERNET:** Point your browser to (enter the URL for) the ETA Region VIII Economic Data Center at [http://edc.dws.state.ut.us](http://edc.dws.state.ut.us). The Form Filler Program and Instructions may be downloaded directly to your computer; or

• **E-MAIL:** E-mail us at lcafax@doleta.gov. Put 'LCA Pilot Test Start' in the subject line. You will receive the Form Filler Program and Instructions by return E-MAIL; or

• **FLOPPY DISK:** Fax a request to (202) 208-5844 or call (202) 219-5167 Ext.118 and leave your name and complete mailing address. You will receive the Form Filler Program and Instructions by return mail.

States in ETA Regions who may use LCAfax:

Region I (Boston): CT, ME, MA, NH, RI, VT
Region II (New York): NJ, NY, PR, VI
Region III (Philadelphia): DE, DC, MD, PA, VA, WV
Region IV (Atlanta): AL, FL, GA, KY, MS, NC, SC, TN
Region V (Chicago): IL, IN, MI, MN, OH, WI
Region IX (San Francisco): AZ, CA, GU, HI, NV
Labor Condition Application for H-1B Nonimmigrants

1. Full Legal Name of Employer

2. Federal Employer I.D. Number

3. Telephone No.

4. FAX No.

5. Employer’s Address
   (No., Street, City, State, and ZIP Code)

6. Address Where Documentation is Kept (If different than item 5)

7. OCCIDENTAL INFORMATION (Use attachment if additional space is needed)

   (a) Three-Digit Occupational Groups Code
   (b) Job Title (Check box if position is part-time)
   (c) No. of H-1B Nonimmigrants
   (d) Rate of Pay
   (e) Period of Employment
       From
       To
   (f) Location(s) Where H-1B Nonimmigrants Will Work (see instructions)

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. Check 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.
   (d) As of this date, notice of this application has been provided to workers employed in the occupations in which H-1B nonimmigrants will be employed: (check appropriate box)
      (i) Notice of this filing has been provided to the bargaining representative of workers in the occupations 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 a conspicuous place where H-1B nonimmigrants 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 and Title of Hiring or Other Designated Official

Signature

Date

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

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

through

Signature and Title of Authorized DOL Official

ETA Case No.

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.

Public reporting burden for this collection of information is estimated to average 1 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 IRM Policy, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, DC 20210; and to the Office of Management and Budget, Paperwork Reduction Project (1205-0310), Washington, DC 20503.

DO NOT SEND THE COMPLETED FORM TO EITHER OF THESE OFFICES

ETA 9035 (Jan. 1992)
INSTRUCTIONS FOR COMPLETING FORM ETA 9035
LABOR CONDITION 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. 1545 and 1521).

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 its petition with the INS.

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

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


Item 4. FAX No. Self-explanatory.

Item 5. Employer's Address. Self-explanatory.

Item 6. Address Where Documentation is Kept. (If different than item 5). Self-explanatory.

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

Item 7(a). Three Digit Occupational Groups Code. Enter the three-digit code which most closely describes the job(s) to be performed. (DOL purposes only.)

Item 7(b). Job Title. Enter the common name(s) or payroll title(s) of the job(s) being offered. Check box to the right of the blank if position is part-time.

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

Item 7(d). Rate of Pay. 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). Period of Employment. Enter the starting and ending dates during which the H-1B nonimmigrants will be employed.

Item 7(f). Location(s) 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 (a) and (b). Documentation in support of a labor condition application shall be retained at the employer's place of business or worksite and made available to DOL upon such official's request. See 20 CFR 655.730 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 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 occupational classification.

Item 8(c). The employer must attest that on the date the application is signed and submitted, there is not a strike, lockout or work stoppage in the course of a labor dispute in the named occupations at the worksite.

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 occupations. The application may be provided to the workers through the bargaining representative, or where there is no such bargaining representative, notice of the filing must be posted in a conspicuous place where H-1B nonimmigrants will be employed.

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 the 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 employees, willful failure to meet a condition of the application regarding wages or working conditions, or misrepresentation of a material fact may result in additional penalties.
<table>
<thead>
<tr>
<th>Code</th>
<th>Occupation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>Architectural Occupations</td>
</tr>
<tr>
<td>002</td>
<td>Aeronautical Engineering Occupations</td>
</tr>
<tr>
<td>003</td>
<td>Electrical/Electronic Engineering Occupations</td>
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<tr>
<td>005</td>
<td>Civil Engineering Occupations</td>
</tr>
<tr>
<td>006</td>
<td>Ceramic Engineering Occupations</td>
</tr>
<tr>
<td>007</td>
<td>Mechanical Engineering Occupations</td>
</tr>
<tr>
<td>008</td>
<td>Chemical Engineering Occupations</td>
</tr>
<tr>
<td>010</td>
<td>Mining and Petroleum Engineering Occupations</td>
</tr>
<tr>
<td>011</td>
<td>Metallurgy and Metallurgical Engineering Occupations</td>
</tr>
<tr>
<td>012</td>
<td>Industrial Engineering Occupations</td>
</tr>
<tr>
<td>013</td>
<td>Agricultural Engineering Occupations</td>
</tr>
<tr>
<td>014</td>
<td>Marine Engineering Occupations</td>
</tr>
<tr>
<td>015</td>
<td>Nuclear Engineering Occupations</td>
</tr>
<tr>
<td>019</td>
<td>Other Occupations in Architecture, Engineering and Surveying</td>
</tr>
<tr>
<td>020</td>
<td>Occupations in Mathematics</td>
</tr>
<tr>
<td>021</td>
<td>Occupations in Astronomy</td>
</tr>
<tr>
<td>022</td>
<td>Occupations in Chemistry</td>
</tr>
<tr>
<td>023</td>
<td>Occupations in Physics</td>
</tr>
<tr>
<td>024</td>
<td>Occupations in Geology</td>
</tr>
<tr>
<td>025</td>
<td>Occupations in Meteorology</td>
</tr>
<tr>
<td>029</td>
<td>Other Occupations in Mathematics and Physical Sciences</td>
</tr>
<tr>
<td>030</td>
<td>Computer-Related Occupations</td>
</tr>
<tr>
<td>031</td>
<td>Occupations in Systems Analysis and Programming</td>
</tr>
<tr>
<td>032</td>
<td>Occupations in Data Communications and Networks</td>
</tr>
<tr>
<td>033</td>
<td>Occupations in Computer System User Support</td>
</tr>
<tr>
<td>039</td>
<td>Other Computer-Related Occupations</td>
</tr>
<tr>
<td>040</td>
<td>Occupations in Agricultural Sciences</td>
</tr>
<tr>
<td>041</td>
<td>Occupations in Biological Sciences</td>
</tr>
<tr>
<td>045</td>
<td>Occupations in Psychology</td>
</tr>
<tr>
<td>049</td>
<td>Other Occupations in Life Sciences</td>
</tr>
<tr>
<td>050</td>
<td>Occupations in Economics</td>
</tr>
<tr>
<td>051</td>
<td>Occupations in Political Science</td>
</tr>
<tr>
<td>052</td>
<td>Occupations in Sociology</td>
</tr>
<tr>
<td>055</td>
<td>Occupations in Anthropology</td>
</tr>
<tr>
<td>059</td>
<td>Other Occupations in Social Sciences</td>
</tr>
<tr>
<td>070</td>
<td>Physicians and Surgeons</td>
</tr>
<tr>
<td>071</td>
<td>Osteopaths</td>
</tr>
<tr>
<td>072</td>
<td>Dentists</td>
</tr>
<tr>
<td>073</td>
<td>Veterinarians</td>
</tr>
<tr>
<td>074</td>
<td>Pharmacists</td>
</tr>
<tr>
<td>076</td>
<td>Therapists</td>
</tr>
<tr>
<td>077</td>
<td>Dietitians</td>
</tr>
<tr>
<td>078</td>
<td>Occupations in Medical and Dental Technology</td>
</tr>
<tr>
<td>079</td>
<td>Other Occupations in Medicine and Health</td>
</tr>
<tr>
<td>090</td>
<td>Occupations in College and University Education</td>
</tr>
<tr>
<td>091</td>
<td>Occupations in Secondary School Education</td>
</tr>
<tr>
<td>092</td>
<td>Occupations in Preschool, Primary School, and Kindergarten Education</td>
</tr>
<tr>
<td>094</td>
<td>Occupations in Education of Persons with Disabilities</td>
</tr>
<tr>
<td>096</td>
<td>Home Economists and Farm Advisers</td>
</tr>
<tr>
<td>097</td>
<td>Occupations in Vocational Education</td>
</tr>
<tr>
<td>099</td>
<td>Other Occupations in Education</td>
</tr>
<tr>
<td>100</td>
<td>Occupations in Museum, Library, and Archival Science</td>
</tr>
<tr>
<td>101</td>
<td>Librarians</td>
</tr>
<tr>
<td>102</td>
<td>Archivists</td>
</tr>
<tr>
<td>106</td>
<td>Museum Curators and Related Occupations</td>
</tr>
<tr>
<td>108</td>
<td>Other Occupations in Museum, Library and Archival Sciences</td>
</tr>
<tr>
<td>110</td>
<td>Occupations in Law and Jurisprudence</td>
</tr>
<tr>
<td>111</td>
<td>Lawyers</td>
</tr>
<tr>
<td>119</td>
<td>Judges</td>
</tr>
<tr>
<td>120</td>
<td>Clergy</td>
</tr>
<tr>
<td>129</td>
<td>Other Occupations in Religion and Theology</td>
</tr>
<tr>
<td>131</td>
<td>Writers</td>
</tr>
<tr>
<td>132</td>
<td>Editors, Publication, Broadcast, and Script</td>
</tr>
<tr>
<td>139</td>
<td>Other Occupations in Writing</td>
</tr>
<tr>
<td>142</td>
<td>Environmental, Product and Related Designers</td>
</tr>
<tr>
<td>149</td>
<td>Other Occupations in Art</td>
</tr>
<tr>
<td>152</td>
<td>Occupations in Music</td>
</tr>
<tr>
<td>159</td>
<td>Other Occupations in Entertainment and Recreation</td>
</tr>
<tr>
<td>160</td>
<td>Accountants, Auditors, and Related Occupations</td>
</tr>
<tr>
<td>161</td>
<td>Budget and Management Systems Analysis Occupations</td>
</tr>
<tr>
<td>164</td>
<td>Advertising Management Occupations</td>
</tr>
<tr>
<td>165</td>
<td>Public Relations Management Occupations</td>
</tr>
<tr>
<td>168</td>
<td>Personnel Management Occupations</td>
</tr>
<tr>
<td>169</td>
<td>Other Occupations in Administrative Specializations</td>
</tr>
<tr>
<td>180</td>
<td>Managers and Officials</td>
</tr>
<tr>
<td>181</td>
<td>Agriculture, Forestry, and Fishing Industry Managers and Officials</td>
</tr>
<tr>
<td>182</td>
<td>Mining Industry Managers and Officials</td>
</tr>
<tr>
<td>183</td>
<td>Construction Industry Managers and Officials</td>
</tr>
<tr>
<td>184</td>
<td>Manufacturing Industry Managers and Officials</td>
</tr>
<tr>
<td>185</td>
<td>Transportation, Communication, and Utilities Industry Managers and Officials</td>
</tr>
<tr>
<td>186</td>
<td>Wholesale and Retail Trade Managers and Officials</td>
</tr>
<tr>
<td>187</td>
<td>Finance, Insurance and Real Estate Managers and Officials</td>
</tr>
<tr>
<td>188</td>
<td>Service Industry Managers and Officials</td>
</tr>
<tr>
<td>189</td>
<td>Public Administration Managers and Officials</td>
</tr>
<tr>
<td>195</td>
<td>Miscellaneous Professional, Technical, and Managerial Occupations</td>
</tr>
<tr>
<td>199</td>
<td>Miscellaneous Professional, Technical, and Managerial Occupations</td>
</tr>
<tr>
<td>297</td>
<td>Fashion Models</td>
</tr>
</tbody>
</table>
Anejo 3
START HERE - Please Type or Print

Part 1. Information about the employer filing this petition. If the employer is an individual, use the top name line. Organizations should use the second line.

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company or Organization Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address - Atn:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Street Number and Name</th>
<th>Apt. #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State or Province</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>ZIP/Postal Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>IRS Tax #</th>
</tr>
</thead>
</table>

Part 2. Information about this Petition. (See instructions to determine the fee)

1. Requested Nonimmigrant Classification: (write classification symbol at right)

2. Basis for Classification (check one)
   a. New employment
   b. Continuation of previously approved employment without change
   c. Change in previously approved employment
   d. New concurrent employment

3. Prior petition. If you checked other than "New Employment" in item 2. (above) give the most recent prior petition number for the worker(s):

4. Requested Action: (check one)
   a. Notify the office in Part 4 so the person(s) can obtain a visa or be admitted (NOTE: a petition is not required for an E-1, E-2, or R visa).
   b. Change the person(s) status and extend their stay since they are all now in the U.S. in another status (see instructions for limitations). This is available only where you check "New Employment" in item 2. above.
   c. Extend or amend the stay of the person(s) since they now hold this status.

5. Total number of workers in petition:

(See instructions for where more than one worker can be included.)

Part 3. Information about the person(s) you are filing for. Complete the blocks below. Use the continuation sheet to name each person included in this petition.

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (Month/Day/Year)</th>
<th>Country of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Security #</th>
<th>#</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>in the United States, complete the following:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Arrival (Month/Day/Year)</th>
<th>I-94</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Current Nonimmigrant Status</th>
<th>Expires (Month/Day/Year)</th>
</tr>
</thead>
</table>

To Be Completed by Attorney or Representative, if any

- Fill in box if G-28 is attached to represent the applicant

VOLAG#

ATTY State License #

Form I-129 (Rev. 12/11/91) N  Continued on back.
Part 4. Processing Information.

a. If the person named in Part 3 is outside the U.S. or a requested extension of stay or change of status cannot be granted, give the U.S. consulate or inspection facility you want notified if this petition is approved.

Type of Office (check one):  □ Consulate  □ Pre-flight inspection  □ Port of Entry

Office Address (City)  □ U.S. State or Foreign Country

Person's Foreign Address

b. Does each person in this petition have a valid passport?

□ Not required to have passport  □ No - explain on separate paper  □ Yes

c. Are you filing any other petitions with this one?

□ No  □ Yes - How many?

d. Are applications for replacement/l-94's being filed with this petition?

□ No  □ Yes - How many?

e. Are applications by dependents being filed with this petition?

□ No  □ Yes - How many?

f. Is any person in this petition in exclusion or deportation proceedings?

□ No  □ Yes - explain on separate paper

g. Have you ever filed an immigrant petition for any person in this petition?

□ No  □ Yes - explain on separate paper

h. If you indicated you were filing a new petition in Part 2, within the past 7 years has any person in this petition:

1) ever been given the classification you are now requesting?

□ No  □ Yes - explain on separate paper

2) ever been denied the classification you are now requesting?

□ No  □ Yes - explain on separate paper

i. If you are filing for an entertainment group, has any person in this petition not been with the group for at least 1 year?

□ No  □ Yes - explain on separate paper

Part 5. Basic Information about the proposed employment and employer.

Attach the supplement relating to the classification you are requesting.

Job

Title

Nontechnical Description

Address where the person(s) will work

if different from the address in Part 1.

Is this a full-time position?

□ No - Hours per week  □ Yes - Wages per week or per year

Other Compensation (Explain)

Value per week or per year

Dates of Intended employment

From:  To:

Type of Petitioner - check one:  □ U.S. citizen or permanent resident  □ Organization  □ Other - explain on separate paper

Type of business:

Year established:

Current Number of Employees

Gross Annual Income

Net Annual Income


Read the information on penalties in the instructions before completing this section.

I certify, under penalty of perjury under the laws of the United States of America, that this petition, and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. If this petition is to extend a prior petition, I certify that the proposed employment is under the same terms and conditions as in the prior approved petition. I authorize the release of any information from my records, or from the petitioning organization's records, which the Immigration and Naturalization Service needs to determine eligibility for the benefit being sought.

Signature and title

Print Name

Date

Please Note: If you do not completely fill out this form and the required supplement, or fail to submit required documents listed in the instructions, then the person(s) filed for may not be found eligible for the requested benefit, and this petition may be denied.

Part 7. Signature of person preparing form if other than above.

I declare that I prepared this petition at the request of the above person and it is based on all information of which I have any knowledge.

Signature

Print Name

Date

Firm Name and Address
U.S. Department of Justice
Immigration and Naturalization Service

Name of person or organization filing petition: Name of person or total number of workers or trainees you are filing for:

List the alien's and any dependent family members; prior periods of stay in an H classification in the U.S. for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an H classification. If more space is needed, attach an additional sheet.

Classification sought (check one):

- H-1A Registered Professional nurse
- H-1B1 Specialty occupation
- H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense
- H-1B3 Artist, entertainer or fashion model of national or international acclaim
- H-1B4 Artist or entertainer in unique or traditional art form
- H-1B5 Athlete
- H-1BS Essential Support Personnel for H-1B entertainer or athlete
- H-2A Agricultural worker
- H-2B Nonagricultural worker
- H-3 Trainee
- H-3 Special education exchange visitor program

Section 1. Complete this section if filing for H-1A or H-1B classification.

Describe the proposed duties

Alien's present occupation and summary of prior work experience

Statement for H-1B specialty occupations only:

By filing this petition, I agree to the terms of the labor condition application for the duration of the alien's authorized period of stay for H-1B employment.

Petitioner's Signature Date

Statement for H-1B specialty occupations and DOD projects:

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of return transportation of the alien abroad if the alien is dismissed from employment by the employer before the end of the period of authorized stay.

Signature of authorized official of employer Date

Statement for H-1B DOD projects only:

I certify that the alien will be working on a cooperative research and development project or a coproduction project under a reciprocal Government-to-Government agreement administered by the Department of Defense.

DOD project manager's signature Date

Section 2. Complete this section if filing for H-2A or H-2B classification.

Employment is: Seasonal Temporary need is: Unpredictable
(check one) Peakload (check one) Periodic
Intermittent Recurrent annually
One-time occurrence

Explain your temporary need for the alien's services (attach a separate paper if additional space is needed).

Form I-129 Supplement H (12/11/91) N

Continued on back.
Section 3. Complete this section if filing for H-2A classification.

The petitioner and each employer consent to allow government access to the site where the labor is being performed for the purpose of determining compliance with H-2A requirements. The petitioner further agrees to notify the Service in the manner and within the time frame specified if an H-2A worker absconds or if the authorized employment ends more than five days before the relating certification document expires, and pay liquidated damages of one hundred dollars for each instance where it cannot demonstrate compliance with this notification requirement. The petitioner also agrees to pay liquidated damages of two hundred dollars for each instance where it cannot be demonstrated that the H-2A worker either departed the United States or obtained authorized status during the period of admission or within five days of early termination, whichever comes first.

The petitioner must execute Part A. If the petitioner is the employer's agent, the employer must execute Part B. If there are joint employers, they must each execute Part C.

Part A. Petitioner:

By filing this petition, I agree to the conditions of H-2A employment, and agree to the notice requirements and limited liabilities defined in 8 CFR 214.2(h)(3)(vi).

Petitioner's signature
Date

Part B. Employer who is not petitioner:

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf, and agree to the conditions of H-2A eligibility.

Employer's signature
Date

Part C. Joint Employers:

I agree to the conditions of H-2A eligibility.

Joint employer's signature(s)
Date

Joint employer's signature(s)
Date

Joint employer's signature(s)
Date

Joint employer's signature(s)
Date

Joint employer's signature(s)
Date

Section 4. Complete this section if filing for H-3 classification.

If you answer "yes" to any of the following questions, attach a full explanation.

a. Is the training you intend to provide, or similar training, available in the alien's country? [ ] No [ ] Yes

b. Will the training benefit the alien in pursuing a career abroad? [ ] No [ ] Yes
c. Does the training involve productive employment incidental to training? [ ] No [ ] Yes
d. Does the alien already have skills related to the training? [ ] No [ ] Yes
e. Is this training an effort to overcome a labor shortage? [ ] No [ ] Yes

f. Do you intend to employ the alien abroad at the end of this training? If you do not intend to employ this person abroad at the end of this training, explain why you wish to incur the cost of providing this training, and your expected return from this training.
Anejo 4
Date: ____________________

To Whom it May Concern

____________________ will have a temporary contract as Instructor at the Interamerican University of Puerto Rico: in the Department _________________ beginning __________ through ____________ with a salary of _________. He(she) will also receive ________ as an extra compensation, for teaching ___ credits hours during the summer of ______ for a total of ____________.

____________________ will teach (graduate, undergraduate) courses in the area of ________________. No American citizen with this special qualification is available at this time. Mr.(Mrs.) _____ service is essential for the development of the Department.

____________________
Department Director

Approved: ________________

Chancellor
Anejo 5
STATEMENT

______________ has been offered a position as an Instructor in the Department of ________ starting on August 13, 1996 through June 30, 1997. In this temporary position his salary will be of _________, per month. We state that the Department of ____________, the College of Arts and Sciences, UPR Mayaguez will be liable for the reasonable costs of return transportation of the alien abroad. If the alien is dismissed from employment by us before the end of the period authorized.

______________
Department Director

Approved: ________________
Chancellor
Anejo 6
On October 21, 1998, Congress enacted the "American Competitiveness and Workforce Improvement Act," (ACWIA) Public Law 105-277. Section 414(a) of ACWIA created an additional $500 filing fee for all petitions to classify an alien as an H-1B nonimmigrant worker, filed on or after December 1, 1998.

A United States employer petitioning for new H-1B employment, concurrent employment, sequential employment, and the fixed-term of stay, must file a completed Form I-129, accompanied by the $110 filing fee PLUS an additional $500 in a single submission (one check or money order) of $610. A United States employer is not required to submit the additional $500 fee if the employer is not an "exempt organization" (institution of higher education or related or affiliated nonprofit entity, or nonprofit or governmental research organization) as defined at 8 CFR 214.2(b)(19)(i).

PART A

In order for the Immigration and Naturalization Service (Service) to determine if you must pay the additional $500 fee, please answer yes or no to all of the following questions:

YES NO

A. ☐ ☐ Are you an institution of higher education as defined in Section 101(a) of the Higher Education Act of 1965 and 8 CFR 214.2(b)(19)(ii)?

B. ☐ ☐ Are you a nonprofit organization or entity related to or affiliated with an institution of higher education as defined under 8 CFR 214.2(b)(19)(ii)?

C. ☐ ☐ Are you a nonprofit research organization or a governmental research organization, as defined under 8 CFR 214.2(b)(19)(ii)?

D. ☐ ☐ Is this the second or subsequent request for an extension of stay that you have filed for this alien?

If you answered YES to any of the sections above, you are required to submit ONLY the fee for your H-1B Form I-129 petition which is $110.

PART B

A United States employer claiming an exemption from the $500 filing fee, based on responses to part A, must submit evidence as a nonprofit organization, as established by tax exempt status under sections 501(c)(3), (4) or (5) of the Internal Revenue Code of 1986, 26 U.S.C.A. 501 et seq.

I certify under penalty of perjury, under the laws of the United States of America, that this attachment and the evidence submitted with it, is all true and correct. If filing this on behalf of an organization, I certify that I am empowered to do so by that organization. I authorize the release of any information from my records or from the petitioning organization's records, that the Immigration and Naturalization Service needs to determine eligibility for the exemption being sought.

________________________
Signature and Title

________________________
Print Name

________________________
Date

Authority

Authority to collect this information is contained in Public Law 105-277 (The American Competitiveness and Workforce Improvement Act of 1998). Failure to provide all requested information may delay the final decision or result in denial of your request. INS, Department of State (DOS), and Department of Labor (DOL) will use the information to determine eligibility for the benefit requested, and may provide other agencies with the information.

Public Reporting Burden

Paperwork Reduction Act Notice. Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. The estimated average time to complete and file this application is 15 minutes per application. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, 425 I Street, N.W. , Room M-4000, Washington, D.C. 20536. (DO NOT MAIL YOUR COMPLETED APPLICATION TO THIS ADDRESS).
Anejo 7
Por favor lea las instrucciones detenidamente antes de completar este formulario. Las instrucciones deben estar disponibles mientras completa el formulario. ADVERTENCIA SOBRE LA DISCRIMINACION. Es ilegal discriminar contra cualquier persona elegible para el empleo. Los patrones NO PUEDEN especificar qué documento(s) aceptará(n) de un empleado. Rehusar emplear a una persona por razón de una fecha de expiración futura también puede constituir discriminación ilegal.

Sección 1. Información y Verificación del Empleado. Debe ser completada y firmada por el empleado al comenzar el empleo.

<table>
<thead>
<tr>
<th>Letra de molde:</th>
<th>Apellido</th>
<th>Nombre</th>
<th>Inicial</th>
<th>Apellido de soltera</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dirección (Calle y Número)</td>
<td># de Apto.</td>
<td>Fecha de nacimiento (mes/día/año)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ciudad</td>
<td>Estado</td>
<td>Código Postal</td>
<td>Número de Seguro Social</td>
<td></td>
</tr>
</tbody>
</table>

Tengo conocimiento de que la ley federal dispone encarcelación y/o multas por declaraciones falsas o por el uso de documentos fraudulentos al completar este formulario. Hago constar bajo pena de perjurio que soy (marque uno de los encasillados):

- Ciudadano o nacional de los Estados Unidos
- Residente permanente legítilmo (# de Extranjero A)
- Extranjero autorizado a trabajar hasta ______/____/

(# de Extranjero o # de Admisión)

Firma del Empleado | Fecha (mes/día/año)

Certificación del preparador y/o traductor. (Este apartado deberá completarse y firmarse cuando la persona que prepara la Sección 1 no es el empleado). Hago constar bajo pena de perjurio que he ayudado a completar este formulario y que a mi mejor entender, la información que aquí se ofrece es cierta y correcta.

Firma del Preparador/Traductor | Nombre en letra de molde

Dirección (Calle y Número, Ciudad, Estado, Código Postal) | Fecha (mes/día/año)

Sección 2. Revisión y Verificación por el Patrono. Para ser completada y firmada por el patrono. Examine un documento de la Lista A o un documento de la Lista B y de la Lista C que aparecen al dorso de este formulario y anote el título del documento, el número y la fecha de expiración, si alguna.

<table>
<thead>
<tr>
<th>Lista A</th>
<th>O</th>
<th>Lista B</th>
<th>Y</th>
<th>Lista C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Título del Documento:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Autoridad que lo expide:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documento #:</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Fecha de expiración (si tiene)</td>
<td></td>
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<td>Fecha de expiración (si tiene)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CERTIFICACION - Hago constar bajo pena de perjurio que he examinado el/los documento(s) presentado(s) por el empleado antes mencionado, que los susodichos documentos parecen ser legítimos y pertenecer a dicho empleado, que el empleado comenzó su empleo en (mes/día/año) ______/____/____ y que a mi mejor entender, este empleado es elegible para trabajar en los Estados Unidos. (Las agencias de empleo gubernamentales pueden omitir la fecha en que el empleado comenzó su empleo.)

Firma del Patrono o Representante Autorizado | Nombre (en letra de molde) | Título

Nombre de la Firma u Organización | Dirección (Calle y Número, Ciudad, Estado, Código Postal) | Fecha (mes/día/año)

Sección 3. Actualización y Reverification. Deberá ser completada y firmada por el patrono.

A. Nuevo Nombre (si aplica)

B. Fecha de reempleo (mes/día/año) (si aplicable)

C. Si la autorización de trabajo anterior ha expirado, incluya la información que aparece más adelante para establecer la elegibilidad actual para empleo.

<table>
<thead>
<tr>
<th>Título del Documento:</th>
<th>Documento #:</th>
<th>Fecha de expiración (si tiene) <strong><strong><strong>/</strong>__/</strong></strong></th>
</tr>
</thead>
</table>

Hago constar bajo pena de perjurio que a mi mejor entender, este empleado es elegible para trabajar en los Estados Unidos y si el empleado ha presentado documentos, los documentos que he examinado parecen ser legítimos y pertenecer a dicho empleado.

Firma del Patrono o Representante Autorizado | Fecha (mes/día/año)

Forma I-9 (Rev. 11-21-91) N
### LISTAS DE DOCUMENTOS ACEPTABLES

#### LISTA A

**Documentos que establecen tanto la identidad como la elegibilidad para empleo**

1. Pasaporte de los E.U.A. (vigente o vencido)
2. Certificado de Ciudadanía *(Forma SIN N-560 ó N-561)*
3. Certificado de Naturalización *(Forma SIN N-550 ó N-570)*
4. Pasaporte extranjero vigente, con el sello I-551 ó con la *Forma SIN I-94* de autorización para empleo vigente adjunto
5. Tarjeta de Registro de Extranjero con fotografía *(Forma SIN I-151 ó I-551)*
6. Tarjeta de Residente Temporero, vigente *(Forma SIN I-668)*
7. Tarjeta Autorización para Empleo, vigente *(Forma SIN I-688A)*
8. Permiso de Re-entrada, vigente *(Forma SIN I-327)*
9. Documento de Viaje para Refugiado, vigente *(Forma SIN I-571)*
10. Documento de Autorización para Empleo con fotografía, expedido por el SIN, vigente *(Forma SIN I-688B)*

#### LISTA B

**Documentos que establecen la identidad**

1. Licencia de Conducir o tarjeta de identificación expedida por un estado o una posesión extra-territorial de los Estados Unidos, siempre y cuando incluya fotografía o información tal como: nombre, fecha de nacimiento, sexo, estatura, color de ojos y dirección
2. Tarjeta de identificación expedida por una agencia o entidad gubernamental federal, estatal o local siempre y cuando incluya fotografía o información tal como: nombre, fecha de nacimiento, sexo, estatura, color de ojos y dirección
3. Tarjeta de identificación escolar con fotografía
4. Tarjeta electoral
5. Tarjeta del Servicio Militar de los E.U.A. o expediente de reclutamiento
6. Tarjeta de identificación de dependiente de un militar
7. Tarjeta de Marino Mercante de la Guardia Costanera de los E.U.A.
8. Documento de tribu nativoamericana
9. Licencia de Conducir expedida por una autoridad del gobierno canadiense
10. Expediente escolar o tarjeta de notas
11. Expediente de hospital, clínica o médico
12. Expediente de centro de cuidado diurno o guardería infantil

#### LISTA C

**Documentos que establecen la elegibilidad para empleo**

1. Tarjeta del Seguro Social de los E.U.A. expedida por la Administración del Seguro Social (excepto cuando especifique que es válida para fines de empleo)
2. Certificado de Nacimiento en el Extranjero expedida por el Departamento de Estado *(Forma FS-545 ó Forma DS-135)*
3. Original o copia certificada de certificado de nacimiento con el sello oficial, expedido por una autoridad estatal, del condado o municipal o por una posesión extra-territorial de los Estados Unidos
4. Documento de tribu nativoamericana
5. Tarjeta de identificación de ciudadano americano *(Forma SIN I-197)*
6. Tarjeta de identificación para uso de Ciudadanos Residentes en los Estados Unidos *(Forma SIN I-179)*
7. Documento vigente de autorización para empleo expedido por el SII (que no sea uno de los que aparecen en la Lista A)

---

El Manual para Patronos (M-274) incluye modelos de muchos de estos documentos en la Parte 8.
INSTRUCCIONES

POR FAVOR LEA TODAS LAS INSTRUCCIONES CUIDADOSAMENTE ANTES DE COMPLETAR ESTA FORMA

Aviso Anti-Discriminación. Es ilegal discriminar contra cualquier individuo (excepto individuos no autorizados a trabajar en los E.U.) en la contratación, despido o reclutamiento o referido por una tarifa por motivo del origen nacional o el status de ciudadanía de dicho individuo. Es ilegal discriminar contra individuos elegibles para trabajar. Los patrones NO PUEDEN especificar qué documento(s) aceptarán de un empleado. Rehusar emplear a un individuo a causa de una fecha de expiración futura podría constituir discriminación ilegal.

Sección 1. Empleado. Todos los empleados, ciudadanos y no ciudadanos, empleados después del 6 de noviembre de 1986 tienen que completar la Sección 1 de esta forma al momento de la contratación, la fecha de comienzo real en el empleo. El patrono es responsable de asegurarse de que la Sección 1 se complete oportunamente y debidamente.

Certificación del Preparador/Traductor. Se debe preparar la Certificación del Preparador/Traductor si la Sección 1 es completada por otra persona que no sea el empleado. Se puede usar un preparador/traductor cuando el empleado no puede completar la Sección 1 por sí solo. No obstante, el empleado debe firmar la Sección 1 personalmente.

Sección 2. Patrono. A los fines de completar esta forma, el término "patrono" incluye a los reclutadores y referidores por tarifa que sean asociaciones agrícolas, patronos agrícolas o contratistas de obreros agrícolas.

Los patronos tienen que completar la Sección 2 examinando la evidencia de identidad y elegibilidad para empleo durante los diez (10) años anteriores a la fecha de comienzo en el empleo. Si los empleados tienen autorización para trabajar, pero no pueden presentar los documentos requeridos en tres (3) días laborables, deben presentar un recibo de solicitud de los documentos en tres días laborables y los documentos reales dentro de los próximos noventa (90) días. Sin embargo, si el patrono contrata individuos por menos de tres días laborables, se requiere completar la Sección 2 al momento de comienzo en el empleo. Los patronos deben anotar: 1) título del documento; 2) autoridad que lo emite; 3) número del documento, 5) fechas de expiración, si tiene; y 5) fecha de comienzo en el empleo. Los patronos deben incluir su firma y la fecha de la certificación. Los empleados deben presentar los documentos originales. Los patronos pueden fotocopiar los documentos presentados, pero no se requiere que lo hagan. Estas fotocopias pueden usarse sólo para fines del proceso de verificación y deben conservarse con la forma I-9. Sin embargo, los patronos siguen siendo responsables de completar la I-9.

Actualización y Verificación. Los patronos deben completar la Sección 3 al actualizar y/o verificando I-9. Se requiere que los patronos verifiquen la elegibilidad de sus empleados en el momento de la fecha de expiración registrada en la

Sección 1. Los patronos no pueden especificar qué documento(s) aceptarán de un empleado.

- si el nombre de un empleado ha cambiado al momento en que se está actualizando/reverificando, complete el Bloque A.

- si un empleado es recontratado dentro de los tres (3) años posteriores a la fecha en que se completó originalmente esta forma, y dicho empleado sigue siendo elegible para empleo sobre las mismas bases indicadas previamente en esta forma (actualización), complete el Bloque B y el espacio para la firma.

- si un empleado es recontratado dentro de los tres (3) años posteriores a la fecha en que se completó originalmente esta forma, y la autorización para trabajar de dicho empleado ha expirado o si la autorización para empleo que tiene el empleado está a punto de expirar (reverificación), complete el Bloque B y:

  - examine cualquier documento que refleje que el empleado está autorizado a trabajar en los E.U. (véase la lista A o C),

  - anote el título del documento, el número y la fecha de expiración (si tiene) en el Bloque C y

  - complete el espacio para la firma.

Fotocopiador y Retener la Forma I-9. Se puede reproducir la forma I-9 siempre que se reproduzcan ambos lados. Las instrucciones deben estar disponibles para todos los empleados que llenan esta forma. Los patronos conservarán las formas I-9 durante tres (3) años a partir de la fecha de contratación o un (1) año después de la terminación del empleo, lo que ocurra último.

Para información más detallada, refiérase al Manual para Patronos del SIN, (Forma M-274). Usted puede obtener el manual en su oficina local del SIN.

Aviso sobre Ley de Confidencialidad. La Autoridad para recopilar esta información proviene de la Ley de Reforma y Control de Inmigración de 1986, Ley Púb. 99-603 (8 U.S.C. 1324(a)).
Esta información es a fin de que los patronos verifiquen la elegibilidad de empleo de los individuos para prevenir la contratación ilegal o el reclutamiento o referido por una tarifa de extranjeros no autorizados para trabajar en los Estados Unidos.

Esta información será usada por los patronos como evidencia escrita de la base utilizada para determinar la elegibilidad de un empleado para trabajar en los Estados Unidos. El patrono conservará la forma y la presentará para inspección de los oficiales del Servicio de Inmigración y Naturalización, el Departamento del Trabajo y la Oficina del Asesor Especial para Inmigración en cuanto a Prácticas Injustas de Empleo.

La información que se requiere en esta forma se somete de forma voluntaria. Sin embargo, un individuo no puede comenzar en el empleo a menos que se complete esta forma ya que los patronos están sujetos a penalidades civiles o criminales si no cumplen con la Ley de Reforma y Control de Inmigración de 1986.

Reportando Obligación Onerosa. Tratamos de crear formas e instrucciones precisas, fáciles de entender y que impongan sobre usted la menor carga posible para proveernos la información. A menudo resulta difícil porque algunas leyes de inmigración son muy complejas. En consecuencia, se computa la carga que representa la recopilación de la información solicitada de la siguiente manera: 1) aprender sobre esta forma, 5 minutos; 2) completar esta forma, 5 minutos; y 3) recopilar y archivar la forma (mantenimiento de expedientes), 5 minutos, para un promedio de 15 minutos por caso. Si tiene comentarios respecto a la precisión de este estimado, o sugerencias de cómo simplificar esta carga, puede escribir a: Immigration and Naturalization Service, 425 I Street, N.W., Room 5304, Washington, D. C. 20536 y a Office of Management and Budget, Paperwork Reduction Project, OMB No. 1115-0136, Washington, D. C. 20503.

Forma I-9 (Rev. 11-21-91)

LOS PATRONOS DEBEN RETENER LA FORMA I-9 COMPLETADA
POR FAVOR, NO LA ENVIE AL SÍN
Anejo 8
START HERE - Please Type or Print

Part 1. Information about you.

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Initial</th>
</tr>
</thead>
</table>

Address - In
Care of:

<table>
<thead>
<tr>
<th>Street # and Name</th>
<th>Apt. #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
</tr>
</thead>
</table>

Zip Code

<table>
<thead>
<tr>
<th>Date of Birth (month/day/year)</th>
<th>Country of Birth</th>
</tr>
</thead>
</table>

Social Security # (if any)

<table>
<thead>
<tr>
<th>A# (if any)</th>
</tr>
</thead>
</table>

Date of Last Arrival into the U.S.

<table>
<thead>
<tr>
<th>I-94#</th>
</tr>
</thead>
</table>

Current Nonimmigrant Status

<table>
<thead>
<tr>
<th>Expires on (month/day/year)</th>
</tr>
</thead>
</table>

Part 2. Application Type. (See instructions for fee.)

1. I am applying for: (check one)
   a. ☐ an extension of stay in my current status
   b. ☐ a change of status. The new status I am requesting is:

2. Number of people included in this application: (check one)
   a. ☐ I am the only applicant
   b. ☐ Members of my family are filing this application with me.
      The total number of people included in this application is
      (complete the supplement for each co-applicant)


1. I/We request that my/our current or requested status be extended until (month/day/year)

2. Is this application based on an extension or change of status already granted to your spouse, child or parent?
   ☐ No ☐ Yes (receipt #

3. Is this application being filed based on a separate petition or application to give your spouse, child or parent an extension or change of status?
   ☐ No ☐ Yes, filed with this application ☐ Yes, filed previously and pending with INS

4. If you answered yes to question 3, give the petitioner or applicant name:

If the application is pending with INS, also give the following information.

Office filed at _________ Filed on _________ (date)

Part 4. Additional information.

1. For applicant #1, provide passport information:
   Country of issuance
   Valid to: (month/day/year)

2. Foreign address:
   Street # and Name
   | Apt# |
   |      |
   City or Town
   | State or Province |
   | Zip or Postal Code |

Continued on back.
Part 4. Additional Information. (continued)

3. Answer the following questions. If you answer yes to any question, explain on separate paper.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Are you, or any other person included in this application, an applicant for an immigrant visa or adjustment of status to permanent residence?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Has an immigrant petition ever been filed for you, or for any other person included in this application?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Have you, or any other person included in this application ever been arrested or convicted of any criminal offense since last entering the U.S.?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Have you, or any other person included in this application done anything which violated the terms of the nonimmigrant status you now hold?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Are you, or any other person included in this application, now in exclusion or deportation proceedings?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Have you, or any other person included in this application, been employed in the U.S. since last admitted or granted an extension or change of status?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered YES to question 3f, give the following information on a separate paper: Name of person, name of employer, address of employer, weekly income, and whether specifically authorized by INS.

If you answered NO to question 3f, fully describe how you are supporting yourself on a separate paper. Include the source and the amount and basis for any income.

Part 5. Signature. Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature: ___________________________  Print your name: ___________________________  Date: __________

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you cannot be found for the requested document and this application will have to be denied.

Part 6. Signature of person preparing form if other than above. (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature: ___________________________  Print Your Name: ___________________________  Date: __________

Firm Name and Address

(Please remember to enclose the mailing label with your application)
Mailing Label—Complete the following mailing label and submit this page with your application if you are required to submit your original Form I-94.

<table>
<thead>
<tr>
<th>Name and address of applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Street</td>
</tr>
<tr>
<td>City, State, &amp; Zip Code</td>
</tr>
</tbody>
</table>

Your I-94 Arrival-Departure Record is attached. It has been amended to show the extension of stay/change of status granted.
**Supplement-1**

Add to Form I-539 when more than one person is included in the petition or application. (List each person separately. Do not include the person you named on the form.)

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Initial</th>
<th>Date of Birth (month/day/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of Birth</td>
<td>Social Security No.</td>
<td>A#</td>
<td></td>
</tr>
</tbody>
</table>

**IF** Date of Arrival (month/day/year) **IN** I-94# **THE** Current Nonimmigrant Status: Expires on (month/day/year)

Country where passport issued

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Initial</th>
<th>Date of Birth (month/day/year)</th>
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<tbody>
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**IF** Date of Arrival (month/day/year) **IN** I-94# **THE** Current Nonimmigrant Status: Expires on (month/day/year)

Country where passport issued

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</tbody>
</table>

**IF** Date of Arrival (month/day/year) **IN** I-94# **THE** Current Nonimmigrant Status: Expires on (month/day/year)

Country where passport issued

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<th>Given Name</th>
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<td></td>
</tr>
</tbody>
</table>

**IF** Date of Arrival (month/day/year) **IN** I-94# **THE** Current Nonimmigrant Status: Expires on (month/day/year)

Country where passport issued

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<thead>
<tr>
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<th>Given Name</th>
<th>Middle Initial</th>
<th>Date of Birth (month/day/year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country of Birth</td>
<td>Social Security No.</td>
<td>A#</td>
<td></td>
</tr>
</tbody>
</table>
Anejo 9
The above petition and extension of stay have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Any change in employment requires a new petition. Since this employment authorization stems from the filing of this petition, separate employment authorization documentation is not required. Please contact the IAS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, Arrival-Departure Record. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted an extension of stay who leaves the U.S. must normally obtain a new visa before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, Application for Action on an Approved Application or Petition, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

This form is not a visa nor may it be used in place of a visa.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

IMMIGRATION & NATURALIZATION SERVICE
VERMONT SERVICE CENTER
75 LOWER WELDEN STREET
SAINT ALBANS VT 05479-0001
Customer Service Telephone: (802) 527-3160
Form I-480 (Rev. 09/07/93)

Detach This Half for Personal Records
Receipt # EAC-98-200-52536
I-94# 508337666 04
NAME
CLASS H1B1
VALID FROM 07/01/98 UNTIL 07/31/00
PETITIONER: INTER AMERICAN UNIV OF PR

Receipt Number EAC-98-200-52536
Immigration and Naturalization Service
I-94
Departure Record Petitioner: INTER AMERICA

14. Family Name
15. First (Given) Name
16. Date of Birth
17. Country of Citizenship

508337666 04
Anejo 10
Part 3. Processing Information. (Continued)

Please answer the following questions. (If your answer is "Yes" on any one of these questions, explain on a separate piece of paper. Answering "Yes" does not necessarily mean that you are not entitled to register for permanent residence or adjust status.)

1. Have you ever, in or outside the U. S.:
   a. knowingly committed any crime of moral turpitude or a drug-related offense for which you have not been arrested?
   b. been arrested, cited, charged, indicted, fined, or imprisoned for breaking or violating any law or ordinance, excluding traffic violations?
   c. been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action?
   d. exercised diplomatic immunity to avoid prosecution for a criminal offense in the U. S.?
   ☐ Yes ☐ No

2. Have you received public assistance in the U.S. from any source, including the U.S. government or any state, county, city, or municipality (other than emergency medical treatment), or are you likely to receive public assistance in the future?
   ☐ Yes ☐ No

3. Have you ever:
   a. within the past 10 years been a prostitute or procured anyone for prostitution, or intend to engage in such activities in the future?
   b. engaged in any unlawful commercialized vice, including, but not limited to, illegal gambling?
   c. knowingly encouraged, induced, assisted, abetted or aided any alien to try to enter the U.S. illegally?
   d. illicitly trafficked in any controlled substance, or knowingly assisted, abetted or colluded in the illicit trafficking of any controlled substance?
   ☐ Yes ☐ No

4. Have you ever engaged in, conspired to engage in, or do you intend to engage in, or have you ever solicited membership or funds for, or have you through any means ever assisted or provided any type of material support to, any person or organization that has ever engaged or conspired to engage, in sabotage, kidnapping, political assassination, hijacking, or any other form of terrorist activity?
   ☐ Yes ☐ No

5. Do you intend to engage in the U.S. in:
   a. espionage?
   b. any activity a purpose of which is opposition to, or the control or overthrow of, the Government of the United States, by force, violence or other unlawful means?
   c. any activity to violate or evade any law prohibiting the export from the United States of goods, technology or sensitive information?
   ☐ Yes ☐ No

6. Have you ever been a member of, or in any way affiliated with, the Communist Party or any other totalitarian party?
   ☐ Yes ☐ No

7. Did you, during the period March 23, 1933 to May 8, 1945, in association with either the Nazi Government of Germany or any organization or government associated or allied with the Nazi Government of Germany, ever order, incite, assist or otherwise participate in the persecution of any person because of race, religion, national origin or political opinion?
   ☐ Yes ☐ No

8. Have you ever engaged in genocide, or otherwise ordered, incited, assisted or otherwise participated in the killing of any person because of race, religion, nationality, ethnic origin, or political opinion?
   ☐ Yes ☐ No

9. Have you ever been deported from the U.S., or removed from the U.S. at government expense, excluded within the past year, or are you now in exclusion or deportation proceedings?
   ☐ Yes ☐ No

10. Are you under a final order of civil penalty for violating section 274C of the Immigration Act for use of fraudulent documents, or have you, by fraud or willful misrepresentation of a material fact, ever sought to procure, or procured, a visa, other documentation, entry into the U.S., or any other immigration benefit?
    ☐ Yes ☐ No

11. Have you ever left the U.S. to avoid being drafted into the U.S. Armed Forces?
    ☐ Yes ☐ No

12. Have you ever been a J nonimmigrant exchange visitor who was subject to the 2 year foreign residence requirement and not yet complied with that requirement or obtained a waiver?
    ☐ Yes ☐ No

13. Are you now withholding custody of a U.S. Citizen child outside the U.S. from a person granted custody of the child?
    ☐ Yes ☐ No

14. Do you plan to practice polygamy in the U.S.?
    ☐ Yes ☐ No

Form I-485 (Rev. 08-09-92)N

Continued on back
**Part 4. Signature.** *(Read the information on penalties in the instructions before completing this section. You must file this application while in the United States.)*

I certify under penalty of perjury under the laws of the United States of America that this application, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Your Name</th>
<th>Date</th>
<th>Daytime Phone Number</th>
</tr>
</thead>
</table>

**Please Note:** If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you may not be found eligible for the requested document and this application may be denied.

**Part 5. Signature of person preparing form if other than above.** *(Sign Below)*

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Print Your Name</th>
<th>Date</th>
<th>Daytime Phone Number</th>
</tr>
</thead>
</table>

Firm Name
and Address
START HERE - Please Type or Print

Part 1. Information about you.

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Initial</th>
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Address - C/O

<table>
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<tr>
<th>Street Number and Name</th>
<th>Apt. #</th>
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City

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<th>State</th>
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Date of Birth (month/day/year) | Country of Birth |
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Social Security # | A # (if any) |
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Date of Last Arrival (month/day/year) | I-94 # |
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Current INS Status | Expires on (month/day/year) |
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Part 2. Application Type. (check one)

I am applying for adjustment to permanent resident status because:

a. □ an immigrant petition giving me an immediately available immigrant visa number has been approved (attach a copy of the approval notice), or a relative, special immigrant juvenile, or special immigrant military visa petition filed with this application will give me an immediately available visa number if approved.

b. □ My spouse or parent applied for adjustment of status or was granted lawful permanent residence in an immigrant visa category which allows derivative status for spouses and children.

c. □ I entered as a K-1 fiancé(e) of a U.S. citizen whom I married within 90 days of entry, or I am the K-2 child of such a fiancé(e) (attach a copy of the fiancé(e) petition approval notice and the marriage certificate).

d. □ I was granted asylum or derivative asylum status as the spouse or child of a person granted asylum and am eligible for adjustment.

e. □ I am a native or citizen of Cuba admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.

f. □ I am the husband, wife, or minor unmarried child of a Cuban described in (e) and am residing with that person, and was admitted or paroled into the U.S. after January 1, 1959, and thereafter have been physically present in the U.S. for at least 1 year.

g. □ I have continuously resided in the U.S. since before January 1, 1972.

h. □ Other-explain__________________________

I am already a permanent resident and am applying to have the date I was granted permanent residence adjusted to the date I originally arrived in the U.S. as a nonimmigrant or parolee, or as of May 2, 1964, whichever is later, and: (Check one)

i. □ I am a native or citizen of Cuba and meet the description in (e), above.

j. □ I am the husband, wife or minor unmarried child of a Cuban, and meet the description in (f), above.

Form I-485 (09-09-92)N

Continued on back.
### Part 3. Processing Information.

#### A. City/Town/Village of birth

<table>
<thead>
<tr>
<th>Current occupation</th>
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</table>

- mother’s first name
- Your father’s first name

Give your name exactly how it appears on your Arrival/Departure Record (Form I-94)

#### Place of last entry into the U.S. (City/State)

- In what status did you last enter? (Visitor, Student, exchange alien, crewman, temporary worker, without inspection, etc.)

- Were you inspected by a U.S. Immigration Officer? □ Yes □ No

- Nonimmigrant Visa Number
- Consulate where Visa was issued

- Date Visa was Issued (month/day/year)
- Sex: □ Male □ Female
- Marital Status: □ Married □ Single □ Divorced □ Widowed

Have you ever before applied for permanent resident status in the U.S? □ No □ Yes (give date and place of filing and final disposition):

#### B. List your present husband/wife, all of your sons and daughters (if you have none, write "none". If additional space is needed, use separate paper).

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle Initial</th>
<th>Date of Birth (month/day/year)</th>
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### C. List your present and past membership in or affiliation with every political organization, association, fund, foundation, party, club, society, or similar group in the United States or in any other place since your 16th birthday. Include any foreign military service in this part. If none, write "none". Include the name of organization, location, dates of membership from and to, and the nature of the organization. If additional space is needed, use separate paper.

---

**Form I-485 (Rev. 09-09-92) N**

Continued On Next Page
START HERE - Please Type or Print

Part 1. Information about the person or organization filing this petition.

If an individual is filing, use the top Name line. Organizations should use the second line.

Family Name

Given Name

Middle Initial

Company or Organization

Address - Attn:

Street Number

and Name

Room #

City

State or Province

Country

ZIP/Postal Code

IRS Tax #

Social Security #

Part 2. Petition Type. This petition is being filed for: (check one)

a. ☐ An alien of extraordinary ability
b. ☐ An outstanding professor or researcher
c. ☐ A multinational executive or manager
d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability
e. ☐ A skilled worker (requiring at least two years of specialized training or experience) or professional
f. ☐ An employee of a U.S. business operating in Hong Kong
g. ☐ Any other worker (requiring less than two years training or experience)

Part 3. Information about the person you are filing for.

Family Name

Given Name

Middle Initial

Address - C/O

Street #

and Name

Apt. #

City

State or Province

Country

Zip or Postal Code

Date of Birth

(month/day/year)

Country of Birth

Social Security #

(if any)

A #

(if any)

If Date of Arrival

(month/day/year) 1-94#

in the

Current Nonimmigrant Status

Expires on

(month/day/year)

Part 4. Processing Information.

Below give the U.S. Consulate you want notified if this petition is approved and if any requested adjustment of status cannot be granted.

U.S. Consulate: City

Country

Form I-140 (Rev. 12-2-91) Continued on back.
Part 4. Processing Information. (continued)

If you gave a U.S. address in Part 3, print the person's foreign address below. If his/her native alphabet does not use Roman letters, print his/her name and foreign address in the native alphabet.

Name

Address

Are you filing any other petitions or applications with this one?
☐ No ☐ Yes attach an explanation

□ No ☐ Yes attach an explanation

☑ No ☐ Yes attach an explanation

☑ No ☐ Yes attach an explanation

Part 5. Additional information about the employer.

Type of petitioner
(check one)
☐ Self ☐ Individual U.S. Citizen ☐ Company or organization

☐ Permanent Resident ☐ Other explain

If a company, give the following:

Date Established
Current # of employees
Gross Annual Income
Net Annual Income

If an individual, give the following:

Occupation
Annual Income

Part 6. Basic information about the proposed employment.

Job Title

Nontectnical description of job

Address where the person will work if different from address in Part 1.

Is this a full-time position?
☐ Yes ☐ No (hours per week ________)

Wages per week

Is this a permanent position?
☐ Yes ☐ No

Is this a new position?
☐ Yes ☐ No

Part 7. Information on spouse and all children of the person you are filing for.

Provide an attachment listing the family members of the person you are filing for. Be sure to include their full name, relationship, date and country of birth, and present address.

Part 8. Signature. Read the information on penalties in the instructions before completing this section.

I certify under penalty of perjury under the laws of the United States of America that this petition, and the evidence submitted with it, is all true and correct. I authorize the release of any information from my records which the Immigration and Naturalization Service needs to determine eligibility for the benefit I am seeking.

Signature

Date

Please Note: If you do not completely fill out this form, or fail to submit required documents listed in the instructions, you cannot be found eligible for the requested document and this application may be denied.

Part 9. Signature of person preparing form if other than above. (Sign below)

I declare that I prepared this application at the request of the above person and it is based on all information of which I have knowledge.

Signature

Print Your Name

Date

Firm Name and Address

*U.S. GPO:1992-312-328/31143

Form I-140 (Rev. 12-2-91)
PART 8. STATEMENT OF QUALIFICATIONS OF ALIEN

FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: If alien is in the U.S., contact nearest office of Immigration and Naturalization Service. If alien is outside U.S., contact nearest U.S. Consulate.

IMPORTANT: READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Print legibly in ink or use a typewriter. If you need more space to fully answer any questions on this form, use a separate sheet. Identify each answer with the number of the corresponding question. Sign and date each sheet.

1. Name of Alien (Family name in capital letters) First name Middle name Maiden name

2. Present Address (No., Street, City or Town, State or Province and ZIP Code) Country

3. Type of Visa (If in U.S.)

4. Alien's Birthdate (Month, Day, Year) Birthplace (City or Town, State or Province) Country

5. Present Nationality or Citizenship (Country)

6. Address in United States Where Alien Will Reside

7. Name and Address of Prospective Employer if Alien has job offer in U.S.

8. Occupation in which Alien is Seeking Work

9. "X" the appropriate box below and furnish the information required for the box marked

a. ☐ Alien will apply for a visa abroad at the American Consulate in City in Foreign Country Foreign Country

b. ☐ Alien is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at City State

Names and Addresses of Schools, Colleges and Universities Attended (Include trade or vocational training facilities) Field of Study Month FROM Year Month TO Year Degrees or Certificates Received

SPECIAL QUALIFICATIONS AND SKILLS

12. Additional Qualifications and Skills Alien Possesses and Proficiency in the use of Tools, Machines or Equipment Which Would Help Establish if Alien Meets Requirements for Occupation in Item 9.

13. List Licenses (Professional, journeyman, etc.)

14. List Documents Attached Which are Submitted as Evidence that Alien Possesses the Education, Training, Experience, and Abilities Represented

Endorsements

DATE REC. DOL
O.T. & C.

(Items continued on next page)
15. WORK EXPERIENCE: List all jobs held during past three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.

a. NAME AND ADDRESS OF EMPLOYER

<table>
<thead>
<tr>
<th>NAME OF JOB</th>
<th>DATE STARTED</th>
<th>DATE LEFT</th>
<th>KIND OF BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Month Year</td>
<td>Month Year</td>
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</tr>
</tbody>
</table>

DESCRIBE IN DETAILS THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT

NO. OF HOURS PER WEEK

b. NAME AND ADDRESS OF EMPLOYER

<table>
<thead>
<tr>
<th>NAME OF JOB</th>
<th>DATE STARTED</th>
<th>DATE LEFT</th>
<th>KIND OF BUSINESS</th>
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<tbody>
<tr>
<td></td>
<td>Month Year</td>
<td>Month Year</td>
<td></td>
</tr>
</tbody>
</table>

DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT

NO. OF HOURS PER WEEK

c. NAME AND ADDRESS OF EMPLOYER

<table>
<thead>
<tr>
<th>NAME OF JOB</th>
<th>DATE STARTED</th>
<th>DATE LEFT</th>
<th>KIND OF BUSINESS</th>
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<tbody>
<tr>
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<td>Month Year</td>
<td>Month Year</td>
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</tbody>
</table>

DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT

NO. OF HOURS PER WEEK

16. DECLARATIONS

DECLARATION OF ALIEN  Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.

SIGNATURE OF ALIEN

DATE

AUTHORIZATION OF AGENT OF ALIEN  I hereby designate the agent below to represent me for the purposes of labor certification and I take full responsibility for accuracy of any representations made by my agent.

SIGNATURE OF ALIEN

DATE

NAME OF AGENT (Type or print)

ADDRESS OF AGENT (No., Street, City, State, ZIP Code)
## U.S. Department of Labor

**Employment and Training Administration**

**APPLICATION**

**FOR**

**ALIEN EMPLOYMENT CERTIFICATION**

**PART A. OFFER OF EMPLOYMENT**

1. **Name of Alien (First, Middle, Maiden)**

2. **Present Address of Alien** (Number, Street, City and Town, State ZIP Code or Province, Country)

3. **Type of Visa** (if in U.S.)

4. **Name of Employer** (Full name of organization)

5. **Telephone** (Area Code and Number)

6. **Address** (Number, Street, City or Town, Country, State, ZIP Code)

7. **Address Where Alien Will Work** (if different from item 6)

8. **Nature of Employer’s Business Activity**

9. **Name of Job Title**

10. **Total Hours Per Week**
    - a. Basic
    - b. Overtime

11. **Work Schedule (Hourly)**
    - a.m.
    - p.m.

12. **Rate of Pay**
    - a. Basic
    - b. Overtime

13. **Describe Fully the Job to be Performed (Duties)**

14. **State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in Item 13 above.**

15. **Other Special Requirements**

16. **Occupational Title of Person Who Will Be Alien’s Immediate Supervisor**

17. **Number of Employees Alien will Supervise**

**ENDORSEMENTS (Make no entry in section - for government use only)**

- **Date Forms Received**
  - L.O.
  - S.O.
  - R.O.
  - N.O.
  - Ind. Code
  - Occ. Code
  - Occ. Title

Replaces MA 7-50A, B and C (Apr. 1979 edition) which is obsolete.
## 18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY
### 19. IF JOB IS UNIONIZED (Complete)

<table>
<thead>
<tr>
<th>a. No. of Openings To Be Filled By Alien Under Job Offer</th>
<th>b. Exact Dates You Expect To Employ Alien From</th>
<th>To</th>
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<th>a. Number of Local</th>
<th>b. Name of Local</th>
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| c. City and State                                       |
|----------------------------------------------------------|-----------------------------------------------|
|                                                          |                                               |

## 20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS (Complete for Private Household Job ONLY)

### a. Description of Residence

<table>
<thead>
<tr>
<th>&quot;X&quot; one</th>
<th>Number of Rooms</th>
<th>Adults BOYS</th>
<th>Children</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>House</td>
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<tr>
<td>Apartment</td>
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</table>

### b. No. Persons Residing at Place of Employment

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<tr>
<th>&quot;X&quot; one</th>
<th>(&quot;X&quot; one)</th>
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<tbody>
<tr>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>

### c. Will free board and private room not shared with anyone be provided?


## 21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS. (Specify Sources of Recruitment by Name)


## 22. Applications require various types of documentation. Please read PART II of the instructions to assure that appropriate supporting documentation is included with your application.

## 23. EMPLOYER CERTIFICATIONS

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment.

**a.** I have enough funds available to pay the wage or salary offered the alien.

**b.** The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work.

**c.** The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly or monthly basis.

**d.** I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.

**e.** The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.

**f.** The job opportunity is not:

1. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage.

2. At issue in a labor dispute involving a work stoppage.

**g.** The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law.

**h.** The job opportunity has been and is clearly open to any qualified U.S. worker.

## 24. DECLARATIONS

**DECLARATION OF EMPLOYER**

Pursuant to 29 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.

**SIGNATURE**

**DATE**

**NAME (Type or Print)**

**TITLE**

**AUTHORIZATION OF AGENT OF EMPLOYER**

I HEREBY DESIGNATE the agent below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent.

**SIGNATURE OF EMPLOYER**

**DATE**

**NAME OF AGENT (Type or Print)**

**ADDRESS OF AGENT (Number, Street, City, State, ZIP Code)**