

Required Information for Labor Certification

INFORMATION ABOUT THE PETITIONER:

1. Full Business Name of Employer: _____
DBA (if any): _____
2. Nature of Business: _____
3. IRS Tax # (see Income Tax Return): _____
State Employer Tax # (see company DE-6): _____
4. Employer's Address: _____

5. Jobsite Address (if different from above): _____

6. Employer's Phone #: _____ Fax #: _____
7. Year Company Established: _____ # of Employees: _____
8. Name of Company Contact Person: _____
Position of Contact Person: _____
Phone of Contact Person*: _____
Email of Contact Person*: _____
Name of Person Signing Documents: _____
Position of Signatory Person: _____
9. Is the employer a closely held corporation, partnership, or sole proprietorship in which the alien has an ownership interest, or is there a familial relationship between

* Please fill in an email that is checked frequently so that DOL's sponsorship check will be responded to immediately

* Please fill in an email that is checked frequently so that DOL's sponsorship check will be responded to immediately



the owners, stockholders, partners, corporate officers, incorporators, and the alien?

Please answer Yes or No: _____

INFORMATION ABOUT THE JOB OFFER:

1. Position Title of Job Offer: _____
2. Wage offered: _____
3. Name/Title of Immediate Supervisor: _____
4. # of Employees the Alien will Supervise: _____

NECESSARY DOCUMENTS:

- Recent Income Tax Returns

I attest that the information provided in this questionnaire is true to the best of my knowledge.

I attest that the attached documents are true and correct copies of the originals.

Signature: _____

Please print name: _____

Date _____

