

9 FAM 40.51 Exhibit IV Statement of Qualifications of Alien

PART B. STATEMENT OF QUALIFICATIONS OF ALIEN						
<p>FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: <i>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.</i></p> <p>IMPORTANT: READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM.</p> <p><i>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.</i></p>						
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)		5. Birthplace (City or Town, State or Province)		Country	6. Present Nationality or Citizenship (Country)	
7. Address in United States Where Alien Will Reside						
8. Name and Address of Prospective Employer if Alien has job offer in U.S.					9. Occupation in which Alien is Seeking Work	
10. "X" the appropriate box below and furnish the information required for the box marked						
a. <input type="checkbox"/> Alien will apply for a visa abroad at the American Consulate in		City in Foreign Country		Foreign Country		
b. <input type="checkbox"/> 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 Services at		City		State		
11. Names and Addresses of Schools, Colleges and Universities Attended (Include trade or vocational training facilities)		Field of Study	FROM Month	Year	TO Month	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.	
(Make no entry in this section - FOR Government Agency USE ONLY)					(Items continued on next page)	

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15. Work Experience. <i>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.</i>			
a. Name and Address of Employer			
Name of Job	Date Started Month Year	Date Left Month Year	Kind of Business
Describe in detail the duties performed, including the use of tools, machines, or equipment			No. of Hours Per Week
b. Name and Address of Employer			
Name of Job	Date Started Month Year	Date Left Month Year	Kind of Business
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			
Name of Job	Date Started Month Year	Date Left Month Year	Kind of Business
Describe in detail the duties performed, including the use of tools, machines, or equipment			No. of Hours Per Week
16. DECLARATIONS			
Declaration of Alien →	<i>Pursuant to 23 U.S.C 1746, I declare under penalty of perjury the foregoing is true and correct.</i>		
Signature of Alien	Date		
Authorization of Alien →	<i>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.</i>		
Signature of Alien	Date		
Name of Agent (<i>Type or print</i>)	Address of Agent (<i>No., Street, City, State, ZIP Codes</i>)		

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ITEMIZED INSTRUCTIONS FOR COMPLETING FORM ETA 750

PART A. OFFER OF EMPLOYMENT (To be completed by Employer)

ITEM 1. NAME OF ALIEN. Enter full name exactly as it appears on Part B, "Statement of Qualifications of Alien."

ITEM 2. PRESENT ADDRESS OF ALIEN. Enter whether in the United States or abroad.

ITEM 3. TYPE OF VISA. If the alien is in the United States, enter the type of visa held, i.e., B-2 (visitor), F-1 (Student), or current status as shown on INS Form I-94.

ITEM 4. NAME OF EMPLOYER. Enter full name of business, firm, or organization, or if an individual, enter name used for legal purposes on documents.

ITEM 5. TELEPHONE NUMBER. In job offers for private households, enter a business and home telephone number where all adults are employed.

ITEM 6. ADDRESS OF EMPLOYER. Self-explanatory.

ITEM 7. ADDRESS WHERE ALIEN WILL WORK. Enter the full address of site or location where the work will actually be performed, if different from the address in Item 6.

ITEM 8. NATURE OF EMPLOYER'S BUSINESS. Enter a brief, non-technical description, i.e., retail store, household, university, financial institution.

ITEM 9. NAME OF JOB TITLE. Enter the common name or payroll title of the job being offered.

ITEM 10. TOTAL HOURS PER WEEK. Enter the basic hours of work required per week and overtime hours per week in accordance with State or Federal law for the work and locality.

ITEM 11. WORK SCHEDULE. Show the daily work schedule for the job, i.e., 9 a.m. to 5 p.m., 7 a.m. to 11 a.m. and 4 p.m. to 8 p.m.

ITEM 12. RATE OF PAY. Enter a guaranteed wage and the unit of pay, such as \$5.00 per hour, \$850 per month, or \$12,000 per year. Wage offered cannot be based on commission, bonuses, or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis.

ITEM 13. JOB DUTIES. Describe the job duties, in detail, that would be performed by any worker filling the job. Specify equipment used and pertinent working conditions.

ITEM 14. MINIMUM EDUCATION, TRAINING, AND EXPERIENCE REQUIRED TO PERFORM THE JOB DUTIES. Do not duplicate the time requirements. For example, time required in training should not also be listed in education or experience. Indicate whether months or years are required. Do not include restrictive requirements which are not actual business necessities for performance of the job and which would limit consideration of otherwise qualified U.S. workers.

ITEM 15. OTHER SPECIAL REQUIREMENTS. Enter the job related requirements. Examples are short-hand and typing speeds, specific foreign language proficiency, test results. Document business necessity for a foreign language requirement.

ITEM 16. OCCUPATIONAL TITLE OF PERSON WHO WILL SUPERVISE ALIEN. Self-explanatory.

ITEM 17. NUMBER OF EMPLOYEES ALIEN WILL SUPERVISE. Self-explanatory.

ITEM 18. COMPLETE ONLY IF JOB IS TEMPORARY. Does not apply for offers of permanent employment.

ITEM 19. IF THE JOB IS UNIONIZED. Enter the number of the local, the name of the union, and the City and State in which the local has its main office.

ITEM 20. STATEMENT OF LIVE-AT-WORK JOB OFFERS IN PRIVATE HOUSEHOLDS. (Do not complete for other job offers.)

ITEM 20(a). DESCRIPTION OF RESIDENCE. Self-explanatory.

ITEM 20(b). NUMBER OF PERSONS RESIDING AT PLACE OF EMPLOYMENT. Enter the number of adults, children under 18 years old, their sex and specific ages of children.

ITEM 21. RECRUITMENT EFFORTS. Describe in detail efforts to recruit U.S. workers for the job opportunity and the results. List sources of recruitment by name, i.e., Lane Technical School, the Daily Tribune Newspaper, Scientific Journal of America. Specify the number of applicants interviewed from each source and the lawful job-related reasons why they were not hired.

ITEM 22. READ THE GENERAL INSTRUCTIONS FOR ADDITIONAL SUPPORTING DOCUMENTATION WHICH MUST BE SUBMITTED, IN SEPARATE ATTACHMENTS, ALONG WITH THIS APPLICATION. General instructions will provide information that may be required. Documentation for Schedule A may be found in Part II. Department of Labor regulations require that an employer submit documentation to clearly show that the job offer and the recruitment of U.S. workers are in compliance with regulations. In addition, special documentation is required for certain occupational groups.

ITEM 23. EMPLOYER CERTIFICATION. Read carefully. The employer certifies to these eight (8) conditions of employment by signing the form.

ITEM 24. EMPLOYER DECLARATION. All copies of this form must bear the original signature of the employer or the employer's duly authorized representative with hiring authority. False statements are subject to Federal perjury and fraud penalties. The authorization of agent is completed only when the employer designates an agent to represent the employer in applying for labor certification. It is recommended that the employer not sign a blank form, since the employer takes full responsibility for any representations of its agents.