	Labor Condition Application for H-1B Nonimmigrants	U.S. Department of Labor Employment and Training Administration	n Form ETA 9035 OMB Approval: 1205-0310 Expiration Date: 30 Apr 2004										
A. Employer's Information If you want the application returned by mail, leave the Return Fax Number blank. If you want the application I. Return Fax Number													
3. Employer's	s Full Legal Name	eet)	State Zin/Postal Code										
\$	Pay Cate (or Rate From) (Requir	ed): Year Week Month Hour	s position ime? Yes No No Please Note: Part-time hours worked by nonimmigrant(s) will be in the range of hours stated on the INS Form(s) I-129.										
C. Period Of Employment and Occupation Information Please Note: The Date Information 1. Begin Date 3. Occupational Code 4. Number of H-1B Nonimmigrants 2. End Date 102300000000000000000000000000000000000													
D. Informa This section is REQUIRED Do NOT write	5 <u>1. Citv</u>	Location for the H-1B Nonimmigrants	State										
"Same As Above". This section MUST be filled out.	2. Prevailing Wage	4. Wage Source 5. SESA Collective Bargaining Agreement Other 4. Wage Source, Numbers 5 and 6 in this section MUST be filled out.											
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Labor Condition **Application for H-1B Nonimmigrants**

Subsection A Information For Additional or Subsequent Work Location

ļ	This Section should be				State	
	completed 2	2. Prevailing Wage	3. Wage is Per:		4. Wage Source	If OTHER is
	only if filing \$		🔿 Year	🔿 Week	◯ SESA	chosen as the Wage Source,
	than 1 work	5. Year Source Published	⊖ Month	⊖ Hour	Collective Bargaining Agreement	Numbers 5 and 6 in this section
			🔿 2 Weeks		O Other	MUST be filled out.
	6. Other Wage S					

E. Employer Labor Condition Statements

- Please Note: In order for your application to be processed, you MUST read section E of the Labor Condition Application cover pages under the heading "Employer Labor Condition Statements" and agree to all 4 labor condition statements summarized below:
- (1) Wages: Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as U.S. workers.
- (2) Working Conditions: Provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed.
- (3) Strike, Lockout, or Work Stoppage: No strike or lockout in the occupational classification at the place of employment.
- (4) Notice: Notice to union or to workers at the place of employment. A copy of this form to H-1B workers.

I have read and agree to Employer Labor Condition Statements 1, 2, 3, and 4 as	🔿 Yes	
set forth in Section E of the Labor Condition Application Cover Pages.		

F. Additional Employer Labor Condition Statments

Please Note: In order for your application to be processed, you MUST read Section F - Subsections 1 and 2 of the Labor ļ Condition Application cover pages under the heading "Additional Employer Labor Condition Statements" and choose one of the 3 alternatives (A, B, or C) listed below in Subsection 1. If you mark Alternative B, you MUST read Section F -Subsection 2 of the cover pages under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all 3 additional statements summarized below in Subsection 2.

1. Subsection 1

Choose ONE of the following 3 alternatives:

- Employer is not H-1B dependent and is not a А willful violator.
- Employer is H-1B dependent and/or a willful в \bigcirc violator.
- Employer is H-1B dependent and/or a willful \bigcirc C violator BUT will use this application ONLY to support H-1B petitions for exempt nonimmigrants.

2. Subsection 2

If Alternative B in Subsection 1 is marked, the following Additional Labor Condition Statements are applicable:

- A. Displacement: Non-displacement of the U.S. workers in employer's work force;
- B. Secondary Displacement: Non-displacement of U.S. workers in another employer's work force; and
- C. Recruitment and Hiring: Recruitment of U.S. workers and hiring of U.S. worker applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

I have read and agree to Additional Labor 🔿 Yes \bigcirc No Conditional Statements 2 A, B, and C.

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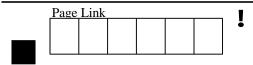


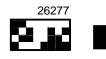


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K. Complaints

Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division, U.S. Department of Labor. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with: U.S Department of Justice * Office of the Special Counsel * 10th St. and Constitution Ave, NW * Washington, DC * 20530.





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