www.reddyesq.com prashanthi@reddyesq.com 505, EIGHTH AVENUE, SUITE 1402 NEW YORK, NY 10018 Fax: (212) 354-4581

Telephone: (212) 354-1010

#### **EMPLOYER CHECKLIST**

Schedule A or Sheepherder information		
Is this application in support of a Schedule A (Group I or II) or Sheepherder occupation?	○ Yes ○ No	<b>Note:</b> Schedule A, Group I, includes physical therapists and registered nurses. Schedule A, Group II, includes aliens of exceptional ability.
Employer information (corporate headquarters or main o	ffice)	
1. Employer's name:		
2. Address:		
City:		
State/province:		
Country:		
Postal code:		
3. Phone number:		
4. Number of employees in area of intended employment:		
5. Year commenced business:		
6. FED ELN number:		
7. NAICS code (industry):		
8. Is the employer a closely held corporation, partnership, or swhich you have an ownership interest? Do you have a familiany of the owners, stockholders, partners, corporate officer	lial relationshi	p with O Yes
Employer contact information		
9. Contact's last name:		
First name:		
Full middle name:		
10. Job title:		
11. Address:		

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City:			
State/province:			
Country:			
Postal code:			
12. Phone number:			
13. Email address:			
Wage offer information			
14. Offered wage. From: \$		To (optional): \$	
Per (choose one):	○ Hour ○ Wee	ek O Bi-weekly O Month O Ye	ar
Job opportunity information 15. Primary worksite:	tion (where job w	vill actually be performed)	
City:			
State/province:			
Country:			
Postal code:			
16. Job title:			
17. Minimum education level required:  If "other" is indicated, sp	O Master's O I		lor's
Major field of study: —			
18. Is training required in the lif "yes," number of months		- 1C3 - 1NO	
Field of training:			
19. Is experience in the job If "yes," number of years	-	- 163 - 140	
20. Is there an alternate field If "yes," specify the major	•	acceptable? O Yes O No	

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21. Is there an alternate combination of education and experience that is acceptable? $\bigcirc$ Yes $\bigcirc$ No							
If "yes," specify the alternate level of education required:  One High School Associate's Bachelor's Other							
If "other," indicate the alternate level of education required:							
If applicable, indicate the number of years of experience acceptable:							
22. Is a foreign educational equivalent acceptable? O Yes O No							
23. Is experience in an alternate occupation acceptable? O Yes O No							
If "yes," number of months of experience in alternate occupation required:							
Rectify the job title of the acceptable occupation:							
24. Specify job duties. Include use of specific tools, technologies, machines, software, devices, etc:							
25. Are the job opportunity's requirements normal for the occupation? O Yes O No							
25. Are the job opportunity's requirements normal for the occupation? O Yes O No  If the answer to this question is "no," you must be prepared to provide documentation demonstrating that the job requirements are supported and business necessity.							
If the answer to this question is "no," you must be prepared to provide documentation demonstrating that the job requirements are supported and business necessity.							
If the answer to this question is "no," you must be prepared to provide documentation demonstrating that the job							
If the answer to this question is "no," you must be prepared to provide documentation demonstrating that the job requirements are supported and business necessity.  26. Is knowledge of a foreign language required to perform the job duties?   Yes No  If the answer to this question is "yes," you must be prepared to provide documentation demonstrating that the language							
If the answer to this question is "no," you must be prepared to provide documentation demonstrating that the job requirements are supported and business necessity.  26. Is knowledge of a foreign language required to perform the job duties?   Yes No  If the answer to this question is "yes," you must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity.							
If the answer to this question is "no," you must be prepared to provide documentation demonstrating that the job requirements are supported and business necessity.  26. Is knowledge of a foreign language required to perform the job duties? Yes No  If the answer to this question is "yes," you must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity.  27. Specific skills or other requirements:							

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31. Does the alien employee possess an alternate combination of education and experience? Yes No N/A If "yes," please describe relevant experience:						
32. Does the alien employee have experience in an alternate occupation? O Yes O No O N/A If "yes," please describe:						
33. Did the alien employee gain any of the qualifying experience with the employer in a position comparable to the job opportunity requested? Yes O No N/A If "no," please describe job opportunity:						
34. Did the employer pay for any of the alien employee's education or training necessary to satisfy any of employer's job requirements for this position?  O Yes  NO  N/A						
35. Is the alien employee currently employed by the petitioning employer? $\bigcirc$ Yes $\bigcirc$ No						
36. Is the position identified in this application being offered to the alien employee? O Yes O No						
37. Does the job require the alien to live on your premises? $\bigcirc$ Yes $\bigcirc$ No						
38. Is the application for a live-in household domestic service worker?  If "yes," has the alien executed the required employment contract, and has the employer provided a copy of the contract to the alien?  Yes No Yes No N/A						
General Information						
1. Has the employer received payment of any kind for the submission of this application? O Yes O No						
1A. If Yes, describe details of the payment including the amount, date and purpose of the payment:						
2. Has the bargaining representative for workers in the occupation in which the alien will be employed been provided with notice of this filing at least 30 days but not more than 180 days before the date the application is filed?						
3. If there is no bargaining representative, has a notice of this filing been posted for 10						
4. Has the employer had a layoff in the area of intended employment in the occupation  Yes  No involved in this application or in a related occupation within the six months immediately preceding the filing of this application?						
4A. If Yes, were the laid off U.S. workers notified and considered for the job opportunity O Yes O NO N/A for which certification is sought?						

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#### **Employer declaration**

By virtue of my signature below, I hereby certify the following conditions of employment:

- 1. The offered wage equals or exceeds the prevailing wage, and our company will pay the prevailing wage from the time permanent residency is granted or from the time the alien is admitted to take up the certified employment.
- 2. The wage is not based on commissions, bonuses, or other incentives unless we guarantee a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
- 3. Our company has enough funds available to pay the wage or salary offered to the alien.
- 4. We will place the alien on payroll on or before the date of the alien's proposed entrance into the United States.
- 5. The job opportunity does not involve unlawful discrimination, by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
- 6. The job opportunity is not:
  - a. Vacant because former employee is on strike or is locked out in course of labor dispute involving a stoppage; b. At issue in labor dispute involving work stoppage.
- 7. The job opportunity's terms, conditions, and occup. environment are not contrary to federal, state, or local law.
- 8. The job opportunity has been and is clearly open to any U.S. worker.
- 9. The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
- 10. The job opportunity is for full-time, permanent employment.

I hereby designate the agent or attorney identified to represent our company for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereof or to aid, abet, or counsel another to do so is a federal offense punishable by fine or imprisonment up to five years or both (18 USC 2, 1001).

1. Last name:			
First name:			
Full middle name:			
2. Title:			
3. Signature:			
Date signed:			