

International Student & Scholar Services Old Dominion University 101 Dragas International Center Norfolk, VA, USA T: 757-683-4756, F: 757-683-5196 www.odu.edu/isss, intlstu@odu.edu

Labor Certification Application Form Employee Information

Employee's Information		
Family Name First _	Middle	
Current Address	Current City & State	
Current Country	Current Postal Code (or ZIP)	
Phone #(s)	Gender: O Male O Female	
Country of Citizenship	Country of Birth	
Birth Date/(MM/DD/YYYY)	Class of Admission	
Alien Registration No. (A#)	I-94#	
Highest Level of Education	Year of Degree Completion	
Field of Study	Institution	
Address	City & State	
Country	Postal Code (ZIP)	
Was any of the qualifying experience for this job position gained with the employer in a position substantially comparable to the job opportunity requested? O Yes O No Did your employer pay for any of the education or training necessary to satisfy any of the employer's job requirements for this position? O Yes O No Are you currently employed by the petitioning employer? O Yes O No		
I declare under penalty of perjury that the information above in this application is true and correct. I understand that knowingly furnishing false information in the preparation of this labor certification and any supplement is a federal offense punishable by a fine or imprisonment up to five years or both. In addition, I further declare that I intend to accept the position offered at ODU that the labor certification is being prepared when approved and I am granted a visa or an adjustment of status based on this application.		
Signature	Date	

Labor Certification Application Form Employee Information, p. 2

Applicant Family Name	
Employment History	
	years. Also list any other experience that qualifies employer is seeking certification. Attach a sheet of all employers during the past three years.
<u>Job # 1</u>	
Employer Name	Address
City & State	Country
Postal Code (ZIP)	Phone Number
Supervisor's Name	Type of Business
Start Date End Date	
Hours Worked Per Week	
Job details (duties performed, use of tools, ma	chines, equipment, skills, qualifications, licenses, etc.
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<u>Job # 2</u>	
Employer Name	Address
City & State	Country
Postal Code (ZIP)	Phone Number
Supervisor's Name	Type of Business
Start Date End Date	
Hours Worked Per Week	
Job details (duties performed, use of tools, ma	chines, equipment, skills, qualifications, licenses, etc.
Job # 3	Address
Employer Name	Address
City & State	Country
Postal Code (ZIP)	Phone Number
Supervisor's Name	Type of Business
Start Date End Date	
Hours Worked Per Week	
Job details (duties performed, use of tools, ma	chines, equipment, skills, qualifications, licenses, etc.