

Helen L. Konrad

Direct Dial: 804.775.3825

Facsimile: 804.249.9595

E-Mail: hkonrad@lawmh.com

Practice Limited to Federal Immigration Law



**LABOR CERTIFICATION WORKSHEET FOR ALIEN BENEFICIARY**

**\*\*Please note: all information provided WILL be used on the official 9089 Labor Certification Application – please be sure it is 100% accurate before returning to McCandlish Holton\*\***

**1. Full Name of Employee:**

\_\_\_\_\_  
First Middle LAST

\_\_\_\_\_  
Current immigration status/expiration date/I-94 number

Social Security Number: \_\_\_\_\_

Alien number, if any: \_\_\_\_\_

**2. \_\_\_\_\_**

Home Address

\_\_\_\_\_  
Foreign Address

Sponsoring Employer: \_\_\_\_\_ (list present employer below if different)

\_\_\_\_\_  
Worksite Address

Fax number, if any \_\_\_\_\_

E-mail address: \_\_\_\_\_

phone number (work) \_\_\_\_\_

phone number (home) \_\_\_\_\_

phone number (cell) \_\_\_\_\_

3. **Date of Birth:** \_\_\_\_\_

\_\_\_\_\_  
**City, town/province and country of birth**

\_\_\_\_\_  
**Country of citizenship**

**4. Education and Special Qualifications and Skills. USE ADDITIONAL SHEET IF YOU RUN OUT OF SPACE. START WITH YOUR LAST COLLEGE OR SCHOOL AND GO BACK IN TIME. (High School and Primary School information does not need to be listed).**

<b>Names and Addresses of Schools, Colleges and Universities Attended (include trade or vocational training facilities)</b>	<b>Field of Study</b>	<b>FROM Month/ Year</b>	<b>TO Month/ Year</b>	<b>Degrees or Certificates  Received</b>

**Did the employer sponsoring your Labor Certification Application pay for any of this education? If yes, please provide details.** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**5. Please list any additional qualifications**

\_\_\_\_\_  
 \_\_\_\_\_

**6. List Licenses (Professional, journeyman, etc.)**

\_\_\_\_\_  
 \_\_\_\_\_

**7. List documents which you can attach as evidence that you possess the education, training, experience, and abilities represented.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**8. Work Experience**

<b>WORK EXPERIENCE: List all jobs held (U.S. and Foreign). START WITH YOUR PRESENT JOB.</b>			
NAME AND ADDRESS OF EMPLOYER: _____ _____ _____ _____			
WORK SITE LOCATION: _____ _____ _____			
NAME OF JOB	DATE STARTED (mm/dd/yyyy)	DATE LEFT (mm/dd/yyyy)	TYPE OF BUSINESS
NAME OF SUPERVISOR		PHONE NUMBER OF SUPERVISOR	
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF COMPUTER PROGRAMS, TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK

Work Experience:			
NAME AND ADDRESS OF EMPLOYER: _____ _____ _____ _____			
WORK SITE LOCATION: _____ _____ _____			
NAME OF JOB	DATE STARTED (mm/dd/yyyy)	DATE LEFT (mm/dd/yyyy)	TYPE OF BUSINESS
NAME OF SUPERVISOR		PHONE NUMBER OF SUPERVISOR	
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF COMPUTER PROGRAMS, TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK

NAME AND ADDRESS OF EMPLOYER: _____ _____ _____ _____			
NAME OF JOB	DATE STARTED (mm/dd/yyyy)	DATE LEFT (mm/dd/yyyy)	TYPE OF BUSINESS
NAME OF SUPERVISOR		PHONE NUMBER OF SUPERVISOR	
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF COMPUTER PROGRAMS, TOOLS, MACHINES OR EQUIPMENT			NO. OF HOURS PER WEEK

**WORK EXPERIENCE:**

**NAME AND ADDRESS OF EMPLOYER:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORK SITE LOCATION:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NAME OF JOB	DATE STARTED (mm/dd/yyyy)	DATE LEFT (mm/dd/yyyy)	TYPE OF BUSINESS
-------------	------------------------------	---------------------------	------------------

NAME OF SUPERVISOR	PHONE NUMBER OF SUPERVISOR
--------------------	----------------------------

DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF COMPUTER PROGRAMS, TOOLS, MACHINES OR EQUIPMENT	NO. OF HOURS PER WEEK
---	-----------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>WORK EXPERIENCE:</b>			
NAME AND ADDRESS OF EMPLOYER: _____ _____ _____ _____			
WORK SITE LOCATION: _____ _____ _____			
<b>NAME OF JOB</b>	<b>DATE STARTED (mm/dd/yyyy)</b>	<b>DATE LEFT (mm/dd/yyyy)</b>	<b>TYPE OF BUSINESS</b>
<b>NAME OF SUPERVISOR</b>		<b>PHONE NUMBER OF SUPERVISOR</b>	
<b>DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF COMPUTER PROGRAMS, TOOLS, MACHINES OR EQUIPMENT</b>			<b>NO. OF HOURS PER WEEK</b>
_____ _____ _____ _____			_____ _____ _____

**Please return to:**

Helen L. Konrad  
 McCandlish Holton PC  
 1111 E. Main Street, Suite 2000  
 Richmond, VA 23219  
[hkonrad@lawmh.com](mailto:hkonrad@lawmh.com)  
 FAX: 804-775-3800

**or**

Teresa C. Pitts  
 Senior Immigration Paralegal  
 McCandlish Holton  
[tpitts@lawmh.com](mailto:tpitts@lawmh.com)  
 FAX: 804-249-9595  
 (804) 775-3818