## Helen L. Konrad

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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\*\*

First	Middle	LAST
Current immigra	ation status/expiration date	/I-94 number
Social Security N	Number:	
Alien number, if	any:	
Home Address		
Foreign Address		
Sponsoring Emp	loyer:	(list present employer below if diffe
Worksite Addres		
Fax number, if a	ny	
E-mail address:		
phone number (v	vork)	
phone number (l	nome)	
phone number (c	۰۵۱۱)	

City, town/province and cour	ntry of birth			
Country of citizenship				
OF SPACE. START WITH Y	OUR LAST C	OLLEGE OR	SCHOOL AND	
and Addresses of Schools,		FROM	ТО	Degrees or Certificates
trade or vocational training	Field of Study	Month/ Year	Month/ Year	Received
Please list any additional quali	fications			
List Licenses (Professional, jou	ırneyman, etc.	)		
•		ence that you	possess the educ	eation, training,
	Country of citizenship  Education and Special Qualific OF SPACE. START WITH YOU CAN INTERPORT OF SPACE START	Education and Special Qualifications and Sk OF SPACE. START WITH YOUR LAST CO. (High School and Primary School information and Addresses of Schools, and Universities Attended trade or vocational training Field of Study  The employer sponsoring your Labor Certificate please provide details.  Please list any additional qualifications  List Licenses (Professional, journeyman, etc.	Country of citizenship  Education and Special Qualifications and Skills. USE ADD OF SPACE. START WITH YOUR LAST COLLEGE OR SEASON (High School and Primary School information does not not not addresses of Schools, and Universities Attended trade or vocational training Field of Study Year  The employer sponsoring your Labor Certification Applications Please provide details.  Please list any additional qualifications  List Licenses (Professional, journeyman, etc.)	Country of citizenship  Education and Special Qualifications and Skills. USE ADDITIONAL SHE OF SPACE. START WITH YOUR LAST COLLEGE OR SCHOOL AND . (High School and Primary School information does not need to be listed).  Ind Addresses of Schools, and Universities Attended trade or vocational training Field of Month/ Year Wear  Field of Month/ Year Year  The employer sponsoring your Labor Certification Application pay for any please provide details.  Please list any additional qualifications  List Licenses (Professional, journeyman, etc.)

## 8. Work Experience

WORK EXPERIENCE: List a NAME AND ADDRESS OF EN			T WITH YOUR PRESENT JOB.
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WORK SITE LOCATION:			
NAME OF JOB	DATE	DATE LEFT	TYPE OF BUSINESS
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NAME OF SUPERVISOR		PHON	PHONE NUMBER OF SUPERVISOR		
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THE USE OF COMPUTER PROGRAMS, TOOLS, MACHINES OR EQUIPMENT					

 $\mathbf{or}$ 

## Please return to:

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