

EMPLOYER APPLICATION

Last Name Of Employer First [Given] Name of Employer Middle Name of Employer				BUSINESS	INFORMATION				
Employer's Physical Address (DOL will NOT Process with P.O. Box address only) Address: City: State: Zip: County: Address where you will be receiving your mail, if different from the above address (Example P. O. Box): Address: City: State: Zip: County: Telephone Number: Fax Number: Cell phone Number: Email Address: Type of Business: Current Number of employees: THE FOLLOWING INFORMATION IS REQUIRED ON THE 1-129 USGIS PETITION. INFORMATION WILL BE KEPT CONFIDENTIAL. Tax ID Number: Year Business Established: Gross Annual income: Net Annual income: Pederal Employer Identification Number (FEIN from IRS) EXACT DATES THAT YOU WOULD LIKE YOUR EMPLOYEES Start Date: End Date: PAYROLE INFORMATION Payroll Periods will be	Last Name Of Employer			First (Given) Name of Employer			Middle Name of Employer		
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Proficient in English May deduct cost of willful destruction of property					•				
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☐ Extensive Sitting ☐ Frequent Stooping	· · · · · · · · · · · · · · · · · · ·								
	Exposure to Extreme Temp.				☐ Holiday is not mandatory				

Describe your ope	eration in detail (what do you do?):	
Describe Job D	uties To Be Performed In Detail:	
Special Requirements: List any special skills, licenses	s/certificates/certifications, and requ	irements of the job opportunity:
List nearest International airport as well as pre	eferred airport where you would like	your employees to fly into:
	ISING INFORMATION:	
	ress where housing is located:	
Housing is located at: Address:		
City:	State:	Zip:
County:		
Directions to housing are:		
Description of housing: (e.g. 4 bedroom house with 1 bathroom)		
Do you own the housing being provided: (if not a lease agree	eement will be required)	
Accommodate # people:		
(IF YOU MAKE USE OF HOTELS, MOTELS, OR APARTMENTS, PLEASE INCL	UDE A LETTER OR CONTRACT FROM THE	M (ON THEIR LETTERHEAD) WITH THE SPECIFIC
DATES AND BOOKING INFORMATION. MOTELS AND HOTELS ALSO NEED		
INFORM Address to worksite (Where work will be performed – IF YOU	MATION ON WORKSITES	JADVESTING SEE INFORMATION ON MILITIDIE
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Worksite is located at: Address:		
City:	State:	Zip:
County:		
Directions to Worksites are:		

RECRUITMENT INFORMATION										
Recruitment Activities. Use the		or source(s) of recruitment, geographic location	on(s) of recruitment, and the							
	date(s) on which recruitment was conducted.									
ONE OF THE RECRUITMENT EFFORTS REQUIRED BY DOL IS TO CONTACT FORMER U.S. EMPLOYEES EMPLOYED WITHIN THE LAST YEAR.(THIS IS										
YOUR RESPONSIBILITY TO CONTACT THEM AND MAKE SURE TO INCLUDE THE DATES THAT YOU CONTACTED THEM)										
List name, telephone number and fax number of local newspaper (It needs to be a Sunday circulation paper):										
Newspaper name:	Tel:	Fax:								
EMPLOYEE DETAIL										
Preferred Age Group:										
0 .										
	(SA Code 8 = regular o	driver's license, Code 10 = small truck, Code 14	= CDL equivalent)							
Other information you are looking	for in a candidate/employee:									
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