

Guam Department of Labor

APPLICATION FOR TEMPORARY ALIEN LABOR CERTIFICATION

**IMPORTANT: READ CAREFULLY
BEFORE COMPLETEING THIS FORM**
To knowingly furnish any false information in the preparation of this form and any supplement thereto or to aid, abet or counsel another to do so, is a felony punishable by \$10,000.00 fine or five years in the penitentiary, or both (18 U.S.C. 1001).

OFFER OF EMPLOYMENT

1. Name of Alien (Family name in capital letters, First, Middle)						
2. Present Address of Alien (Number, Street, City, State, Zip Code or Country)			3. Type of Visa (if in U.S.)			
The following information is submitted as evidence of an offer of employment.						
4. Name of Employer (Full name of organization)			5. Telephone Number			
6. Address (Number, Street, City, State, Zip Code)						
7. Address Where Alien Will Work (if different from item # 6)						
8. Employer's Business Activity	9. Name of Job Title	10. Total Hours Per Week		11. Work Schedule Hourly	12. Rate of Pay	
		Basic	Overtime		a.m.	\$
				p.m.	Per _____	Per Hour
13. Describe Fully the Job to be Performed (Duties)						

14. State in detail the MINIMUM education, training and experience for a worker to perform satisfactorily the job described in item #13 above.				15. Other Special Requirements				
EDUCATION Enter # of yrs.	Grade School	High School	College				Degree Req'd	
							Major Field of Study	
TRAINING	No. of Yrs		No. of Months				Type of Training	
EXPERIENCE	Job Offered Yrs Mos.		Related Occupation Yrs Mos.		Related Occupation (Specify)			

16. Occupational title of the person who will be the alien's immediate supervisor:	17. Number of employees the alien will supervise:
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**GOVERNMENT OF GUAM
TEMPORARY LABOR CERTIFICATION**

Qualified U.S. workers are not available. Temporary employment of aliens will not adversely affect the wages and working conditions of similarly employed U.S. residents.

Valid From: _____ Thru: _____

<p>RECOMMENDATION:</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>	<p>DETERMINATION:</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Disapproved</p>
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MARIA CONNELLEY
Director of Labor



EDDIE BAZA CALVO
Governor of Guam

ENDORSEMENTS (For Government Use Only)

Occupational Coding

NAICS Code	NAICS Code
ONet Title	

18. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY		19. IF JOB IS UNIONIZED (Complete)	
a. No. of Openings to Be Filled by Aliens Under Job Offer	b. Exact Dates You Expect to Employ Alien		a. Number of Local
	FROM	TO	
			c. City and State:

20. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS PRIOR TO THE FILING OF THE APPLICATION AND THE RESULTS OF SUCH RECRUITMENT (Specify Sources of Recruitment by Name)

EMPLOYER CERTIFICATIONS

By virtue of my signature below, I HEREBY CERTIFY, the following conditions of employment.

- | | |
|---|---|
| <ul style="list-style-type: none"> a. I have enough funds available to pay the wage or salary offered the alien. b. The wage offered equals or exceeds the prevailing wage and I guarantee that if a labor certification is granted, the wage paid to the alien, when the alien begins to work, will be the rate specified on the labor certification. c. The wage offered is not based on commissions, bonuses or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly or monthly basis. d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States. | <ul style="list-style-type: none"> e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap or citizenship. f. The job opportunity is not: (1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving work stoppage. (2) At issue in a labor dispute involving a work stoppage. g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law. h. The opportunity has been and is clearly open to any qualified U.S. worker. |
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DECLARATIONS

DECLARATION OF EMPLOYER: Pursuant to 28 U.S.C. 1746. I declare under penalty of perjury the foregoing is true and correct.

SIGNATURE	DATE
NAME (Type or Print)	TITLE

AUTHORIZATION OF ATTORNEY FOR EMPLOYER: I HEREBY DESIGNATE the attorney below to represent me for the purposes of labor certification and I TAKE FULL RESPONSIBILITY for the accuracy of any representations made by the attorney.

SIGNATURE OF EMPLOYER	DATE
NAME OF ATTORNEY (Type or Print)	ADDRESS OF ATTORNEY (Number, Street, City, State, Zip Code or Country)