

# 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.) |
| <b>The following information is submitted as evidence of an offer of employment.</b>  |                              |
| 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<br>Basic                      Overtime   |                              |
| 11. Work Schedule<br>Hourly<br>a.m.                      \$<br>p.m.                      Per _____                              |                              |
| 12. Rate of Pay<br>Basic                      Overtime<br>\$                              \$<br>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<br>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<br>Yrs                      Mos. |             | Related Occupation<br>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: |
|--|---|

**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 Beginning: \_\_\_\_\_ Expires on: \_\_\_\_\_

|  |   |
|--|---|
| <p><b>RECOMMENDATION:</b></p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Disapproved</p> | <p><b>DETERMINATION:</b></p> <p><input type="checkbox"/> Approved    <input type="checkbox"/> Disapproved</p> |
|--|---|



**DR. SHIRLEY "SAM" MABINI**  
Director of Labor



**EDDIE BAZA CALVO**  
Governor of Guam

**ENDORSEMENTS (For Government Use Only)**

**Occupational Coding**

|            |           |
|------------|-----------|
| NAICS Code | ONet Code |
| ONet Title |           |

| 18. NUMBER OF POSITIONS AND DURATION OF OFFER              |   | 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"> <li>a. I have enough funds available to pay the wage or salary offered the alien.</li> <li>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.</li> <li>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.</li> <li>d. I will be able to place the alien on the payroll on the date of the alien's proposed entrance into the United States.</li> </ul> | <ul style="list-style-type: none"> <li>e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap or citizenship.</li> <li>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.</li> <li>g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law.</li> <li>h. The opportunity has been and is clearly open to any qualified U.S. worker.</li> </ul> |
|---|---|

### 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     |
| <br><br>             | <br><br> |
| NAME (Type or Print) | TITLE    |
| <br><br>             | <br><br> |

**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   |
| <br><br>                         | <br><br>   |
| NAME OF ATTORNEY (Type or Print) | ADDRESS OF ATTORNEY (Number, Street, City, State, Zip Code or Country) |
| <br><br>                         | <br><br>   |