

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.

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| <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 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)