



Application for Permanent Employment Certification  
 Form ETA-9089 – Appendix A: Foreign Worker Information  
 U.S. Department of Labor

**FOREIGN WORKER INFORMATION**

**A. Foreign Worker Contact Information**

|   |                          |  |
|---|--------------------------|--|
| 1. Foreign Worker's Last (family) Name *          |                          |  |
| 2. Foreign Worker's First (given) Name *          |                          |  |
| 3. Foreign Worker's Middle Name(s) *              |                          |  |
| 4. Address 1 (current) *                          |                          |  |
| 5. Address 2 (apartment/suite/floor and number) § |                          |  |
| 6. City *   | 7. State *               | 8. Postal Code *                                     |
| 9. Country *                                      | 10. Province §           |  |
| 11. Date of Birth (mm/dd/yyyy) *                  | 12. Class of Admission * | 13. Alien Registration Number (A#) (if applicable) * |
| 14. Country of Birth *                            |                          |  |
| 15. Country of Citizenship or Nationality *       |                          |  |

**B. Foreign Worker Education §**

**a. Educational Attainment Information 1**

|   |                                   |
|---|-----------------------------------|
| 1. Education: U.S. Diploma/Degree attained relevant to the job opportunity<br><input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.) |                                   |
| 1a. If "Other Degree" in question 1, specify the diploma/degree attained  |                                   |
| 1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)  |                                   |
| 1c. Name of Institution that issued the degree/diploma  |                                   |
| 1d. Name of Country of institution identified in question 1c  | 1e. Month/year attained (mm/yyyy) |

**b. Educational Attainment Information 2**

|   |                                   |
|---|-----------------------------------|
| 1. Education: U.S. Diploma/Degree attained relevant to the job opportunity<br><input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.) |                                   |
| 1a. If "Other Degree" in question 1, specify the diploma/degree attained  |                                   |
| 1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)  |                                   |
| 1c. Name of Institution that issued the degree/diploma  |                                   |
| 1d. Name of Country of Institution identified in question 1c  | 1e. Month/year attained (mm/yyyy) |

Application for Permanent Employment Certification  
Form ETA-9089 – APPENDIX A: Foreign Worker Information  
U.S. Department of Labor



**B. Foreign Worker Education (continued)**

**c. Educational Attainment Information 3**

|   |                                   |
|---|-----------------------------------|
| 1. Education: U.S. Diploma/Degree attained relevant to the job opportunity<br><input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.) |                                   |
| 1a. If "Other Degree" in question 1, specify the diploma/degree attained  |                                   |
| 1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)  |                                   |
| 1c. Name of Institution that issued the degree/diploma  |                                   |
| 1d. Name of Country of Institution identified in question 1c  | 1e. Month/year attained (mm/yyyy) |

**d. Educational Attainment Information 4**

|   |                                   |
|---|-----------------------------------|
| 1. Education: U.S. Diploma/Degree attained relevant to the job opportunity<br><input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.) |                                   |
| 1a. If "Other Degree" in question 1, specify the diploma/degree attained  |                                   |
| 1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)  |                                   |
| 1c. Name of Institution that issued the degree/diploma  |                                   |
| 1d. Name of Country of Institution identified in question 1c  | 1e. Month/year attained (mm/yyyy) |

**e. Educational Attainment Information 5**

|   |                                   |
|---|-----------------------------------|
| 1. Education: U.S. Diploma/Degree attained relevant to the job opportunity<br><input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.) |                                   |
| 1a. If "Other Degree" in question 1, specify the diploma/degree attained  |                                   |
| 1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)  |                                   |
| 1c. Name of Institution that issued the degree/diploma  |                                   |
| 1d. Name of Country of Institution identified in question 1c  | 1e. Month/year attained (mm/yyyy) |

**C. Foreign Worker Training Qualifications §**

**a. Training, Certification(s), and/or License(s) Information 1**

|   |
|---|
| 1. Name of Institution/School/Training provider       |
| 1a. Name of training, coursework, experience received |

Application for Permanent Employment Certification  
 Form ETA-9089 – APPENDIX A: Foreign Worker Information  
 U.S. Department of Labor



|   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| 1b. Training/Certifications/licenses attained (if applicable) |                                    |                                  |
| 1c. Start date of training (mm/yyyy)                          | 1d. End date of training (mm/yyyy) | 1e. Month/year awarded (mm/yyyy) |

**b. Training, Certification(s), and/or License(s) Information 2**

|   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| 1. Name of Institution/School/Training provider               |                                    |                                  |
| 1a. Name of training, coursework, experience received         |                                    |                                  |
| 1b. Training/Certifications/Licenses attained (if applicable) |                                    |                                  |
| 1c. Start date of training (mm/yyyy)                          | 1d. End date of training (mm/yyyy) | 1e. Month/year awarded (mm/yyyy) |

**c. Training, Certification(s), and/or License(s) Information 3**

|   |                                    |                                  |
|---|------------------------------------|----------------------------------|
| 1. Name of Institution/School/Training provider               |                                    |                                  |
| 1a. Name of training, coursework, experience received         |                                    |                                  |
| 1b. Training/certifications/licenses attained (if applicable) |                                    |                                  |
| 1c. Start date of training (mm/yyyy)                          | 1d. End date of training (mm/yyyy) | 1e. Month/year awarded (mm/yyyy) |

**D. Foreign Worker Skills, Abilities and Proficiencies §**

**a. Skills, Abilities, and Proficiencies 1**

|  |                                   |
|--|-----------------------------------|
| 1. Name of Employer/Institution/School/Training Provider   |                                   |
| 1a. Country  | 1b. State, Territory, or Province |
| 1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity (up to 1,500 characters) |                                   |



Application for Permanent Employment Certification  
 Form ETA-9089 – APPENDIX A: Foreign Worker Information  
 U.S. Department of Labor

|  |
|--|
|  |
|--|

**b. Skills, Abilities, and Proficiencies 2**

|   |                                   |
|---|-----------------------------------|
| 1. Name of Employer/Institution/School/Training Provider  |                                   |
| 1a. Country   | 1b. State, Territory, or Province |
| 1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity ( <i>up to 1,500 characters</i> ) |                                   |
|   |                                   |

**E. Foreign Worker Work Experience §**

**a. Work Experience 1**

|                                   |                                 |   |                           |
|-----------------------------------|---------------------------------|---|---------------------------|
| 1. Employer Name                  |                                 |   |                           |
| 1a. Address 1                     |                                 |   |                           |
| 1b. Address 2                     |                                 |   |                           |
| 1c. City or Town                  |                                 |   | 1d. Postal Code           |
| 1e. Country                       |                                 | 1f. State, Territory, or Province                                       |                           |
| 1g. Job Title                     |                                 |   |                           |
| 1h. Start Date ( <i>mm/yyyy</i> ) | 1i. End Date ( <i>mm/yyyy</i> ) | 1j. Present<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 1k. Hours Worked Per Week |

Application for Permanent Employment Certification  
Form ETA-9089 – APPENDIX A: Foreign Worker Information  
**U.S. Department of Labor**



11. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters)

For Public Burden Statement, see the Instructions for Form ETA-9089.