

**LAW OFFICES OF HEMANT R. HABBU, INC.**

95 South Market Street, Suite 530  
San Jose, California 95113  
Telephone: (408) 993-9577  
Facsimile: (408) 881-0456  
Affiliated Office in Mumbai, India

**LABOR CERTIFICATION (PERM) CHECKLIST**

*Please use additional sheets as required*

**Are you seeking to use the filing date of a previously-submitted Application for Alien Employment Certification (ETA 750)?** Yes \_\_\_ / No \_\_\_\_\_

**I. INFORMATION ABOUT CORPORATION (to be completed by Employer)**

1. Full Employer Company/Organization Name and Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Telephone: (\_\_\_\_\_) \_\_\_\_\_
3. Facsimile: (\_\_\_\_\_) \_\_\_\_\_
4. IRS Tax Identification No. or FEIN: \_\_\_\_\_ - \_\_\_\_\_
5. Date of Establishment: \_\_\_\_\_
6. Number of Employees: \_\_\_\_\_
7. Gross Annual Income: \$ \_\_\_\_\_
8. Net Annual Income: \$ \_\_\_\_\_
9. Nature of Employer's Business Activity (products/services): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Name of Officer signing documents: \_\_\_\_\_
11. Title of Officer signing documents \_\_\_\_\_
12. Occupational title of worker's immediate supervisor \_\_\_\_\_
13. Is the employer a closely held corporation, partnership or sole proprietorship in which the alien has an ownership interest? Yes \_\_\_ No \_\_\_\_\_
14. Is there a familial relationship between the alien and the owners/partners/corporate officers?  
Yes \_\_\_ No \_\_\_\_\_

**II. INFORMATION ABOUT POSITION OFFERED (to be completed by Employer)**

1. Job Title: \_\_\_\_\_
2. Is this position unionized? (Are wages subject to union agreement?) Yes \_\_\_ No \_\_\_\_\_

3. Describe duties (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate the minimum educational qualifications for the job (Bachelor's, Master's or Doctorate degree, etc.) If specialized courses have to be taken, please explain in Item 7 below.

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the minimum years of experience for the job. If any specialized skills/experience are needed, please explain in detail in Item 7 below. \_\_\_\_\_

\_\_\_\_\_

5. Annual salary offered: \$ \_\_\_\_\_

6. Address where Alien will perform work: \_\_\_\_\_

7. Special requirements or training (if any) for the job. Include any alternate field of study, alternate occupation, or combination of alternate education and experience that is acceptable: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Are the job opportunity's requirements normal and typical for this occupation? Yes \_\_\_\_ / No \_\_\_\_

9. Is knowledge of a foreign language required to perform the job duties? Yes \_\_\_\_ / No \_\_\_\_

**III. INFORMATION ABOUT EMPLOYEE**

1. Full Name (as in passport):

Family Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

2. Current Home Address: \_\_\_\_\_

\_\_\_\_\_

4. Telephone: (\_\_\_\_\_) \_\_\_\_\_

5. Address outside the United States: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Date of Birth (day/month/year): \_\_\_\_\_

- 8. Birthplace (City or Town, State or Province, Country) \_\_\_\_\_  
\_\_\_\_\_
- 9. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 10. Country of birth: \_\_\_\_\_
- 11. Country of current citizenship: \_\_\_\_\_
- 12. Does Employee wish to apply for Consular Processing abroad (as opposed to Adjustment of Status in US)?  
Yes \_\_\_\_\_ / No \_\_\_\_\_
- 13. Class of admission (visa status): \_\_\_\_\_
- 14. Alien registration number (A#) if any: \_\_\_\_\_
- 15. Alien admission number (I-94#) \_\_\_\_\_

**IV. INFORMATION ABOUT EMPLOYEE'S EDUCATION**

<b>1. Names &amp; Addresses of Schools/Colleges</b>	<b>Field of Study</b>	<b>Dates Attended (from—to mo./yr.)</b>	<b>Degree Earned (or Certificates)</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 2. Did the employer pay for any of the Alien's education or training to satisfy job requirements? \_\_\_\_\_
- 3. Is the Alien currently employed by the petitioning employer? \_\_\_\_\_

**V. INFORMATION ABOUT EMPLOYEE'S WORK EXPERIENCE**

List all jobs held during past three (3) years and provide the following details:

Name and Address of Employer: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Type of Business: \_\_\_\_\_  
\_\_\_\_\_

Title of Job or Position: \_\_\_\_\_

Dates Employed: Start from (Mo. & Yr.) \_\_\_\_\_ to End (Mo. & Yr.) \_\_\_\_\_

Was the position full-time? Yes \_\_\_\_\_ / No \_\_\_\_\_

Duties performed. (Include the use of tools, machines or equipment and any specialized qualifications, certifications, or licenses required):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For additional jobs please use separate sheets and include all information requested in this section.**

**VI. DOCUMENTS TO BE ATTACHED WITH ABOVE CHECKLIST:**  
**(Please check each item below which is attached)**

1. \_\_\_\_\_ Copy of every page of the passport (Employee and/or dependents).
2. \_\_\_\_\_ If applicable, include copies of all documents relating to Employee's current status in the US.
3. \_\_\_\_\_ Copy of Employee's resume.
4. \_\_\_\_\_ Copy of all Diplomas/Degrees/Educational Certificates and transcripts earned by Employee.
5. \_\_\_\_\_ Copy of Reference Letters from previous employers on their letterhead indicating designation, period of employment and detailed job duties. Please cover **at least three years prior** to joining current employment. The letter must be signed by someone who would know the particulars of Employee such as a Project Manager, HR Manager, President, Managing Director, etc.
6. \_\_\_\_\_ Copy of Employee's educational equivalence certificate if already obtained.

**\* FULL PAYMENT MUST BE RECEIVED UPFRONT \***

PLEASE RETURN COMPLETED CHECKLIST TO THE FOLLOWING ADDRESS:

**LAW OFFICES OF HEMANT R. HABBU**  
95 South Market Street, Suite 530  
San Jose, California 95113  
Telephone: (408) 993-9577 ~ Facsimile: (408) 881-0456  
[hrhabbu@habbulaw.com](mailto:hrhabbu@habbulaw.com) or [dtanaka@habbulaw.com](mailto:dtanaka@habbulaw.com)

This is a proprietary document and to the fullest extent permitted by law, is confidential, privileged, or exempt from disclosure under all applicable federal and state laws. If you are a person other than the intended recipient and have possession of this document (whether fully or partially completed, or blank), please note that any use, dissemination, distribution, or copying of the document or parts thereof, including any and all attachments, is strictly prohibited. If you have obtained possession of this document in error, please return it by US Mail to the above address. Your assistance in this matter will be greatly appreciated.