

Law Office of Marc P. Feldman

www.immigrationlawsnj.com
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440 SPEEDWELL AVENUE
MORRIS PLAINS, NJ 07950

Fax: (973) 267-7586
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EMPLOYEE (BENEFICIARY) CHECKLIST

Converting a pending case under PERM

Are you seeking to utilize the filing date from a previously submitted application for alien employment certification (ETA 750)? Yes No

If "yes," enter the previous filing date: _____

Indicate the previous petitioner and case number: _____

Beneficiary / Alien information

1. Alien's last name: _____

First name: _____

Full middle name: _____

List all family members and immigration status: _____

2. Current address: _____

City: _____

State/province: _____

Country: _____

Postal code: _____

3. Phone number of current residence: _____

4. Email address: _____

5. Current employer: _____

6. Employer address: _____

City: _____

State/province: _____

Country: _____

Postal code: _____

Phone number: _____

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7. Date employment commenced: _____

8. Name and title of supervisor: _____

9. Job title and description: _____

10. Country of citizenship: _____

11. Country of birth: _____

12. Date of birth: _____

13. Class of admission: _____

14. Alien registration number (A#): _____

15. Alien admission number (I-94): _____

16. Highest level of education achieved relevant to the required occupation: None High School Associate's Bachelor's
 Master's Doctorate Other

Form ETA 9089, J, 11-A. If other indicated in question 11, specify: _____

17. Major field(s) of study: _____

18. Date of attendance: _____

19. Date relevant education completed and degree conferred: _____

20. Institution where relevant education specified in form ETA 9089, question 11, was received: _____

21. Address of conferring institution: _____

City: _____

State/province: _____

Country: _____

Postal code: _____

Please provide information for all degrees obtained. Attach copies of diplomas, transcripts and evaluations (if app).

Major field(s) of study: _____

Date of attendance: _____

Date education completed and degree conferred: _____

Name of conferring institution: _____

Address of conferring institution: _____

City: _____

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Please provide information for all degrees obtained. Attach copies of diplomas, transcripts and evaluations (if app).

Major field(s) of study: _____
Date of attendance: _____
Date education completed and degree conferred: _____
Name of conferring institution: _____
Address of conferring institution: _____
City: _____
State/province: _____
Country: _____
Postal code: _____

Alien work experience

Please list all your prior work history in the United States and abroad (list by direct employer only). Please use additional sheets if required. Detail any/all relevant skills you acquired with your former employers. Note that you will need to obtain signed employment verification letters documenting your work experience and skills as evidence that you meet all of the minimum requirements for the job opportunity described in your labor certification.

1. Employer name: _____
Employer address: _____
City: _____
State/province: _____
Country: _____
Postal code: _____
Type of business: _____
Name and title of supervisor: _____
Job title and description: _____
Phone number: _____
Start and end date(MM/DD/YY): _____
Number of hours worked per week: _____
Job details (duties performed, use of tools, machines, equipment, etc.): _____

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2. Employer name: _____
Employer address: _____
City: _____
State/province: _____
Country: _____
Postal code: _____
Type of business: _____
Name and title of supervisor: _____
Job title and description: _____
Phone number: _____
Start and end date(MM/DD/YY): _____
Number of hours worked per week: _____
Job details (duties performed, use of tools, machines, equipment, etc.): _____

3. Employer name: _____
Employer address: _____
City: _____
State/province: _____
Country: _____
Postal code: _____
Type of business: _____
Name and title of supervisor: _____
Job title and description: _____
Phone number: _____
Start and end date(MM/DD/YY): _____
Number of hours worked per week: _____
Job details (duties performed, use of tools, machines, equipment, etc.): _____

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4. Employer name: _____
Employer address: _____
City: _____
State/province: _____
Country: _____
Postal code: _____
Type of business: _____
Name and title of supervisor: _____
Job title and description: _____
Phone number: _____
Start and end date(MM/DD/YY): _____
Number of hours worked per week: _____
Job details (duties performed, use of tools, machines, equipment, etc.): _____

I declare under penalty of perjury that the above is true and correct.

I understand that to knowingly furnish false information in the preparation of the Labor certification and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine or imprisonment up to five years or both (18 USC 2, 1001).

In addition, I further declare under penalty of perjury that I intend to accept the position offered in this application if I am granted a labor certification or visa or an adjustment of status based on this application.

1. Alien's last name: _____
First name: _____
Full middle name: _____

2. Alien's signature: _____
Date signed: _____