



International Student &
Scholar Services
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Labor Certification Application Form *Employee Information*

Employee's Information

Family Name _____ First _____ Middle _____

Current Address _____ Current City & State _____

Current Country _____ Current Postal Code (or ZIP) _____

Phone #(s) _____ Gender: Male Female

Country of Citizenship _____ Country of Birth _____

Birth Date ____/____/____ (MM/DD/YYYY) Class of Admission _____

Alien Registration No. (A#) _____ I-94# _____

Highest Level of Education _____ Year of Degree Completion _____
(Bachelors, Masters, PhD)

Field of Study _____ Institution _____

Address _____ City & State _____

Country _____ Postal Code (ZIP) _____



Was any of the qualifying experience for this job position gained with the employer in a position substantially comparable to the job opportunity requested? Yes No

Did your employer pay for any of the education or training necessary to satisfy any of the employer's job requirements for this position? Yes No

Are you currently employed by the petitioning employer? Yes No



I declare under penalty of perjury that the information above in this application is true and correct. I understand that knowingly furnishing false information in the preparation of this labor certification and any supplement is a federal offense punishable by a fine or imprisonment up to five years or both.

In addition, I further declare that I intend to accept the position offered at ODU that the labor certification is being prepared when approved and I am granted a visa or an adjustment of status based on this application.

Signature

Date

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Applicant Family Name _____

Employment History

List all jobs that you held during the past 3 years. Also list any other experience that qualifies you for the job opportunity for which the employer is seeking certification. Attach a sheet of paper with all information above for additional employers during the past three years.

Job # 1

Employer Name _____ Address _____

City & State _____ Country _____

Postal Code (ZIP) _____ Phone Number _____

Supervisor's Name _____ Type of Business _____

Start Date _____ End Date _____ Job Title _____

Hours Worked Per Week _____

Job details (duties performed, use of tools, machines, equipment, skills, qualifications, licenses, etc.)

Job # 2

Employer Name _____ Address _____

City & State _____ Country _____

Postal Code (ZIP) _____ Phone Number _____

Supervisor's Name _____ Type of Business _____

Start Date _____ End Date _____ Job Title _____

Hours Worked Per Week _____

Job details (duties performed, use of tools, machines, equipment, skills, qualifications, licenses, etc.)

Job # 3

Employer Name _____ Address _____

City & State _____ Country _____

Postal Code (ZIP) _____ Phone Number _____

Supervisor's Name _____ Type of Business _____

Start Date _____ End Date _____ Job Title _____

Hours Worked Per Week _____

Job details (duties performed, use of tools, machines, equipment, skills, qualifications, licenses, etc.)