

Alien Information for PERM



Please READ!

Please carefully answer ALL the questions in this questionnaire. The questions are taken directly from Form ETA 9089, Application for Permanent Employment Certification (Sections J, K and L). Your answers will be transferred to Sections J, K, and L of Form ETA 9089. The information provided in the questionnaire must be true and correct. Knowingly furnishing wrong or false information is a federal offense punishable by a fine or imprisonment up to five years, or both.

1. Name: _____
(Last Name) (First/Given) (Middle)
2. Current Address (include street #, street, city, state & zip code):

Home Phone: () _____
3. Country of Citizenship: _____ Country of Birth: _____
4. Date of Birth: _____ (MM/DD/YYYY)
5. Current Status (H1B, J1, etc): _____
6. Alien Registration Number (A#, if applicable, found on EAD Card): _____
7. Number on the I-94: _____
8. Highest Level of Education relevant to the PERM position achieved:
 Bachelor's Master's Doctorate
9. Major Field of Study: _____
10. Date Received Degree in Question 8: _____ (MM/DD/YYYY)
11. Institution Awarding Degree in Question 8: _____
12. Address of Above Institution (include street #, street, city, state/province, country & post code):

13. List all jobs you have held during the past 3 years, **starting with your current job** at LSU. Also list any other experience that qualifies you for the job opportunity.

a. Job 1

- 1. Employer Name: _____
- 2. Employer Address (including street #, street, city, state/province, country & postal code):

- 3. Type of business: _____
- 4. Job Title: _____
- 5. Start Date: _____ (MM/DD/YYYY) End Date: _____ (MM/DD/YYYY)
- 6. Number of Hours Worked per Week: _____
- 7. Job Details (duties performed, use of tools, machines, equipment, etc.):

- 8. Supervisor: _____
- 9. Phone Number: _____

b. Job 2

- 1. Employer Name: _____
- 2. Employer Address (including street #, street, city, state/province, country & postal code):

- 3. Type of business: _____
- 4. Job Title: _____
- 5. Start Date: _____ (MM/DD/YYYY) End Date: _____ (MM/DD/YYYY)
- 6. Number of Hours Worked per Week: _____
- 7. Job Details (duties performed, use of tools, machines, equipment, etc.):

8. Supervisor: _____ 9. Phone Number: _____

c. Job 3

1. Employer Name: _____

2. Employer Address (including street #, street, city, state/province, country & postal code):

3. Type of business: _____

4. Job Title: _____

5. Start Date: _____ (MM/DD/YYYY) End Date: _____ (MM/DD/YYYY)

6. Number of Hours Worked per Week: _____

7. Job Details (duties performed, use of tools, machines, equipment, etc.):

8. Supervisor: _____ 9. Phone Number: _____

I hereby certify that the information in this form is true, correct, and complete.

Alien's last name _____ First name _____

(Signature) (Date)