



A. Employer's Information

! If you want the application returned by mail, leave the Return Fax Number blank.

1. Return Fax Number

() -

2. Employer's Full Legal Name

3. Employer's Address (Number and Street)

4. Employer's City

State

Zip/Postal Code

5. Employer's EIN Number

-

6. Employer's Phone Number

() -

Extension

B. Rate of Pay

1. Wage Rate (or Rate From) (Required):

\$.

2. Rate Up To (Optional):

\$.

3. Rate is Per:

Year Week
 Month Hour
 2 Weeks

4. Is this position part-time?

Yes
 No

! Please Note: Part-time hours worked by nonimmigrant(s) will be in the range of hours stated on the INS Form(s) I-129.

C. Period Of Employment and Occupation Information

1. Begin Date

/ /

2. End Date

/ /

3. Occupational Code

(1 2 3 4 5 6 7 8 9 0)
 (1 2 3 4 5 6 7 8 9 0)
 (1 2 3 4 5 6 7 8 9 0)

4. Number of H-1B Nonimmigrants

(1 2 3 4 5 6 7 8 9 0)
 (1 2 3 4 5 6 7 8 9 0)
 (1 2 3 4 5 6 7 8 9 0)

5. Job Title

! Please Note: The Date Information MUST be in MM/DD/YYYY format

D. Information relating to Work Location for the H-1B Nonimmigrants

! This section is REQUIRED

1. City

State

! Do NOT write "Same As Above". This section MUST be filled out.

2. Prevailing Wage

\$.

3. Wage is Per:

Year Week
 Month Hour
 2 Weeks

4. Wage Source

SESA
 Collective Bargaining Agreement
 Other

If OTHER is chosen as the Wage Source, Numbers 5 and 6 in this section MUST be filled out.

5. Year Source Published

6. Other Wage Source

Page Link

! If filing the form electronically, the Page Link field will be automatically created for you upon printing. If filing the form manually, please ensure that the Page Link field contains a 6 digit number that is repeated on all 3 pages.

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