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## INFORMATION SHEET FOR LABOR CERTIFICATION

Your company has requested that we begin the labor certification petition on behalf of \_\_\_\_\_\_. As you may be aware, the purpose of the labor certification petition is to reveal whether there are qualified U.S. workers for the position being filled by \_\_\_\_\_\_\_. If there are any qualified workers, and if you do not have a job opportunity for them, then the process for \_\_\_\_\_\_\_ cannot go forward. With this checklist, we are also attaching a more detailed explanation of the process so that you may read it and ask us questions before we begin. As the company representative in charge of the recruitment functions, there are some important points to keep in mind at all times:

- 1) We will be advertising for the position as described in the attached letter;
- 2) The resumes received in response must be reviewed by you to determine the employee's suitability for the job (the law forbids us as the immigration attorneys from determining whether someone is qualified or not;)
- 3) The law requires that you contact any applicants within two weeks of receiving their resume (you must attempt to contact them three times via phone or e-mail. If they do not reply, then you should send a certified return-receipt letter requesting that they contact you;)
- 4) The basis for determining whether the person is qualified for the job or not is whether they objectively meet the minimum qualifications for the position (if there is any doubt, please contact our office. While we cannot be the ones to determine whether someone is qualified or not, we can guide you through the process ;)
- 5) The requirements for the job consist of the requirements for the job as of the time that \_\_\_\_\_\_ was hired;
- 6) The information you provide on this checklist will determine the description of the job and the objective criteria you will use to measure any prospective applicants.

(If this is for a position **other** than Occupational Therapist, Speech-Language Pathologist, Physical Therapist, Pharmacist, Orthotist-Prosthetist or RN, please attach a description of job duties. <u>Please note, once the Labor</u> Certification has begun the job position and location must remain the same!)

Primary Worksite and Address:		
Other Sites Covered (names and addresses):		
Other sites covered: If travel is involved, how is travel compensated?	Regularly	Occasionally, as needed
Has your company laid-off any workers in this occupation at any of the sites mentioned above within the past six months?	Yes	🗌 No
Has the company laid off workers in this occupation in the same general geographic area within the past six months?	Yes	🗌 No
Schedule - Days and Hours of Work: Total Hours per Week:		
Does the worker provide services on weekends? If Yes, which days?		□ No
Is it: Is this counted as overtime? Included in the normal hours	Yes	Required No No
Salary of worker: Is the salary high relative to others at the worksite? If Yes, is this a case where a wage range needs to be used? If Yes, the range for the worksite named is:		□ No □ No
Is a license to practice the profession required by the state?	Yes	🗌 No
Is there on-site supervision at the worksite?	Yes	🗌 No
Please specify the title of the employee's immediate supervisor		
Does the job position require experience?	Tes Yes	No
Will your company hire a new graduate for this position?	Yes	□ No

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If this is an IT position, please specify which skill sets are required and the level of experience required with each skill set:		
Does the job require a university degree?	Yes	🗌 No
Does the job require a specific university degree? If so, please name the specific degree required:	Yes	🗌 No
If various degrees are accepted, please list the various acceptable fields:		
Does the employee, supervise others?	Yes	🗌 No
If yes, please specify how many employees are supervised by the employee:		
Is the company paying for the "Green Card" process?	Yes	🗌 No
Name of HR person contacting any U.S. applicants: Phone Number for HR person:		
Please specify the name and title of the person who will		
sign the petition: Please specify the address, phone number and fax number for the person who will sign the petition:		
Address:		
Phone Number: Fax Number:		
Has your company recruited for this type of position within the last 6 months?	Yes	🗌 No
If the answer is yes, please confirm which types of recruitme company:	ent efforts a	re regularly conducted by the
Job Fairs	Yes	No No
Advertisements in professional journals:	∐ Yes	
College/university recruitment:	Yes	
Internet advertisements on job search engines:	Yes	
Advertisements in newspapers:	Yes	
Postings on the company's website: Radio or TV advertising:	Yes Yes	□ No □ No
Incentive-based employee referral programs:	Yes	
Name of Person Completing Form:		
Date:		
Please fax the completed form to 352-331-7628.		

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