Appendix A

List of Application, Request and Petition Form Types and Visa Classifications that Are or Will Be Available in VIBE.

These forms are vetted against the VIBE Known Fraud Entities, Known Fraud Immigration Practitioners, and Known Fraud Addresses Lists.

Form I-90, ***Application to Replace Permanent Resident Card***

Form I-129, ***Petition for a Nonimmigrant Worker***

Only E-1, E-2*, CW1, E-3, H-1B, H-1B1, H-1B2, H-1B3, H-2A, H-2B, H-3, L-1A, L-1B, LZ, Q-1, R-1, TN-1, TN-2[1])

*Not including E-2 Commonwealth of the Northern Mariana Islands-only investors

Form I-131, ***Application for Travel Document***

Form I-140, ***Immigrant Petition for Alien Worker***

Only E12, E13, E21**, E31, E32, EW3, SD1, SR1[2]

**Not including National Interest Waiver petitions

Form I-360, ***Petition for Special Immigrant***

Form I-485, Supplement J, Confirmation of Bona Fide Job Offer or Request for Job Portability Under INA Section 204(j)

Form I-765, ***Apply for Employment Authorization***

Form I-821, ***Application for Temporary Protected Status***

---

[1] See the form instructions for more information on the type of classifications under Form I-129, *available at* http://www.uscis.gov/sites/default/files/files/form/i-129instr.pdf.
[2] See the form instructions for more information on the type of classifications under Form I-140, *available at* http://www.uscis.gov/sites/default/files/files/form/i-140instr.pdf.

Appendix B

List of Data Elements that are Available in VIBE from the DOL ETA Forms 9142A and B, *Application for Temporary Employment Certifications*.

Data Element	Description
A. Employment-based Nonimmigrant Visa Information	
Visa classification	The visa classification supported by the application (i.e., H-1B, H-1B1 (Chile/Singapore) or E-3 (Australia)
B. Temporary Need Information	
Job Title	Prospective worker(s)' job title
SOC (O*NET/OES) code	The Standard Occupational Code (consistent with the Occupational Network and/or Occupational Employment Statistics survey) assigned to the occupation in which the worker(s) will be employed
SOC (O*NET/OES) Occupational Title	The Standard Occupational Code title (Occupational Network and/or Occupational Employment Statistics survey code) assigned to the occupation in which the worker(s) will be employed
Full Time Position	A "Yes" or "No" answer regarding whether the position is full time
Period of Intended Employment	Begin and end dates of intended employment in (MM/DD/YYYY) format
Worker Positions Needed	The total number of worker positions supported by the application, and breakout by categories (e.g., new employment, change in employer).
Nature of Temporary Need	A selection of "Seasonal," "Peakload," "One-time Occurrence" or "Intermittent or Other Temporary Need"
Statement of Temporary Need	If applicable, the employer's description of temporary need (required only for H-2B applications)
FOR DOL USE ONLY (this information is contained on each page of the application)	
Case Number	The application unique case number as issued by DOL
Case Status	The status of the case (e.g., Certified)
Validity Period	The validity period of the certification, i.e., certified period of employment
C. Employer Information	
Legal business name	The legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service
Trade name/DBA	If applicable, other trade or "doing business as" name by which the employer is known
Address 1	Street address of the employer's principal place of business
Address 2	Street address (additional space)
City	The city where the employer's principal place of business is located
State	The state where the employer's principal place of business is located
Postal Code	The postal or "zip" code where the employer's principal place of business is located
Country	The country in which the employer's principal place of business is located
Province	If applicable, the province where the employer's principal place of business is located
Telephone number	The area code and telephone number for the employer's principal place of business
Extension	If applicable, the extension of the telephone number for the employer's principal place of business
FEIN **	Nine-digit Federal Employer Identification Number issued by the Internal Revenue Service
NAICS code	Four to six-digit North American Industry Classification System (NAICS)

	code that best describes the employer's business
Number of non-family full-time equivalent employees **	The total number of employer's full-time equivalent employees, not including family members
Annual gross receipts **	The U.S. dollar amount of the employer's annual gross receipts
Year established	The year the employer was established as a business
Type of Employer Application	A selection of "Individual Employer," "H-2A Labor Contractor or Job Contractor," "Association – Sole Employer," Association – Joint Employer," "Association – Filing as Agent"
D. Employer Point of Contact Information	
Contact's last name	Last name of the employer's point of contact
Contact's first name	First name of the employer's point of contact
Contact's Middle name	Middle name of the employer's point of contact
Contact's job title	The job title of the employer's point of contact
Contact's Address 1	Business street address for the employer's point of contact
Contact's Address 2	Business street address for the employer's point of contact (more space)
Contact's City	City of the employer's point of contact
Contact's State	State of the employer's point of contact
Postal Code	Postal (zip) code of the employer's point of contact
Contact's Country	Country of the employer's point of contact
Contact's Province	If applicable, the province of the employer's point of contact
Contact's Telephone number	The area code and business telephone number of the employer's point of contact
Contact's Extension	If applicable, the extension of the telephone number of the employer's point of contact
Contact's E-mail address	The business e-mail address of the employer's point of contact
E. Attorney or Agent Information	
Representation in application process	A "Yes" or "No" response indication whether the employer is represented by an agent or attorney in filing the application
Attorney/Agent last name	Last name of the attorney or agent
Attorney/Agent first name	First name of the attorney or agent
Attorney/Agent middle name	Middle name of the attorney or agent
Attorney/Agent Address 1	Business street address for the attorney/agent
Attorney/Agent Address 2	Business street address for attorney/agent (more space)
Attorney/Agent City	City of the attorney/agent
Attorney/Agent State	State of the attorney/agent
Attorney/Agent Postal Code	Postal (zip) code of the attorney/agent
Attorney/Agent Country	Country of the attorney/agent
Attorney/Agent Province	If applicable, province of the attorney/agent
Attorney/Agent Telephone Number	Area code and telephone number of the attorney/agent
Attorney/Agent Extension	If applicable, extension of the telephone number of the attorney/agent
Attorney/Agent E-mail Address	E-mail address of the attorney/agent
Law firm/Business name	If applicable, attorney/agent's law firm or business name
Law firm/Business FEIN **	Attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS
State Bar number (attorney only)	If applicable, attorney's state Bar number
State of highest court where attorney is in good standing	If applicable, state of highest court where attorney is in good standing
Name of the highest court where attorney is in good standing (attorney	If applicable, name of the highest court where attorney is in good standing

only)	
F. Job Offer Information	
a. Job Description	
Job Title	Same job title as the one entered under Section B question 1
Number of hours of work per week (Basic &Overtime)	Basic hours of work required per week and overtime hours per week in accordance with State and Federal law for the work and area of employment
Hourly Work Schedule (AM & PM)	Daily work schedule for the job opportunity (e.g., 9 a.m. to 5 p.m., 7 a.m. to 11 a.m. and 4 p.m. to 8 p. m.)
Supervision of other employees	A "Yes" or "No" answer addressing whether the position supervises other employees
Number of employees supervised	Number of employees the position wills supervise
Job duties	Employer's detailed description of the job duties to be performed
b. Minimum Job Requirements	
Education minimum (U.S. Diploma Requirement)	Selection of "None," "High School/GED," "Associate's," "Bachelor's," "Master's," "Doctorate (Ph.D)," "Other degree (JD, MD, etc.)"
Other Degree Diploma	If applicable, specification of which degree is required if "Other" is selected in the prior question
Majors/Fields of study	Major(s) and/or field(s) of study required by the employer for the job opportunity
Second U.S. Degree	A "Yes" or "No" selection indicating whether the employer requires a second U.S. degree
Type of Second U.S. Degree	If applicable, description of the type of second degree required
Training Required	A "Yes" or "No" selection indicating whether the employer requires training for the position
Training number of months	If applicable, number of months of training required for the position
Fields of training	If applicable, specification of the training fields required for the position
Employment experience	A "Yes" or "No" selection indicating whether prior experience is required for the position
Experience number of months	If applicable, the number of months of experience required for the position
Experience Occupation	If applicable, occupation in which experience is required
Special Requirements	A list of specific skills/licenses/certifications or other requirements necessary for the job opportunity
c. *Place of employment* (this section captures data for a number of physical locations where work will be performed)	
Address 1.	Street address of the place of intended employment
Address 2	Street address of the place of intended employment (additional space)
City	City of the place of intended employment
County	County of the place of intended employment
State/District/Territory	State/district or territory of intended employment
Postal code	Postal "zip" code of the place of intended employment
Multiple worksites	A "Yes" or "No" selection indicating whether work will be performed on multiple worksites in the area of intended employment in addition to the first worksite listed on the face of the form
Multiple worksites geographic locations	If applicable based on the prior answer, a listing of additional geographic locations where work will be performed
G. Rate of Pay	
Basic rate of pay From/To	U.S. dollar rate of pay to be paid to the foreign worker(s); may be expressed as a range
Overtime rate of pay From/To	U.S. dollar overtime rate of pay to be paid to the foreign worker(s) in accordance with Federal and State law; may be expressed as a range

Per (Wage apportionment)	Selection of "hour," "week," "bi-weekly," "month," or "year" "piece rate" that describes how wage rate offer captured in the prior field will be calculated and paid to workers
Piece rate	If applicable based on the answer in prior question, a description of the piece rate wage requirements (e.g., production standards).
Additional Wage Information	If applicable, additional wage information such as multiple worksites, itinerary, special procedures)
H. Recruitment Information	
State Workforce Agency (SWA) name	Name of SWA serving the area of intended employment
Job order ID number	The unique identifier of the job order assigned by the SWA
Start and end dates of job order	The start and end dates the job order is posted with the SWA
Sunday edition of newspaper	A "Yes" or "No" selection indicating whether there is a Sunday edition of a newspaper in the area of intended employment
Name(s) of newspaper(s)/publication(s) in the area of intended employment (H-2B only)	The name of the newspaper(s) where the employer has advertised the job opportunity
Dates of print advertisements (From/To) (H-2B only)	The date ranges on which the print advertisement(s) ran in the newspaper/publication in the area of intended employment
Additional recruitment activities (H-2B only)	If applicable, a list/description of employer's other recruitment activities including sources, geographic locations, dates
I. Declaration of Employer	
Agreement with terms, assurances, and obligations	A "Yes" "No" or "N/A" selection indicating whether the employer has read and agrees with the terms, assurances and obligations included in the Appendix A (for H-2A) or B (for H-2B) to the ETA Form 9142
J. Preparer (the information in this section is conditional, i.e. the section is completed only if the preparer is a person other than the employer's point of contact or agent/attorney)	
Preparer last name	Last name of the preparer
Preparer first name	First name of the preparer
Preparer middle name	If applicable, first middle name of the preparer
Job title	Job title of the preparer
Firm/Business name	Firm/business name of the preparer
E-mail address	E-mail address of the preparer
K. U.S. Government Agency Use (ONLY)	
Certification validity (From/To)	Date range during which the certified application is valid (i.e. certified period of employment)
DOL/OFLC Official Signature	Not applicable. Data is not captured electronically
Determination date	The date on which a final determination regarding the application was made
Case number	Unique alpha-numeric identified assigned by DOL to the application
Case status	Status of the case (e.g., Certified)
Additional (Non ETA Form 9142A or B) Disclosure Element(s)	
Date filed	The date on which the ETA Form 9142A or B was filed with DOL

Important Note: Fields marked with "**" are those DOL identified as containing PII or other private, sensitive, or otherwise proprietary information.

Appendix C

List of Data Elements that are Available in VIBE from DOL ETA Form 9089, *Application for Permanent Employment Certification*.

Data Element	Description
L. Refiling Instructions	
Priority date from prior certification (ETA 750)	A "Yes" or "No" selection indicating whether an employer is seeking to use a priority date associated with an earlier filing under a precedent permanent program
Previous filing date	Date of the previous filing
State Workforce Agency (SWA) or State of previous filing	The SWA or State with where the prior filing was submitted
M. Schedule A Sheepherder Information	
Schedule A Sheepherder Application	A "Yes" or "No" selection indicating whether the filing is for a Schedule A sheepherding occupation
N. Employer Information (Headquarters or Main Office)	
Employer name	The legal business name is the exact name of the individual, corporation, LLC, partnership, or other organization as reflected in legal documents
Trade name/DBA	If applicable, other trade or "doing business as" name by which the employer is known
Address 1	Street address of the employer's principal place of business
Address 2	Street address (additional space)
City	The city where the employer's principal place of business is located
State/Province	The state where the employer's principal place of business is located
Postal Code	The postal or "zip" code where the employer's principal place of business is located
Country	The country in which the employer's principal place of business is located
Phone number	The area code and telephone number for the employer's principal place of business
Extension	If applicable, the extension of the telephone number for the employer's principal place of business
Number of employees	The total number of employer's employees
Year commenced business (not applicable to private households)	The year the employer commenced business or incorporated
FEIN **	Nine-digit Federal Employer Identification Number issued by the Internal Revenue Service
NAICS code	Four to six-digit North American Industry Classification System (NAICS) code that best describes the employer's business
Closely Held/Ownership Interest or Familial Relationship	A "Yes" or "No" selection indicating whether the employer is a closely held corporation, partnership or sole proprietorship in which the alien has an ownership interest or whether there is a familial relationship between the owners, stockholders, partners, corporate officers, incorporators and the alien.
O. Employer Contact Information	
Contact's last name	Last name of the employer's point of contact
Contact's first name	First name of the employer's point of contact
Contact's Middle name	Middle name of the employer's point of contact
Contact's job title	The job title of the employer's point of contact
Contact's Address 1	Business street address for the employer's point of contact

Contact's Address 2	Business street address for the employer's point of contact (more space)
Contact's City	City of the employer's point of contact
Contact's State/Province	State of the employer's point of contact
Contact's Country	Country of the employer's point of contact
Postal Code	Postal (zip) code of the employer's point of contact
Contact's Telephone number	The area code and business telephone number of the employer's point of contact
Contact's Extension	If applicable, the extension of the telephone number of the employer's point of contact
Contact's E-mail address	The business e-mail address of the employer's point of contact
FOR DOL USE ONLY (this information is contained on each page of the application)	
Validity Period	The validity period of the certification
P. Attorney or Agent Information (*If applicable*)	
Attorney/Agent last name	Last name of the attorney or agent
Attorney/Agent first name	First name of the attorney or agent
Attorney/Agent middle initial	Middle name of the attorney or agent
Law firm/Business name	If applicable, attorney/agent's law firm or business name
Law firm/Business FEIN **	Attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS
Attorney/Agent Telephone Number	Area code and telephone number of the attorney/agent
Attorney/Agent Extension	If applicable, extension of the telephone number of the attorney/agent
Attorney/Agent Address 1	Business street address for the attorney/agent
Attorney/Agent Address 2	Business street address for attorney/agent (more space)
Attorney/Agent City	City of the attorney/agent
Attorney/Agent State/Province	State of the attorney/agent
Attorney/Agent Country	Country of the attorney/agent
Attorney/Agent Postal Code	Postal (zip) code of the attorney/agent
Attorney/Agent E-mail Address	E-mail address of the attorney/agent
Q. Prevailing Wage	
Prevailing Wage tracking number	A unique alpha-numerical identifier of the prevailing wage determination
SOC/O*NET(OES) code	The Standard Occupational Code (consistent with the Occupational Network and/or Occupational Employment Statistics survey) assigned to the occupation in which the alien will be employed
Occupation Title	The Standard Occupational Code title (Occupational Network and/or Occupational Employment Statistics survey code) assigned to the occupation in which the worker(s) will be employed
Skill Level	Indication of the level of the prevailing wage
Prevailing Wage & Per (Wage apportionment)	U.S. dollar amount of the prevailing wage and the selection of "hour," "week," "bi-weekly," "month," or "year" that describes the wage rate offer captured in the prior field
Prevailing Wage Source	Selection of "OES," "CBA," "Employer Conducted Survey," "DBA," "SCA," or "Other" indicating the source of the prevailing wage
If "Other" source	If "Other" is selected in prior question, the source of the prevailing wage
Determination date	The date the prevailing wage is officially issued (start date of PWD validity)
Expiration date	The date the prevailing wage expires (end date of PWD validity)
R. Wage Offer Information	
Offered Wage (From/To) and Per (Wage apportionment)	U.S. dollar wage offer to be paid to the employee; may be expressed as a range and selection of "hour," "week," "bi-weekly," "month," or "year" that describes the wage rate offer captured in the prior field

S. Job Offer Information (*additional intended places of employment are captured in an addendum to the application captures, if applicable*)	
Primary worksite address 1.	Street address of the primary place of intended employment
Primary worksite address 2	Street address of the primary place of intended employment (additional space)
Job Title	Common name or payroll title of the job being offered
Education minimum level required	Selection of "None," "High School" "Associate's," "Bachelor's," "Master's," "Doctorate," "Other"
Other Degree Diploma	If applicable, specification of which degree is required if "Other" is selected in the prior question
Majors/Fields of study	Major(s) and/or field(s) of study required by the employer for the job opportunity
Training Required	A "Yes" or "No" selection indicating whether the employer requires training for the position
Training number of months	If applicable, number of months of training required for the position
Field of training	If applicable, specification of the training fields required for the position
Employment experience	A "Yes" or "No" selection indicating whether prior experience is required for the position
Experience number of months	If applicable, the number of months of experience required for the position
Alternate field of study	A "Yes" or "No" selection indicating whether an alternate field of study is acceptable to the employer
Alternate major/field of study	If applicable, the alternate major or field of study the employer would accept
Alternate combination of education and experience	A "Yes" or "No" selection indicating whether an alternate combination of education and experience is acceptable to the employer
Alternate level of education	If applicable, selection of "None," "High School" "Associate's," "Bachelor's," "Master's," "Doctorate," "Other"
Alternate Other	If applicable and other is selected in the preceding question, specification of the alternate level of education
Foreign education equivalent	A "Yes" or "No" selection indicating whether the employer would accept a foreign education equivalent
Alternate experience	A "Yes or No" selection indicating whether the employer would accept experience in an alternate occupation
Alternate experience number of months	The number of months of experience in an alternate occupation that would be acceptable to the employer
Alternate job title	Job title of the alternate occupation in which experience is acceptable to the employer
Job Duties	Employer's detailed description of the job duties to be performed by any worker
Normal job requirements	A "Yes" or "No" selection indicating whether the job requirements are normal to the occupation
Foreign Language	A "Yes" or "No" selection indicating whether knowledge of a foreign language is required
Specific skills/requirements	Specific skills and/or requirements for the job opportunity
Combination of Occupations	A "Yes" or "No" selection indicating whether the application involves a combination of occupations
Job offer to alien	A "Yes" or "No" selection indicating whether the job opportunity in the application is being offered to the alien identified in the application
Live-in employee	A "Yes" or "No" selection indicating whether the alien would be required to live on the employer's premises (e.g., live-in domestic worker).
Domestic service worker	A "Yes" or "No" selection indicating whether the application is for a live-in household domestic service worker
Employment contract	A "Yes" or "No" selection indicating whether the employer and the alien

	have executed a required employment contract and whether a copy of the contract was provided to the alien
T. Recruitment Information	
a. Occupation Type	
Professional occupation (other than college/university professor)	A "Yes" or "No" selection indicating whether the application is for a professional occupation other than college/university professor requiring a bachelor's degree or higher
College/University Professor	A "Yes" or "No" selection indicating whether the application is for a college/university professor requiring a bachelor's degree or higher
College/University Professor competitive recruitment method	If applicable, a "Yes" or "No" selection indicating whether the employer used the competitive recruitment method to select the candidate
Basic Recruitment for Professional Occupations	A "Yes" or "No" selection indicating whether the employer used the basic recruitment methods to recruit for a professional occupation
b. Special Recruitment for College/University Professors (this information is available only where the application indicates that the employer used the competitive recruitment process to select a candidate)	
Date alien selected	Date the employer selected the alien for the job opportunity using the competitive recruitment and selection process
Name/Date of professional journal advertisement	Name and date of the professional journal in which the employer ran an advertisement for the job opportunity
Additional recruitment information	Employer's description of any additional recruitment information
c. Professional/Non-Professional recruitment (this information is available for all applications other than those for college/university professors using the competitive recruitment method)	
Start and end dates of the SWA job order	The start and end dates the job order is posted with the SWA
Sunday edition of newspaper	A "Yes" or "No" selection indicating whether there is a Sunday edition of a newspaper in the area of intended employment
Name of newspaper	The name of the newspaper of general circulation where the employer placed the first advertisement of the job opportunity
Dates of first advertisement	Date of first advertisement
Name of newspaper/professional journal	The name of the newspaper of general circulation or professional journal where the employer placed the second advertisement of the job opportunity and selection of "Newspaper" or "Journal"
Date of second advertisement	Date of second advertisement
d. Additional Professional Recruitment	
Job fair dates	Dates of advertisement of job fair
On-campus recruiting dates	Dates of advertisement of on campus recruiting
Employer website dates	Dates of advertisement on employer website
Trade or professional journal dates	Dates of advertisement in trade or professional journal
Job search website dates	Dates of advertisement on job search website
Private employment firm dates	Dates of advertisement with private employment firm
Employee referral program dates	Dates of advertisement in employee referral program
Campus placement office dates	Dates of advertisement with campus placement office
Local/ethnic newspaper dates	Dates of advertisement in local/ethnic newspaper
Radio/TV ads dates	Dates of advertisement on radio/TV
e. General Information	
Payment for application submission	A "Yes" or "No" selection indicating whether the employer received payment of any kind for submitting the application
Payment details	If applicable based on prior response, details of payment arrangement
Notice of filing	Two "Yes" or "No" selections indicating whether notice of the filing was posted or sent to bargaining representative of employer's employees

Layoffs	A "Yes" or "No" selection indicating whether the employer has laid off employees in the occupation for which certification is sought or related occupation
Notification and consideration of laid off workers	A "Yes" or "No" selection indicating whether the employer notified and considered laid off former employees for the job opportunity
U. Alien Information	
Alien last name **	Last name of the alien
Alien first name **	First name of the alien
Alien middle name **	If applicable, full middle name of the alien
Alien current address 1 **	Street address for the alien's residence
Alien current address 2 **	Street address for the alien's residence (more space)
Alien city	City of the alien's residence
Alien State/Province	State of the alien's residence
Alien Country	Country of the alien's residence
Alien Postal Code	Postal (zip) code of the alien's residence
Alien phone number **	Phone number of alien's current residence
Alien country of citizenship	Alien country of citizenship
Alien country of birth	Alien country of birth
Alien date of birth **	Alien date of birth
Alien class of admission	Alien class of admission
Alien registration number (A#) **	Alien registration number (A#)
Alien admission number (I-94) **	Alien admission number (I-94)
Alien education	A selection of the highest level of education achieved by the alien as relevant to the required occupation "None" "High School" "Associate's" "Bachelor's" "Master's" "Doctorate" "Other"
Other Education	If applicable, description of education if "Other" was selected in prior question
Major/field of study	Alien's major or field of study
Year relevant education completed	Year alien completed relevant education required for the occupation
Educational Institution	Name of the institution where the relevant education achieved by the alien
Educational Institution Address 1	Street address of educational institution
Educational Institution Address 2	Street address of educational institution (more space)
Educational Institution City	City of educational institution
Educational Institution State/Province	State/Province of educational institution
Educational Institution Country	Country of educational institution
Educational Institution Postal Code	Postal (zip) code of educational institution
Alien training	A "Yes" "No" or "N/A" selection indicating whether the alien completed the training required for the job opportunity
Alien experience	A "Yes" "No" or "N/A"selection indicating whether the alien possesses the experience required for the job opportunity
Alien alternate education/experience	If applicable, a "Yes" "No" or "N/A" selection indicating whether the alien possesses the alternate combination of education/experience required for the job opportunity
Alien alternate occupation	If applicable, a "Yes" "No" or "N/A" selection indicating whether the alien possesses experience in the alternate occupation required for the job opportunity
Alien experience with employer	A "Yes" "No" or "N/A" selection indicating whether the alien gained any experience required for the job opportunity with the employer filing the application

Payment for alien's training or education	A "Yes" "No" or "N/A" selection indicating whether the employer paid for alien's education or training required for the job opportunity
Alien current employee	A "Yes" "No" or "N/A" selection indicating whether the alien is currently employed by the employer applicant
V. Alien Work Experience (*The information in this section repeats for each of the alien's prior jobs held in the three years preceding the filing of the application*)	
Alien prior employer name	Name of alien's prior employer
Alien prior employer address 1	Address of alien's prior employer
Alien prior employer address 2	Address of alien's prior employer (more space)
Alien prior employer city	City of alien's prior employer
Alien prior employer state/province	State/Province of alien's prior employer
Alien prior employer country	Country of alien's prior employer
Alien prior employer postal code	Postal code of alien's prior employer
Alien prior employer business type	Business type of alien's prior employer
Alien prior job title	Alien's prior job title
Alien prior job start and end dates	Start and end dates of alien's prior employment
Alien prior work hours	Alien's prior employment work hours
Alien prior employment details **	Details of alien's prior employment (i.e., job duties, equipment, skills, qualifications, certifications, licenses).
W. Alien Declaration (*information is an attestation under penalty of perjury that the information in the application is true and correct*)	
Alien's Last Name **	Alien's Last Name. *May not be applicable if element is not captured electronically.*
Alien's First Name **	Alien's First Name. *May not be applicable if element is not captured electronically.*
Alien's full middle name **	Alien's full middle name. *May not be applicable if element is not captured electronically.*
Signature and date signed **	Not applicable. Element is not captured electronically.
Date signed	
X. Declaration of Preparer (*Conditional, only applies to applications not completed by employer. Information is an attestation under penalty of perjury that the information in the application is true and correct*)	
Preparer Last name	Preparer Last name. *May not be applicable if element is not captured electronically.*
Preparer First Name	Preparer First Name. *May not be applicable if element is not captured electronically.*
Preparer middle initial	Preparer middle initial. *May not be applicable if element is not captured electronically.*
Preparer E-mail	Preparer E-mail. *May not be applicable if element is not captured electronically.*
Preparer signature and date signed	Not applicable. Element is not captured electronically.
Y. Employer declaration (*information indicates agreement with required conditions of employment and includes an attestation under penalty of perjury that the information in the application is true and correct*)	
Employer Last name	Employer Last name. *May not be applicable if element is not captured electronically.*
Employer First Name	Employer First Name. *May not be applicable if element is not captured electronically.*
Employer middle initial	Employer middle initial. *May not be applicable if element is not captured electronically.*
Employer Title	Employer Title. *May not be applicable if element is not captured electronically.*
Employer signature and date signed	Not applicable. Element is not captured electronically.

Z. U.S. Government Agency Use Only	
Certification validity (From – To)	Validity of the certification
Certifying Officer Signature	Not applicable. Element is not captured electronically.
Date Signed	Date Signed. *May not be applicable if element is not captured electronically.*
Case Number	Case Number
Filing Date	Date on which the ETA Form 9089 was filed with DOL
Additional (non ETA Form 9089) Disclosure Element	
Audited (Date)	Date on which the ETA Form 9089 was audited by DOL

Important Note: Fields marked with "**" are those DOL identified as containing PII or other private, sensitive, or otherwise proprietary information.

Appendix D

List of Data Elements that Are or Will Be Available in VIBE from DOL ETA Form 9035, *Labor Condition Application (LCA)*.

Data Element	Description
Preliminary Collection Elements	
Employer agreement	The "Yes" or "No" response to the agreement to print and sign a hardcopy of the certified LCA; maintain it in the public access file; submit it to USCIS in support of the I-129, and provide a hardcopy to each H-1B nonimmigrant employed pursuant to that LCA
LCA obligations attestation	The "Yes" or "No" response to attestation that the statements on the LCA are true and accurate and that the employer undertakes obligations set out in the LCA in its instructions.
LCA instructions attestation	Employer's choice to either electronically attach the LCA instructions or not, and agreement to be bound by LCA obligations
FOR DOL USE ONLY (this information is contained on each page of the LCA)	
Case Number	The LCA unique case number as issued by DOL
Case Status	The status of the case (e.g., Certified)
Period of Employment	The official period of employment, also representing the validity period of the LCA
AA. Employment-based Nonimmigrant Visa Information	
Visa classification	The visa classification supported by the application (i.e., H-1B, H-1B1 (Chile/Singapore) or E-3 (Australia)
BB. Temporary Need Information	
Job Title	Prospective workers job title
SOC (O*NET/OES) code	The Standard Occupational Code (consistent with the Occupational Network and/or Occupational Employment Statistics survey) assigned to the occupation in which the worker(s) will be employed
SOC (O*NET/OES) Occupational Title	The Standard Occupational Code title (Occupational Network and/or Occupational Employment Statistics survey code) assigned to the occupation in which the worker(s) will be employed
Full Time Position	A "Yes" or "No" answer regarding whether the position is full time
Period of Intended Employment	Begin and end dates of intended employment in (MM/DD/YYYY) format
Worker Positions Needed	The total number of worker positions supported by the LCA, and breakout by categories (e.g., new employment, change in employer).
CC. Employer Information	
Legal business name	The legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service
Trade name/DBA	If applicable, other trade or "doing business as" name by which the employer is known
Address 1	Street address of the employer's principal place of business
Address 2	Street address (additional space)
City	The city where the employer's principal place of business is located
State	The state where the employer's principal place of business is located
Postal Code	The postal or "zip" code where the employer's principal place of business is located
Country	The country in which the employer's principal place of business is located

Province	If applicable, the province where the employer's principal place of business is located
Telephone number	The area code and telephone number for the employer's principal place of business
Extension	If applicable, the extension of the telephone number for the employer's principal place of business
FEIN**	Nine-digit Federal Employer Identification Number issued by the Internal Revenue Service
NAICS code	Four to six-digit North American Industry Classification System (NAICS) code that best describes the employer's business
DD. Employer Point of Contact Information	
Contact's last name	Last name of the employer's point of contact
Contact's First name	First name of the employer's point of contact
Contact's Middle name	Middle name of the employer's point of contact
Contact's job title	The job title of the employer's point of contact
Contact's Address 1	Business street address for the employer's point of contact
Contact's Address 2	Business street address for the employer's point of contact (more space)
Contact's City	City of the employer's point of contact
Contact's State	State of the employer's point of contact
Postal Code	Postal (zip) code of the employer's point of contact
Contact's Country	Country of the employer's point of contact
Contact's Province	If applicable, the province of the employer's point of contact
Contact's Telephone	The area code and business telephone number of the employer's point of contact
Contact's Extension	If applicable, the extension of the telephone number of the employer's point of contact
Contact's E-mail address	The business e-mail address of the employer's point of contact
EE. Attorney or Agent Information	
Representation in application process	A "Yes" or "No" response indication whether the employer is represented by an agent or attorney in filing the application
Attorney/Agent last name	Last name of the attorney or agent
Attorney/Agent first name	First name of the attorney or agent
Attorney/Agent Middle name	Middle name of the attorney or agent
Attorney/Agent Address 1	Business street address for the attorney/agent
Attorney/Agent Address 2	Business street address for attorney/agent (more space)
Attorney/Agent City	City of the attorney/agent
Attorney/Agent State	State of the attorney/agent
Attorney/Agent Postal Code	Postal (zip) code of the attorney/agent
Attorney/Agent Country	Country of the attorney/agent
Attorney/Agent Province	If applicable, province of the attorney/agent
Attorney/Agent Telephone Number	Area code and telephone number of the attorney/agent
Attorney/Agent Extension	If applicable, extension of the telephone number of the attorney/agent
Attorney/Agent E-mail Address	E-mail address of the attorney/agent
Law firm/Business name	If applicable, attorney/agent's law firm or business name
Law firm/Business FEIN **	Attorney/agent's law firm or business nine-digit FEIN as assigned by the IRS
State Bar number (attorney only)	If applicable, attorney's state Bar number
State of highest court where attorney is in good standing	If applicable, state of highest court where attorney is in good standing

Name of the highest court where attorney is in good standing (attorney only)	If applicable, name of the highest court where attorney is in good standing
FF. Rate of Pay	
Wage rate (Required) From/To	U.S. dollar rate of pay to be paid to the foreign worker(s); may be expressed as a range
Per (Wage apportionment)	Selection of "hour," "week," "bi-weekly," "month," or "year" indicating that describes the wage rate offer captured in the prior field
GG. Employment and Prevailing Wage Information (*this section captures data for up to (3) physical locations and corresponding prevailing wages covering each location where work will be performed*)	
a. Place of employment	
Address 1.	Street address of the place of intended employment
Address 2	Street address of the place of intended employment (additional space)
City	City of the place of intended employment
County	County of the place of intended employment
State/District/Territory	State/district or territory of intended employment
Postal code	Postal "zip" code of the place of intended employment
Prevailing Wage	
Agency which issued prevailing wage	Name of the DOL National Processing Center or State (State Workforce Agency) that issued the prevailing wage
Prevailing Wage tracking number	A unique alpha-numerical identifier of the prevailing wage determination
Wage Level	Selection of "I", "II", "III" or "IV" indicating the level of the prevailing wage
Prevailing Wage	U.S. dollar amount of the prevailing wage
Per (Wage apportionment)	Selection of "hour," "week," "bi-weekly," "month," or "year" indicating that describes the wage rate offer captured in the prior field
Prevailing Wage Source	Selection of "OES," "CBA," "DBA," "SCA," or "Other" indicating the source of the prevailing wage
Year source published	Year the source of the prevailing wage was published
If OES not officially issued, or Other source	Source of the OES wage, if it was not issued by the State Workforce Agency or a DOL National Processing Center, or of wage if "Other" is selected
HH. Employer Labor Condition Statements	
Labor Condition Statements 1-4 Agreement	A "Yes" or "No" selection indicating that the employer has read and either agreed or disagreed with the Labor Condition statements related to wages, working conditions, strike/lockout/work stoppage and notice to employees
II. Additional Labor Condition Statements (H-1B only)	
a. Subsection 1	
H-1B dependent	A "Yes" or "No" selection indicating whether an employer is H-1B dependent in accordance with a regulatorily mandated calculation
Willful violator	A "Yes" or "No" selection indicating whether an employer is a willful violator of H-1B program obligations
Limitation on use of application to H-1B petitions or extensions of exempt H-1Bs	A "Yes" or "No" selection indicating whether an employer will use the application ONLY in support of H-1B H-1B petitions or extensions of exempt H-1Bs
b. Subsection 2	
Additional Labor Condition Statements A - C	A "Yes" or "No" selection indicating whether an employer is agreeing to additional labor condition statements related to displacement, secondary displacement and recruitment/hiring of U.S. workers
JJ. Public Disclosure Information	
Place of public disclosure	A selection of "employer's principal place of business" or "place of employment" indicating where the employer's public access file will be

	located
KK. Declaration of employer (hiring or designated official of the employer provides this information)	
Last name of hiring/designated official	Last (family) name of the person with authority to sign as the employer. *May not be applicable if element is not captured electronically.*
First name of hiring/designated official	First (given) name of the person with authority to sign as the employer. *May not be applicable if element is not captured electronically.*
Signature	Not applicable: Element is not captured electronically
Date signed	Not applicable: Element is not captured electronically
LL. LCA Preparer (*the information in this section is conditional, i.e. the section is completed only if the preparer is a person other than the employer's point of contact or agent/attorney*)	
Preparer last name	Last name of the preparer
Preparer first name	First name of the preparer
Preparer middle name	If applicable, first middle name of the preparer
Job title	Job title of the preparer
Firm/Business name	Firm/business name of the preparer
E-mail address	E-mail address of the preparer
MM. U.S. Government Use Only	
Certification validity (From/To)	Date range during which the certified LCA is valid (i.e., certified period of employment)
DOL/OFLC Official Signature	Not applicable. Element is not captured electronically
Determination date	The date on which a final determination regarding the application was made
Case number	Unique alpha-numeric identified assigned by DOL to the LCA
Case status	Status of the case (e.g., Certified)
Additional (Non ETA Form 9035) Disclosure Element(s)	
Date filed	The date on which the ETA Form 9035 was filed with DOL.

Important Note: Fields marked with "**" denote those DOL identified as containing PII or other private, sensitive, or otherwise proprietary information.