

Name of person or organization filing petition:

Name of person or total number of workers you are filing for:

List the alien's and any dependent family members' prior periods of stay in H classification in the U.S. for the last six years. Be sure to list only those periods in which the alien and/or family members were actually in the U.S. in an H classification. If more space is needed, attach an additional sheet.

Classification sought (check one):

- | | |
|---|--|
| <input type="checkbox"/> H-1A Registered Professional nurse | <input type="checkbox"/> H-1B4 Artist or entertainer in unique or traditional art form |
| <input type="checkbox"/> H-1B1 Specialty occupation | <input type="checkbox"/> H-1B5 Athlete |
| <input type="checkbox"/> H-1B2 Exceptional services relating to a cooperative research and development project administered by the U.S. Department of Defense | <input type="checkbox"/> H-1BS Essential support personnel for H-1B entertainer or athlete |
| <input type="checkbox"/> H-1B3 Artist, entertainer or fashion model of national or international acclaim | <input type="checkbox"/> H-2A Agricultural worker |
| | <input type="checkbox"/> H-2B Nonagricultural worker |
| | <input type="checkbox"/> H-3 Trainee |
| | <input type="checkbox"/> H-3 Special education exchange visitor program |

Section 1. Complete this section if filing for H-1A or H1B classification.

Describe the proposed duties

Alien's present occupation and summary of prior work experience

Statement for H-1B specialty occupations only:

By filing this petition, I agree to the terms of the labor condition application for the duration of the alien's authorized period of stay for H1-B employment

Petitioner's Signature

Date

Statement for H-1B specialty occupations and DOD projects:

As an authorized official of the employer, I certify that the employer will be liable for the reasonable costs of the return transportation of the alien abroad if the alien is dismissed from employment by the employer before the end of the period of the authorized stay.

Signature of authorized official of employer

Date

Statement for H1-B DOD projects only:

I certify that the alien will be working on a cooperative research and development project under a reciprocal Government-to-Government agreement administered by the Department of Defense.

DOD project manager's signature

Date

Section 2. Complete this section if filing for H-2A or H-2B classification.

- | | | | |
|----------------------------|--|--------------------------------|---|
| Employment is: (check one) | <input type="checkbox"/> Seasonal | Temporary need is: (check one) | <input type="checkbox"/> Unpredictable |
| | <input type="checkbox"/> Peakload | | <input type="checkbox"/> Periodic |
| | <input type="checkbox"/> Intermittent | | <input type="checkbox"/> Recurrent Annually |
| | <input type="checkbox"/> One-time occurrence | | |

Explain your temporary need for alien's services (attach a separate paper if additional space is needed).

Section 3. Complete this section if filing for H-2A classification.

The petitioner and each employer consent to allow government access to the site where the labor is being performed for the purpose of determining compliance with H-2A requirements. The petitioner further agrees to notify the Service in the manner and within the time frame specified if an H-2A worker absconds or if the authorized employment ends more than five days before the relating certification document expires, and pay liquidated damages of ten dollars for each instance where it cannot demonstrate compliance with this notification requirement. The petitioner also agrees to pay liquidated damages of two hundred dollars for each instance where it cannot be demonstrated that the H-2A worker either departed the United States or obtained authorized status during the period of admission or within five days of early termination, whichever comes first.

The petitioner must execute Part A. If the petitioner is the employer's agent the employer must execute Part B. If there are joint employers, they must each execute Part C.

Part A. Petitioner:

By filing this petition, I agree to the conditions of H-2A employment, and agree to the notice requirements and limited liabilities defined in 8 CFR 214.2 (h) (3) (vi).

Petitioner's signature

Date

Part B. Employer who is not petitioner:

I certify that I have authorized the party filing this petition to act as my agent in this regard. I assume full responsibility for all representations made by this agent on my behalf, and agree to the conditions of H-2A eligibility.

Employer's signature

Date

Part C. Joint Employers:

I agree to the conditions of H-2A eligibility.

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Joint employer's signature(s)

Date

Section 4. Complete this section if filing for H-3 classification.

If you answer "yes" to any of the following questions, attach a full explanation.

- | | | |
|---|-----------------------------|------------------------------|
| a. Is the training you intend to provide, or similar training available in the alien's country? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| b. Will the training benefit the alien in pursuing a career abroad? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| c. Does the training involve productive employment incidental to training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| d. Does the alien already have skills related to the training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| e. Is this training an effort to overcome a labor shortage? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| f. Do you intend to employ the alien abroad at the end of the training? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you do not intend to employ this person abroad at the end of this training, explain why you wish to incur the cost of providing this training, and your expected return from this training.
