

# YASKHI ISHAR CHOW & REDDY LLP

Counsellors At Law

315 Fifth Avenue, 10th Floor

New York, New York 10016

Phone : (212) 629-9400 Fax : (212) 629-7664

Madhu S. Yaskhi\*  
Iqbal S. Ishar<sup>0</sup>  
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<sup>0</sup> NY Bar  
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\* India Bar

Writer's Direct Contact

## EMPLOYEE (BENEFICIARY) CHECKLIST

### Converting a pending case under PERM

Are you seeking to utilize the filing date from a previously submitted application for alien employment certification (ETA 750)?    Yes    No

If "yes," enter the previous filing date: \_\_\_\_\_

Indicate the previous petitioner and case number: \_\_\_\_\_

### Beneficiary / Alien Information

1. Alien's last name: \_\_\_\_\_

First name: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_

List all family members (spouse, children) and immigration status:

\_\_\_\_\_

\_\_\_\_\_

2. Current Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

3. Phone number of current residence: \_\_\_\_\_

4. E-Mail address: \_\_\_\_\_

5. Current employer: \_\_\_\_\_

6. Employer address \_\_\_\_\_

City: \_\_\_\_\_

State/province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

7. Date employment commenced: \_\_\_\_\_

8. Name and title supervisor: \_\_\_\_\_

9. Job title and description: \_\_\_\_\_

10. Country of citizenship: \_\_\_\_\_

11. Country of birth: \_\_\_\_\_

12. Alien's date of birth: \_\_\_\_\_

13. Class of admission: \_\_\_\_\_

14. Alien registration number (A#): \_\_\_\_\_

15. Alien admission number (I-94): \_\_\_\_\_

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16. Education. Highest level achieved relevant to the required occupation: \_\_\_\_\_  
None    High School    Associate's    Bachelor's  
Master's    Doctorate    Other  
Form ETA 9089, J,11-A,: If other indicated in question 11, specify": \_\_\_\_\_
17. Specify major field(s) of study: \_\_\_\_\_
18. Date of attendance: \_\_\_\_\_
19. Date relevant education completed and degree conferred: \_\_\_\_\_
20. Institution where relevant education specified in form ETA 9089, question 11 was received: \_\_\_\_\_
21. Address 1 of conferring institution: \_\_\_\_\_  
Address 2: \_\_\_\_\_
22. City: \_\_\_\_\_  
State/province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postal code: \_\_\_\_\_

Please provide the above information for ALL degrees obtained. Please also provide a copy of the diploma and transcript.

Alien work experience:

Please list your prior work history in the United States and abroad (list by direct employer only). Please detail any/all relevant skills you acquired with your former employers. Note that you will need to obtain signed employment verification letters documenting your work experience and skills as evidence that you meet all of the minimum requirements for the job opportunity described in your labor certification.

## BENEFICIARY PROFILE

ACADEMIC CREDENTIALS (list all degrees in reverse chronological order)

Name of Academic Institution: \_\_\_\_\_

Address of Academic Institution: \_\_\_\_\_

Degree received: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Date Started (Month/Year): \_\_\_\_\_

Date Ended (Month/Year): \_\_\_\_\_

List special projects and internships (Include start end dates and description of work performed)

\_\_\_\_\_  
\_\_\_\_\_

Attach a copy the individual's diploma

Attach a copy of the individual's transcript

Attach a copy of the individual's education evaluation (If applicable)

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Name of Academic Institution: \_\_\_\_\_

Address of Academic Institution: \_\_\_\_\_

Degree received: \_\_\_\_\_

Field of Study: \_\_\_\_\_

Date Started (Month/Year): \_\_\_\_\_

Date Ended (Month/Year): \_\_\_\_\_

List special projects and internships (Include start end dates and description of work performed)

\_\_\_\_\_  
\_\_\_\_\_

Attach a copy the individual's diploma

Attach a copy of the individual's transcript

Attach a copy of the individual's education evaluation (If applicable)

## Job1

1. Employer name: \_\_\_\_\_

2. Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

3. City: \_\_\_\_\_

State/province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal code: \_\_\_\_\_

4. Type of business: \_\_\_\_\_

5. Job title: \_\_\_\_\_

6. Name of supervisor: \_\_\_\_\_

7. Telephone Number: \_\_\_\_\_

8. Start date: \_\_\_\_\_

9. End date: \_\_\_\_\_

10. Number of hours worked per week: \_\_\_\_\_

11. Job details (duties performed, use of tools/technologies, machines, equipment, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Job2

Writer's Direct Contact

1. Employer name: \_\_\_\_\_
2. Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_
3. City: \_\_\_\_\_  
State/province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postal code: \_\_\_\_\_
4. Type of business: \_\_\_\_\_
5. Job title: \_\_\_\_\_
6. Name of supervisor: \_\_\_\_\_
7. Telephone Number: \_\_\_\_\_
8. Start date: \_\_\_\_\_
9. End date: \_\_\_\_\_
10. Number of hours worked per week: \_\_\_\_\_
11. Job details (duties performed, use of tools/technologies, machines, equipment, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Job3

1. Employer name: \_\_\_\_\_
2. Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_
3. City: \_\_\_\_\_  
State/province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postal code: \_\_\_\_\_
4. Type of business: \_\_\_\_\_
5. Job title: \_\_\_\_\_
6. Name of supervisor: \_\_\_\_\_
7. Telephone Number: \_\_\_\_\_
8. Start date: \_\_\_\_\_
9. End date: \_\_\_\_\_
10. Number of hours worked per week: \_\_\_\_\_
11. Job details (duties performed, use of tools/technologies, machines, equipment, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Alien Declaration:

*I declare under penalty of perjury that above mentioned information are true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, or counsel another to do so is a federal offense punishable by a fine or imprisonment up to five years or both under 18. U.S.C. §§ 2 and 1001. Other penalties apply as well to fraud or misuse of ETA immigration documents and to perjury with respect to such documents under 18 U.S.C. §§ 1546 and 1621.*

*In addition, I further declare under penalty of perjury that I intend to accept the position offered in Section H of this application if a labor certification is approved and I am granted a visa or an adjustment of status bases on this application*

Aliens last name	First name	Full Middle name
Signature		Date signed
<b>Documents to be send along with the checklist:</b>		
<ol style="list-style-type: none"><li>1. Latest passport copy along with latest I-94</li><li>2. All the educational credentials mentioned according to the above checklist (Educational Evaluation with Degrees)</li><li>3. All experience certificates according to the above checklist.</li></ol>		