

Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

1. Job Title

2. LCA or ETA Case Number

3. Address(es) where the beneficiary(ies) will work if different from address in **Part 1**. If you need to provide more than two additional addresses, use **Part 9. Additional Information**.

Address 1

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Is this a third-party location?

☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

Address 2

Street Number and Name

Apt. Ste. Flr.

Number

City or Town

State

ZIP Code

Is this a third-party location?

☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

4. Did you include an itinerary with the petition? ☐ Yes ☐ No

5. Will the beneficiary(ies) work for you off-site at another company or organization's location? ☐ Yes ☐ No

6. Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☐ No

7. Is this a full-time position? ☐ Yes ☐ No

8. If the answer to **Item Number 7** is no, how many hours per week for the position?

►

9. Wages: \$ per (Specify hour, week, month, or year)

►

10. Other Compensation (Explain)

11. Dates of intended employment From: (mm/dd/yyyy)

To: (mm/dd/yyyy)