

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor



IMPORTANT: Please review and read the filing instructions carefully before completing the Form ETA-9089. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor>. If you are not submitting these forms electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional and must be completed if applicable as indicated by the section (\$) symbol.

In accordance with Federal Regulations at 20 CFR 656.17(a)(1), incomplete applications will be denied by the Department of Labor. If submitting this form non-electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank, and, at the end of each page, you will be asked to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A."

A. Employer Information

1. Legal Business Name *		
Iconsoft, Inc.		
2. Trade Name/Doing Business As (DBA), if applicable §		
N/A		
3. Address 1 *		
101 Cambridge Street		
4. Address 2 (apartment/suite/floor and number) §		
Suite 360		
5. City *	6. State *	7. Postal Code *
Burlington	MASSACHUSETTS	01803
8. Country *	9. Province §	
UNITED STATES OF AMERICA	N/A	
10. Telephone Number *	11. Extension §	
+1 (888) 205-4614	3	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
04-3413065	541511	
14. Number of current employees on payroll in the area of intended employment * 4	15. Year Commenced Business * (if household, year issued FEIN) 1998	
16. Is the employer a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
17. Is there a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

B. Employer Point of Contact Information

The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section C, except when the attorney is an employee of the employer.

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Sehgal	Manju	N/A
4. Contact's Job Title *		
HR Manager		
5. Address 1 *		
101 Cambridge Street		
6. Address 2 (apartment/suite/floor and number) §		
Suite 360		
7. City *	8. State *	9. Postal Code *
Burlington	MASSACHUSETTS	01803
10. Country *	11. Province §	
UNITED STATES OF AMERICA	N/A	
12. Telephone Number *	13. Extension §	14. Business Email Address *
+1 (888) 205-4614	3	hr@iconsoft.net



C. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application.* <i>(complete the remainder of this section if "Attorney" or "Agent" is marked)</i>		<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None	
2. Attorney or Agent's Last (family) Name § Ramineni		3. First (given) Name § Srinivas	4. Middle Name(s) § N/A
5. Address 1 § 100 High Street			
6. Address 2 (apartment/suite/floor and number) § 3rd Floor			
7. City § Boston		8. State § MASSACHUSETTS	9. Postal Code § 02110
10. Country § UNITED STATES OF AMERICA		11. Province § N/A	
12. Telephone Number § +1 (617) 574-0400	13. Extension § N/A	14. Law Firm/Business Email Address § RSKochi@fragomen.com	
15. Law Firm/Business Name § Fragomen, Del Rey, Bernsen & Loewy, LLP		16. Law Firm/Business FEIN § 13-2726464	

If "Attorney" is marked in question C.1 or an Attorney is acting as an "Agent", complete questions 17 to 19 below.

17. State Bar Number(s) § 656329	18. State of highest court where attorney is in good standing § MASSACHUSETTS
19. Name of the highest state court where attorney is in good standing § MA Supreme Judicial Court	

D. Foreign Worker Information

1. A completed Appendix A identifying the foreign worker being sponsored for permanent employment by the employer named in Section A of this application is attached.*	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the employer contracted with an agent or attorney that also represents the foreign worker covered by this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

E. Job Opportunity and Wage Information

1. Enter the valid Prevailing Wage Determination (PWD) case number issued by the Department of Labor to identify the job opportunity and prevailing wage(s) covered by this application.*		P-100-22200-361521
2. If a valid PWD has <u>not</u> been obtained due to the employer being required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21, indicate whether a completed Form ETA-9141 is attached to this application. *		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Offered Wage * From: \$ 151000 . 00 * To: \$.	4. Per (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	
5. Additional conditions about the offered wage. (Enter up to 500 characters) § N/A		



F. Area of Intended Employment Information

a. Worksite Information

1. Type of worksite location that best describes where work will be performed (Choose only one): *
- a. Business premises
 - b. Employer's private household (includes live-in and domestic household worker)
 - c. Employee's private residence (when work is performed directly out of the residence)
 - d. No one specific worksite address or physical location

If submitting this form non-electronically and marked "No one specific worksite address or physical location," enter "N/A" or "0" (zero), as appropriate, in questions 2-7 below, mark questions 8 and 8a, and continue to Section F.b.

2. Worksite Address *

101 Cambridge Street

3. Worksite Address § (apartment/suite/floor and number)

Suite 360

4. City *

Burlington

5. County *

BURLINGTON

6. State/District/Territory *

MASSACHUSETTS

7. Postal Code *

01803

8. MSA/OES Area Code *

71650

- 8a. MSA Name/OES Area Title *

Boston-Cambridge-Nashua, MA-NH

b. Additional Worksites

1. Will work be performed in geographic areas other than the one identified in Section F.a above? *

Yes No

2. If "Yes" is marked in question F.b.1, indicate whether a completed **Appendix B** is attached to this application. §

Yes No N/A

c. Other Definable Geographic Area(s)

Complete this question only where the specific MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area. If submitting this form non-electronically, and not applicable, enter "N/A." If the job opportunity requires roving, travel or possible relocation, enter the phrase "Various Worksites," otherwise, enter "N/A".

1. Identify the geographic area(s) where work will be performed. For example, this can include a listing of cities or townships/states, counties/states, or states located within a geographic region (up to 1,500 characters). §

Travel/relocate to various unanticipated locations throughout the U.S. for long and short term assignments at client sites.



G. Additional Job Opportunity Information and Other Requirements

1. Is this a permanent position offering full-time employment of generally 35 hours or more? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer seeking permanent labor certification for a live-in household domestic service worker? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2a. If "Yes" is marked in Question G.2, indicate whether the foreign worker possesses one year of paid experience as a live-in household domestic service worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2b. If "Yes" is marked in Question G.2, indicate whether the employer and foreign worker have executed the required employment contract? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2c. If "Yes" is marked in Question G.2b, indicate whether the employer provided a copy of the employment contract to the foreign worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Will the employer accept a foreign diploma/degree equivalent to the employer's required U.S. diploma/degree identified in Section F of the PWD identified in Question E.1? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Is the foreign worker currently working for the employer submitting this application? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4a. If "Yes" in Question G.4, indicate whether the foreign worker only qualifies for the job opportunity by virtue of the employer's alternative requirements identified in Section F of the PWD identified in Question E.1. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
4b. If "Yes" in Questions G.4 and G.4a, please select the applicable statement describing the employer's willingness to accept any suitable combination of education, experience, or training. §	<input checked="" type="checkbox"/> I ACCEPT <input checked="" type="checkbox"/> I <u>DO NOT</u> ACCEPT
5. Is the employer relying solely on the experience the foreign worker gained while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a. If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position <u>substantially comparable</u> to the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5b. If "Yes" in Question G.5, did the employer pay for any of the foreign worker's education or training necessary to satisfy any of the employer's requirements for the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

If "Yes" is marked in any of the questions below, complete one (1) section of the Form ETA-9089, Appendix C to provide a brief explanation justifying the response.

6. Does the job opportunity require the worker to live on the employer's premises? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Does the job opportunity identified in Section F of the PWD identified in Question E.1 involve a combination of occupations? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Is proficiency in a foreign language required or preferred to perform the job duties identified in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Do the job requirements identified in Section F of the PWD identified in Question E.1 exceed the Specific Vocational Preparation (SVP) level assigned to the occupation as shown in the O*NET Job Zones? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
10. Did the employer use a credentialing service to qualify the foreign worker's education and/or experience requirements in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
11. Has the employer received payment of any kind for the submission of this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Has the employer had a layoff in the occupation involved in this application or in a related occupation within the 6 months immediately preceding the filing of this application in the area of intended employment? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No



H. Recruitment Information

a. Supervised Recruitment

1. Is the employer required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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b. Occupation Type - All must complete this section.

Mark ONE appropriate box below: *

<input checked="" type="checkbox"/>	1a. This application is for a professional occupation (which includes a college or university teacher <u>not</u> selected using the competitive recruitment process) and the recruiting was conducted in accordance with 20 CFR 656.17(e)(1).
<input type="checkbox"/>	1b. This application is for a non-professional occupation and the recruiting was conducted in accordance with 20 CFR 656.17(e)(2).
<input type="checkbox"/>	1c. This application is for a college or university teacher and the candidate was selected using the competitive recruitment process in accordance with 20 CFR 656.18. (<i>Skip c. and d. of Section H. and go to Appendix D</i>)
<input type="checkbox"/>	1d. None of the above apply because this application is for a Schedule A or sheepherder occupation .
<input type="checkbox"/>	1e. None of the above apply because this application is for a professional athlete .

c. Professional/Non-Professional Recruitment Information

Complete this section if 1a or 1b is marked in Question H.b above.		
1a. Start date of SWA job order §	3/9/2023	1b. End date of SWA job order § 4/13/2023
2. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? §		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2a. Name of newspaper of general circulation in which an advertisement was placed. § The Boston Globe		2b. Advertisement date § 4/2/2023
3. Which of the following did the employer use to place the other advertisement for the job opportunity? (Choose only one) § <input type="checkbox"/> Newspaper of general circulation <input type="checkbox"/> Professional journal <input type="checkbox"/> N/A		
3a. Name of newspaper or professional journal in which an advertisement was placed. § The Boston Globe		3b. Advertisement Date § 4/9/2023

d. Additional Recruitment Requirements for Professional Occupations

Complete this section if 1a is marked in Question H.b above. A minimum of three (3) recruitment events listed below must be completed.					
<input type="checkbox"/>	Job fair §	1a. From:	N/A	1b. To:	N/A
<input checked="" type="checkbox"/>	Employer website §	2a. From:	3/9/2023	2b. To:	4/10/2023
<input checked="" type="checkbox"/>	Job search website §	3a. From:	3/30/2023	3b. To:	4/13/2023
<input type="checkbox"/>	On-campus recruiting §	4a. From:	N/A	4b. To:	N/A
<input type="checkbox"/>	Trade or professional organization §	5a. From:	N/A	5b. To:	N/A
<input type="checkbox"/>	Private employment firm §	6a. From:	N/A	6b. To:	N/A
<input checked="" type="checkbox"/>	Employee referral program §	7a. From:	3/9/2023	7b. To:	4/10/2023
<input type="checkbox"/>	Campus placement office §	8a. From:	N/A	8b. To:	N/A
<input type="checkbox"/>	Local or ethnic newspaper §	9a. From:	N/A	9b. To:	N/A

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor



<input type="checkbox"/>	Radio and/or TV advertisement §	10a. From:	N/A	10b. To:	N/A
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e. **Notice of Posting - All must complete this section.**

Mark **ALL** that apply in the appropriate box(es) below:

<input type="checkbox"/>	1a. Bargaining Representative Notice of this filing has been provided to the bargaining representative for workers in the occupation in which the foreign worker will be employed at least 30 days before, but not more than 180 days before, the date the application was filed.
<input checked="" type="checkbox"/>	1b. No Bargaining Representative – Physical Notice Notice of this filing has been physically posted to employees for consecutive business days in a conspicuous location at the places of employment at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1c. No Bargaining Representative – Electronic Notice Notice of this filing has been disseminated electronically at least one (1) time, which is the employer's normal practice of informing current employees of job vacancies at least 30 days before, but not more than 180 days before, the date this application was filed.
<input checked="" type="checkbox"/>	1d. No Bargaining Representative – In-House Media Notice of this filing has been disseminated using all in-house media, which is the employer's normal practice of informing current employees of job vacancies at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1e. No Bargaining Representative – Private Household Notice of this filing has been posted physically and/or disseminated electronically, in accordance with the employer's normal practice of informing current employees in the private household at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1f. The employer <u>DID NOT</u> post the notice of filing.

I. **Employer Labor Condition Statements - All must complete this section. Applications for Professional Athletes must attest to only condition statements 1 - 7.**

- (1) The offered wage equals or exceeds the prevailing wage determined pursuant to 20 CFR 656.40 and 656.41, and the wage the employer will pay to the foreign worker to begin work will equal or exceed the prevailing wage that is applicable at the time the foreign worker begins work or from the time the foreign worker is admitted to take up the certified employment.
- (2) The wage offered is not based on commissions, bonuses, or other incentives, unless the employer guarantees a prevailing wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
- (3) The employer has enough funds available to pay the wage or salary offered the foreign worker.
- (4) The employer will be able to place the foreign worker on the payroll on or before the date of the foreign worker's proposed entrance into the United States.
- (5) The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
- (6) The employer's job opportunity is not:
 - (i) Vacant because the former occupant is on strike or locked out in the course of a labor dispute involving a work stoppage; or
 - (ii) At issue in a labor dispute involving a work stoppage.
- (7) The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
- (8) The job opportunity has been and is clearly open to any U.S. worker.
- (9) The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
- (10) The job opportunity is for full-time, permanent employment for an employer other than the foreign worker.

1. I certify under penalty of perjury my knowledge of and compliance with the applicable Labor Condition Statements above covering the conditions of employment for the job opportunity and foreign worker covered by this application. 20 CFR 656.10(c). *

Yes No

Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor



J. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section B (employer point of contact) or Section C (attorney or agent) of this application.

1. Last (family) Name § N/A	2. First (given) Name § N/A	3. Middle Name(s) § N/A
4. Law Firm/Business FEIN § N/A	5. Law Firm/Business Name § N/A	
6. Law Firm/Business Email Address § N/A		

For Public Burden Statement, see the Instructions for Form ETA-9089.



FOREIGN WORKER INFORMATION

A. Foreign Worker Contact Information

1. Foreign Worker's Last (family) Name *		
THURAGA		
2. Foreign Worker's First (given) Name *		
PURNADIVYA		
3. Foreign Worker's Middle Name(s) *		
N/A		
4. Address 1 (<i>current</i>) *		
17300 NW 68th Avenue		
5. Address 2 (<i>apartment/suite/floor and number</i>) §		
Apartment 117		
6. City *	7. State *	8. Postal Code *
Hialeah	FLORIDA	33015
9. Country *	10. Province §	
UNITED STATES OF AMERICA		
11. Date of Birth (<i>mm/dd/yyyy</i>) *	12. Class of Admission *	13. Alien Registration Number (A#) (if applicable) *
8/27/1987	H-1B	0
14. Country of Birth *		
INDIA		
15. Country of Citizenship or Nationality *		
INDIA		

B. Foreign Worker Education §

a. Educational Attainment Information 1

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
Computer Science Engineering	
1c. Name of Institution that issued the degree/diploma	
Jawaharlal Nehru Technological University	
1d. Name of Country of institution identified in question 1c	1e. Month/year attained (<i>mm/yyyy</i>)
INDIA	05/2008

b. Educational Attainment Information 2

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (<i>mm/yyyy</i>)



B. Foreign Worker Education (continued)

c. Educational Attainment Information 3

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

d. Educational Attainment Information 4

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

e. Educational Attainment Information 5

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

C. Foreign Worker Training Qualifications §

a. Training, Certification(s), and/or License(s) Information 1

1. Name of Institution/School/Training provider N/A	
1a. Name of training, coursework, experience received N/A	



1b. Training/Certifications/licenses attained (if applicable) N/A

1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)
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b. Training, Certification(s), and/or License(s) Information 2

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/Certifications/Licenses attained (if applicable)		
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)

c. Training, Certification(s), and/or License(s) Information 3

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/certifications/licenses attained (if applicable)		
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)

D. Foreign Worker Skills, Abilities and Proficiencies §

a. Skills, Abilities, and Proficiencies 1

1. Name of Employer/Institution/School/Training Provider N/A	
1a. Country N/A	1b. State, Territory, or Province N/A
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity (<i>up to 1,500 characters</i>) N/A	



b. Skills, Abilities, and Proficiencies 2

1. Name of Employer/Institution/School/Training Provider	
1a. Country	1b. State, Territory, or Province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity (<i>up to 1,500 characters</i>)	

E. Foreign Worker Work Experience §

a. Work Experience 1

1. Employer Name Iconsoft, Inc.			
1a. Address 1 101 Cambridge Street			
1b. Address 2 Suite 360			
1c. City or Town Burlington	1d. Postal Code 01803		
1e. Country UNITED STATES OF AMERICA	1f. State, Territory, or Province MASSACHUSETTS		
1g. Job Title Technical Lead			
1h. Start Date (mm/yyyy) 07/2022	1i. End Date (mm/yyyy) 06/2023	1j. Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	1k. Hours Worked Per Week 40



11. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters)

Working as a lead in Intelligent Order Routing application. Requirement analysis for new Development and Enhancements. Participated in functional specification review, technical specification and estimates for the Development activities. Participated in Code self-review, peer review and unit testing. Involved in developing the rules and workflows in Redhat BRMS tool. Accountable for application deployments in all environments Dev, UAT and PROD.

Software and Tools Used: Java/J2EE, Jenkins, PCF, My Sql database, Redhat BRMS tool and Jdk17.

For Public Burden Statement, see the Instructions for Form ETA-9089.

Application for Permanent Employment Certification
Form ETA-9089 – Appendix A
Foreign Worker Information
U.S. Department of Labor



E. Foreign Worker Work Experience

b. Work Experience 2

1. Employer Name Wipro Ltd			
1a. Address 1 2 Tower Center Boulevard			
1b. Address 2 Suite 2200			
1c. City or Town East Brunswick		1d. Postal Code 08816	
1e. Country UNITED STATES OF AMERICA		1f. State, Territory, or Province NEW JERSEY	
1g. Job Title Technical Lead			
1h. Start Date (mm/yyyy) 10/2017	1i. End Date (mm/yyyy) 07/2022	1j. Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1k. Hours Worked Per Week 40
1l. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters) Performed Requirement analysis for new Development and Enhancements. Participated in functional specification review, technical specification and estimates for the Development activities. Played a major role to migrate application from Flex technology to Spring boot framework application with React JS. Participated in Code self-review, peer review and unit testing. Held Accountable for cloud deployments in all environments Dev, UAT and PROD. Held Accountable for end-to-end application support. Provided automation ideas and implementation using latest tools and technologies. Mentored the new team members.			

Application for Permanent Employment Certification
Form ETA-9089 – Appendix A
Foreign Worker Information
U.S. Department of Labor



E. Foreign Worker Work Experience

c. Work Experience 3

1. Employer Name Wipro Limited			
1a. Address 1 No 72, KEONICS			
1b. Address 2 Hosur Road			
1c. City or Town Bengaluru		1d. Postal Code 560100	
1e. Country INDIA		1f. State, Territory, or Province Karnataka	
1g. Job Title Technical Lead			
1h. Start Date (mm/yyyy) 04/2015	1i. End Date (mm/yyyy) 10/2017	1j. Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1k. Hours Worked Per Week 40
1l. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters) Contributed consistently in POC for source code migration from Clear case to GIT using scripts for automation. Worked closely with app teams for debugging build and distribution issues. Proposed customized technical solutions to business to meet their targets as part of the demand management activity. Offered on demand training for all the application teams on the new toolset.			

Application for Permanent Employment Certification
Form ETA-9089 – Appendix A
Foreign Worker Information
U.S. Department of Labor



E. Foreign Worker Work Experience

d. Work Experience 4

1. Employer Name HCL Technologies Limited			
1a. Address 1 B-39, Sector 1			
1b. Address 2 NOIDA 201 301			
1c. City or Town Greater Noida		1d. Postal Code 110019	
1e. Country INDIA		1f. State, Territory, or Province Uttar Pradesh	
1g. Job Title Software Engineer			
1h. Start Date (mm/yyyy) 02/2013	1i. End Date (mm/yyyy) 04/2015	1j. Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1k. Hours Worked Per Week 40
1l. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters) Worked on a DATA AND SCHEMA VALIDATION TOOL, that helps QA and the developer to validate with respect to schema and data of the CCM. Developed the Data validator to check story facet values with CAP/Shortcuts tool API. Developed the schema validator for several facets in Article and game objects. Involved in developing webpages using JavaScript and YUI3 and Tested webpages using Arrow framework. Involved in Agile administration, workflows and its criteria configurations. Developed process extensions using Agile SDK and performed Unit testing and functional testing. Held Development of the process extensions and configured in Java client.			

Application for Permanent Employment Certification
Form ETA-9089 – Appendix A
Foreign Worker Information
U.S. Department of Labor



E. Foreign Worker Work Experience

e. Work Experience 5

1. Employer Name Syntel Limited			
1a. Address 1 SEZ Unit, Plot No: H7 & H8			
1b. Address 2 SIPCOT IT PARK, Siruseri			
1c. City or Town Chennai		1d. Postal Code 603103	
1e. Country INDIA		1f. State, Territory, or Province Tamil Nadu	
1g. Job Title Software Engineer			
1h. Start Date (mm/yyyy) 03/2010	1i. End Date (mm/yyyy) 01/2013	1j. Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1k. Hours Worked Per Week 40
1l. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters) Involved in developing Brokers and participant modules and implementation. Involved in Analysis, design and coding on J2EE environment. Worked on servlets, JSP, Struts, EJB, JDBC under MVC architecture. Have been involved in Unit Testing on J2EE environment. Gained Knowledge of business impact of technology deployments, including items such as business requirements, implementation and planning. Developed struts action, forms and Java helper classes for interacting with the EJB's and DAO's using J2EE patterns like session business delegate and service locator. Implemented J2EE design patterns like MVC, Service Locator and DAO. Coding the business logic in service beans.			
Software and Tools Used: Completed the Oracle Certified Java Program.			



SUPPLEMENTAL INFORMATION

A. Supplemental Information 1 §

1. Section and Item Number	G.9	1a. Section Name or Category of Supplemental Information	Do the job requirements identified in Section F of the PWD identified in Question E.1 exceed the Specific Vocational Preparation (SVP) level assigned to the occupation as shown in the O*NET Job Zones?
1b. Supplemental Information. (up to 1,500 characters)			
The DOL's PWD classified the offered position under Software Developers (15-1252), which are assigned to Job Zone 4: SVP Level 7 and limited to a total of 2 to 4 years of education, training and/or experience.			
The offered position, Senior Software Engineer, is more complex than the generic Software Developer position described in the ONET and requires extensive knowledge and skills exceeding four years of total preparation to effectively perform the duties of the position.			
Based on our experience and knowledge of our industry, the complex nature of the offered position and the level of responsibility assigned to this position require that the occupant of the position possess the education, experience and skills identified in Section F of the PWD as it is not feasible to train a new hire to perform the duties of this position without impacting our operations.			
The requirements for the offered position arise not only from the technical duties of the position, but from business and operational necessity, and are indicative of a position more advanced than the generic occupation described in the ONET. Therefore, the job requirements bear a reasonable relationship to the position offered in the context of our business and are essential to perform the job in a reasonable manner.			

B. Supplemental Information 2 §

1. Section and Item Number		1a. Section Name or Category of Supplemental Information	
1b. Supplemental Information. (up to 1,500 characters)			

For Public Burden Statement, see the Instructions for Form ETA-9089.