OMB Control No. 1205-0015 Expires: 10/31/2023

15. WORK EXPERIENCE List all jobs held during the last three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in Item 9.							
a. NAME AND ADDRESS OF EMPLOYER Union del Oeste de Costa Rica S.R.L. (Western Union), Parque Empresarial Forum 2, Santa Ana, 10903, Costa Rica.							
NAME OF JOB	DATE STARTED Month	Year	DATE LEFT Month	Year	KIND OF BUSINESS		
Staff Software Engineer	July	2020	Present	Present	Finance		
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE US	E OF TOOLS, MACHIN	IES OR EQUIPME	NT		NO. HOURS PER WEEK		
Charged with building and automating high-quality dat maintains ML Ops best practices and deploy and mair converting data/ML pipelines into scalable pipelines be metrics, and model monitoring dashboards.	ntain production a	nalytics and o	data science modelin	g workflows. The i	responsibilities of this role include,		
b. NAME AND ADDRESS OF EMPLOYER KN Shared Service Center S.A. (Kuehne + Nagel), Zo	na Franca Metro	politana, Auro	ora, 40104, Heredia, (Costa Rica.			
NAME OF JOB	DATE STARTED		DATE LEFT		KIND OF BUSINESS		
DevOps Engineer	Month May	Year 2019	Month July	Year 2020	Logistics		
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE US	E OF TOOLS, MACHIN	NES OR EQUIPME	NT		NO. HOURS PER WEEK		
Supported the global automation RPA development teams from SSC Costa Rica, SSC Belgrade, United States, Canada and SSC Greece and SSC Philippines, as a Infrastructure administrator performing task as, Install and evaluate software and applications to be used in-house, as part of various automation processes, in order to minimize day to day operation effort. Data analytics through Kibana and Grafana, to monitor robots' performance and mitigate possible affectations Develop and maintain automation processes.							
c. NAME AND ADDRESS OF EMPLOYER Universidad Nacional de Costa Rica, First Ave, 9th St Heredia, Heredia, 40101, Costa Rica.							
NAME OF JOB	DATE STARTED Month	Year	DATE LEFT Month	Year	KIND OF BUSINESS		
Executive Professional Technological Development	January	2014	May	2019	Public University-Education		
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE US	SE OF TOOLS, MACHIN	NES OR EQUIPME	NT		NO. HOURS PER WEEK 40		
I performed as a Senior Web Developer, Product Owner / Scrum Master role, involving a framework created by the Universidad Nacional de Costa Rica UNA, which requires research and development, and is programmed in Java using frameworks like Spring, Hibernate, JSF, JPA, and Oracle as database provider.							
		16. DECLARAT	TIONS				
DECLARATION OF ALIEN Pursuant to 28 U.S.C. 1746	3, I dedare under penalty	y of perjury the fore	going is true and correct.				
SIGNATURE OF ALIEN E.mail address of Alien. Ojimenez01@gmail.com					08/12/2024 -		
E-mail address of Alien: Office Interest Tegrinal Control AUTHORIZATION OF AGENT OF ALIEN AGENT OF ALIEN Thereby designate the agent below to represent me for the purposes of labor certification and I take full responsibility for accuracy of any representations made by my agent.							
SIGNATURE OF ALIEN					08/12/2024		
NAME OF AGENT (Type or print) David Santiago			ADDRESS OF AGENT 63 Putnam St. STE 2 12866	(No., Street, City, 202 Saratoga Spri	State, ZIP code) ings NY United States of America		
E-mail address of Araptu							
dsantiago@colombohurd.com							

OMB No.: 1205-0015 OMB Expiration Date: 10/31/2023. OMB Burden Hours averages 1.8 hours. OMB Burden Statement: These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory. (Title 8 U.S.C. §§ 1882, 1884, and 1188) Public reporting burden for this collection of information, which is to assist with planning and program management, includes the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room 12-200, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0015.)

Part 8. Contact Information, Certification, and Signature of the Petitioner or Authorized Signatory

Petitioner or Authorized Signatory's Contact Information

1.a. Petitioner's or Authorized Signatory's Family Name (Last Name)

Jimenez Montero

1.b. Petitioner's or Authorized Signatory's Given Name (First Name)

Oscar

2. Petitioner's or Authorized Signatory's Title

N/A

3. Petitioner's or Authorized Signatory's Daytime Telephone Number

(+506) 8860-2976

4. Petitioner's or Authorized Signatory's Mobile Telephone Number (if any)

N/A

5. Petitioner's or Authorized Signatory's Email Address (if any)

ojimenez01@gmail.com

Petitioner's or Authorized Signatory's Certification and Signature

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization:

- a. I reviewed and provided or authorized all of the responses and information in my petition;
- **b.** I understood all of the responses and information contained in, and submitted with, my petition; and
- c. All of the responses and information were complete, true, and correct at the time of filing

Furthermore, I authorize the release of any information from any and all of my records as authorized signatory and the petitioner's records that USCIS may need to determine the petitioner's eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

6.a. Petitioner's or Authorized Signatory's Signature

6.b. Date of Signature (mm/dd/yyyy)

08/12/2024

Part 9. Interpreter's Contact Information, Certification, and Signature

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name

N/A

Interpreter's Contact Information

3. Interpreter's Daytime Telephone Number

N/A

4. Interpreter's Mobile Telephone Number (if any)

N/A

5. Interpreter's Email Address (if any)

N/A

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English

and N/A

and I have interpreted every question on the petition and Instructions and interpreted the petitioner's or authorized signatory's answers to the questions in that language, and the petitioner or authorized signatory informed me that they understood every instruction, question, and answer on the petition.

6.a. Interpreter's Signature

6.b. Date of Signature (mm/dd/yyyy)

N/A

Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a.

 I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
- 2.b. Date of Signature (mm/dd/yyyy)

08/12/2024

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a.	Signature of Attorney of Accredited Representative					
1.b.	Date of Signature (mm/dd/yyyy)					
2.a.	Signature of Law Student or Law Graduate					
2.b.	Date of Signature (mm/dd/yyyy)	N/A				

11)			
Names and Addresses of Schools, Colleges Field of Study and Universities Attended	FROM Month Year	TO Month Year	Degrees or Certificates Received
Universidad Panamericana, Central Ave, 17th St, Plaza de la Computer Systems Democracia, San José, 10105, Costa Rica	May 2010	November 2013	Bachelor's Degree in Computer Systems
Universidad Castro Carazo, First Ave, 5th and 6th St, San José, 10101, Costa Rica.	May 2017	October 2018	Bachelor's Degree in Education Sciences with emphasis on Teaching for the Teaching of Computer Systems
Signature Oscar Jimenez Montero		<u>08/12/2029</u> Date	4