



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)

▶

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

Address of Attorney or Accredited Representative

3.a. Street Number and Name

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

3.c. City or Town

3.d. State 3.e. ZIP Code

3.f. Province

3.g. Postal Code

3.h. Country

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number

5. Mobile Telephone Number (if any)

6. Email Address (if any)

7. Fax Number (if any)

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. ☐ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority

1.b. Bar Number (if applicable)

1.c. I (select **only one** box) ☐ am not ☐ am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)

2.a. ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization

2.c. Date of Accreditation (mm/dd/yyyy)

3. ☐ I am associated with , the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. ☐ U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
4. Receipt Number (if any)
▶
5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
☐ Applicant ☐ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
8. Client's USCIS Online Account Number (if any)
▶
9. Client's Alien Registration Number (A-Number) (if any)
▶ A-

Client's Contact Information

10. Daytime Telephone Number
11. Mobile Telephone Number (if any)
12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



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)

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 or 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)



Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name (Last Name)

1.b Given Name (First Name)

1.c Middle Name

2.a Page Number 2.b Part Number 2.c Item Number

2.d. _____

3.a Page Number 3.b Part Number 3.c Item Number

3.d. _____

4.a Page Number 4.b Part Number 4.c Item Number

4.d. _____

5.a Page Number 5.b Part Number 5.c Item Number

5.d. _____

6.a Page Number 6.b Part Number 6.c Item Number

6.d. _____





Immigrant Petition for Alien Workers

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-140
OMB No. 1615-0015
Expires 06/30/2022

For USCIS Use Only	Fee Stamp	Priority Date	Consulate	Action Block
	Classification <input type="checkbox"/> 203(b)(1)(A) Alien of Extraordinary Ability <input type="checkbox"/> 203(b)(1)(B) Outstanding Professor or Researcher <input type="checkbox"/> 203(b)(1)(C) Multinational Executive or Manager <input type="checkbox"/> 203(b)(2) Member of Professions with Advanced Degree/Exceptional Ability <input type="checkbox"/> 203(b)(3)(A)(i) Skilled Worker <input type="checkbox"/> 203(b)(3)(A)(ii) Professional <input type="checkbox"/> 203(b)(3)(A)(iii) Other Worker	Certification <input type="checkbox"/> National Interest Waiver (NIW) <input type="checkbox"/> Schedule A, Group I <input type="checkbox"/> Schedule A, Group II		
	Remarks			

To be completed by an Attorney or Accredited Representative (if any).	<input type="checkbox"/> Select this box if Form G-28 or Form G-28I is attached.	Attorney State Bar Number (if applicable) <input type="text"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text"/>
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► **START HERE - Type or print in black ink.**

Part 1. Information About the Person or Organization Filing This Petition

If an individual is filing this petition, answer **Item Numbers 1.a. - 1.c.** If a company or organization is filing this petition, answer **Item Number 2.**

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Company or Organization Name

Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name

3.c. ☐ Apt. ☐ Ste. ☐ Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country

Other Information

4. IRS Employer Identification Number (EIN)

5. U.S. Social Security Number (SSN) (if any)

6. USCIS Online Account Number (if any)

Part 2. Petition Type

This petition is being filed for (select **only one** box):

- 1.a. ☐ An alien of extraordinary ability.
- 1.b. ☐ An outstanding professor or researcher.
- 1.c. ☐ A multinational executive or manager.
- 1.d. ☐ A member of the professions holding an advanced degree or an alien of exceptional ability (who is **NOT** seeking a National Interest Waiver (NIW)).
- 1.e. ☐ A professional (at a minimum, possessing a bachelor's degree or a foreign degree equivalent to a U.S. bachelor's degree).
- 1.f. ☐ A skilled worker (requiring at least two years of specialized training or experience).
- 1.g. ☐ Any other worker (requiring less than two years of training or experience).
- 1.h. ☐ An alien applying for an NIW (who **IS** a member of the professions holding an advanced degree or an alien of exceptional ability).



Part 2. Petition Type (continued)

This petition is being filed (select **only one** box):

- 2.a. ☐ To amend a previously filed petition.

Previous Petition Receipt Number

▶

- 2.b. ☐ For the Schedule A, Group I or II designation.

Part 3. Information About the Person for Whom You Are Filing

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

Mailing Address

2.a. In Care Of Name

2.b. Street Number and Name

2.c. ☐ Apt. ☐ Ste. ☐ Flr.

2.d. City or Town

2.e. State 2.f. ZIP Code

2.g. Province

2.h. Postal Code

2.i. Country

Other Information

3. Date of Birth (mm/dd/yyyy)

4. City/Town/Village of Birth

5. State or Province of Birth

6. Country of Birth

7. Country of Citizenship or Nationality

8. Alien Registration Number (A-Number) (if any) ▶ A-

9. U.S. SSN (if any) ▶

Information About His or Her Last Arrival in the United States

If the person for whom you are filing is in the United States, provide the following information.

10. Date of Last Arrival (mm/dd/yyyy)

11.a. Form I-94 Arrival-Departure Record Number ▶

11.b. Expiration Date of Authorized Stay Shown on Form I-94 (mm/dd/yyyy)

11.c. Status on Form I-94 (for example, class of admission, or paroled, if paroled)

12. Passport Number

13. Travel Document Number

14. Country of Issuance for Passport or Travel Document

15. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Part 4. Processing Information

Provide the following information for the person named in **Part 3.** (select **only one** box):

- 1.a. ☐ Alien will apply for a visa abroad at a U.S. Embassy or U.S. Consulate at:

1.b. City or Town

1.c. Country

- 2.a. ☐ Alien is in the United States and will apply for adjustment of status to that of lawful permanent resident.



Part 4. Processing Information (continued)

- 2.b. Alien's current country of residence or, if now in the United States, last country of permanent residence abroad.

If you provided a United States address in **Part 3.**, provide the person's foreign address in **Item Numbers 3.a. - 3.f.**:

- 3.a. Street Number and Name

- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.

- 3.c. City or Town

- 3.d. Province

- 3.e. Postal Code

- 3.f. Country

If the person's native alphabet is other than Roman letters, type or print the person's foreign name and address in the native alphabet in **Item Numbers 4.a. - 4.c.**:

- 4.a. Family Name (Last Name)

- 4.b. Given Name (First Name)

- 4.c. Middle Name

Mailing Address

- 5.a. In Care Of Name

- 5.b. Street Number and Name

- 5.c. ☐ Apt. ☐ Ste. ☐ Flr.

- 5.d. City or Town

- 5.e. Province

- 5.f. Postal Code

- 5.g. Country

If you answer "Yes" to **Item Numbers 6.a. - 10.**, provide the case number, office location, date of decision, and disposition of the decision in the space provided in **Part 11. Additional Information.**

- 6.a. Are you filing any other petitions or applications with this Form I-140? ☐ Yes ☐ No

- 6.b. If you answered "Yes" to **Item Number 6.a.**, select all applicable boxes:

- ☐ Form I-485
☐ Form I-131
☐ Form I-765
☐ Other (Provide an explanation in **Part 11. Additional Information.**)

7. Is the person for whom you are filing in removal proceedings? ☐ Yes ☐ No

8. Has any immigrant visa petition ever been filed by or on behalf of this person? ☐ Yes ☐ No

9. Are you filing this petition without an original labor certification because the original labor certification was previously submitted in support of another Form I-140? ☐ Yes ☐ No

10. If you are filing this petition without an original labor certification, are you requesting that U.S. Citizenship and Immigration Services (USCIS) request a duplicate labor certification from the Department of Labor (DOL)? ☐ Yes ☐ No

Part 5. Additional Information About the Petitioner

Type of petitioner (select **only one** box):

- 1.a. ☐ Employer
1.b. ☐ Self
1.c. ☐ Other (For example, Lawful Permanent Resident, U.S. citizen or any other person filing on behalf of the alien)

If a company or an organization is filing this petition, provide the following information:

2. Type of Business
3. Date Established (mm/dd/yyyy)
4. Current Number of U.S. Employees
5. Gross Annual Income \$
6. Net Annual Income \$
7. NAICS Code
8. Labor Certification DOL Case Number



Part 5. Additional Information About the Petitioner (continued)

9. Labor Certification DOL Filing Date (mm/dd/yyyy)

10. Labor Certification Expiration Date (mm/dd/yyyy)

If an individual is filing this petition, provide the following information.

11. Occupation

12. Annual Income \$

Part 6. Basic Information About the Proposed Employment

1. Job Title

2. SOC Code

 -

3. Nontechnical Job Description

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

5. If the answer to **Item Number 4.** is "No," how many hours per week for the position?

6. Is this a permanent position? ☐ Yes ☐ No

7. Is this a new position? ☐ Yes ☐ No

8. Wages (Specify hour, week, month, or year):

\$ per

Worksite Location

For **Item Numbers 9.a. - 9.e.**, provide the address where the person will work if different from the address provided in **Part 1.**

9.a. Street Number and Name

9.b. ☐ Apt. ☐ Ste. ☐ Flr.

9.c. City or Town

9.d. State

9.e. ZIP Code

Part 7. Information About the Spouse and All Children of the Person for Whom You Are Filing

For **Part 7.**, provide information on the spouse and all children related to the individual for whom you are filing this petition. Also, note if the individual will apply for a visa abroad or adjustment of status as the dependent of the individual for whom the petition is filed. If you need extra space to provide information about additional family members, use the space provided in **Part 11. Additional Information.**

Person 1

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. Date of Birth (mm/dd/yyyy)

3. Country of Birth

4. Relationship

5. Is he or she applying for adjustment of status?

☐ Yes ☐ No

6. Is he or she applying for a visa abroad?

☐ Yes ☐ No

Person 2

7.a. Family Name (Last Name)

7.b. Given Name (First Name)

7.c. Middle Name

8. Date of Birth (mm/dd/yyyy)

9. Country of Birth

10. Relationship

11. Is he or she applying for adjustment of status?

☐ Yes ☐ No

12. Is he or she applying for a visa abroad?

☐ Yes ☐ No



Part 7. Information About Spouse and All Children of the Person for Whom You Are Filing (continued)

Person 3

- 13.a. Family Name (Last Name)
- 13.b. Given Name (First Name)
- 13.c. Middle Name
14. Date of Birth (mm/dd/yyyy)
15. Country of Birth
16. Relationship
17. Is he or she applying for adjustment of status?
☐ Yes ☐ No
18. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 4

- 19.a. Family Name (Last Name)
- 19.b. Given Name (First Name)
- 19.c. Middle Name
20. Date of Birth (mm/dd/yyyy)
21. Country of Birth
22. Relationship
23. Is he or she applying for adjustment of status?
☐ Yes ☐ No
24. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 5

- 25.a. Family Name (Last Name)
- 25.b. Given Name (First Name)
- 25.c. Middle Name
26. Date of Birth (mm/dd/yyyy)
27. Country of Birth
28. Relationship
29. Is he or she applying for adjustment of status?
☐ Yes ☐ No
30. Is he or she applying for a visa abroad?
☐ Yes ☐ No

Person 6

- 31.a. Family Name (Last Name)
- 31.b. Given Name (First Name)
- 31.c. Middle Name
32. Date of Birth (mm/dd/yyyy)
33. Country of Birth
34. Relationship
35. Is he or she applying for adjustment of status?
☐ Yes ☐ No
36. Is he or she applying for a visa abroad?
☐ Yes ☐ No



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

NOTE: Read the **Penalties** section of the Form I-140 Instructions before completing this part.

Petitioner's or Authorized Signatory's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☐ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 9.** has read to me every question and instruction on this petition and my answer to every question in , a language in which I am fluent. I understood all of this information as interpreted.
2. ☐ At my request, the preparer named in **Part 10.**, , prepared this petition for me based only upon information I provided or authorized.

Authorized Signatory's Contact Information

- 3.a. Authorized Signatory's Family Name (Last Name)
- 3.b. Authorized Signatory's Given Name (First Name)
4. Authorized Signatory's Title
5. Authorized Signatory's Daytime Telephone Number
6. Authorized Signatory's Mobile Telephone Number (if any)
7. Authorized Signatory's Email Address (if any)

Petitioner's or Authorized Signatory's Declaration and Certification

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to USCIS at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records, to USCIS or other entities and persons where necessary to determine eligibility for the immigration benefit sought or where authorized by law. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

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

I certify, under penalty of perjury, that I have reviewed this petition, I understand all of the information contained in, and submitted with, my petition, and all of this information is complete, true, and correct.

Petitioner's or Authorized Signatory's Signature

- 8.a. Petitioner's Signature
- 8.b. Date of Signature (mm/dd/yyyy)

NOTE TO ALL PETITIONERS AND AUTHORIZED SIGNATORIES: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may delay a decision on or deny your petition.

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

Provide the following information about the interpreter.

Interpreter's Full Name

- 1.a. Interpreter's Family Name (Last Name)
- 1.b. Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name (if any)



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

Interpreter's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number
5. Interpreter's Mobile Telephone Number
6. Interpreter's Email Address (if any)

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and , which is the same language specified in **Part 8., Item Number 1.b.**, and I have read to this petitioner or the authorized signatory in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner or authorized signatory informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

- 7.a. Interpreter's Signature
- 7.b. Date of Signature (mm/dd/yyyy)

Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual

Provide the following information about the preparer.

Preparer's Full Name

- 1.a. Preparer's Family Name (Last Name)
- 1.b. Preparer's Given Name (First Name)
2. Preparer's Business or Organization (if any)

Preparer's Mailing Address

- 3.a. Street Number and Name
- 3.b. ☐ Apt. ☐ Ste. ☐ Flr.
- 3.c. City or Town
- 3.d. State 3.e. ZIP Code
- 3.f. Province
- 3.g. Postal Code
- 3.h. Country

Preparer's Contact Information

4. Preparer's Daytime Telephone Number
5. Preparer's Mobile Telephone Number (if any)
6. Preparer's Email Address (if any)



Part 10. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Authorized Individual
(continued)

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. ☐ I am an attorney or accredited representative and my representation of the petitioner in this case
☐ extends ☐ does not extend beyond the preparation of this application.

NOTE: If you are an attorney or accredited representative, you may need to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, or Form G-28I, Notice of Entry of Appearance as Attorney In Matters Outside the Geographical Confines of the United States, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner or authorized signatory. The petitioner has reviewed this completed petition, including the **Petitioner's or Authorized Signatory's Declaration and Certification**, and informed me that all of this information in the form and in the supporting documents is complete, true, and correct.

Preparer's Signature

8.a. Preparer's Signature

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



Part 11. Additional Information

If you need extra space to provide any additional information within this petition, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this petition or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

1.a Family Name
(Last Name)

1.b. Given Name

1.c. Middle Name

2. IRS EIN ►

3.a. Page Number	3.b. Part Number	3.c. Item Number
<div></div>	<div></div>	<div></div>

4.a. Page Number **4.b.** Part Number **4.c.** Item Number

5.a. Page Number **5.b.** Part Number **5.c.** Item Number

6.a. Page Number **6.b.** Part Number **6.c.** Item Number

7.a. Page Number	7.b. Part Number	7.c. Item Number



ETA Form 9089
U.S. Department of Labor



Please read and review the filing instructions before completing this form. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/pdf/9089inst.pdf>

Employing or continuing to employ an alien unauthorized to work in the United States is illegal and may subject the employer to criminal prosecution, civil money penalties, or both.

A. Refiling Instructions

1. Are you seeking to utilize the filing date from a previously submitted Application for Alien Employment Certification (ETA 750)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1-A. If Yes, enter the previous filing date		
1-B. Indicate the previous SWA or local office case number OR if not available, specify state where case was originally filed:		

B. Schedule A or Sheepherder Information

1. Is this application in support of a Schedule A or Sheepherder Occupation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If Yes, do NOT send this application to the Department of Labor. All applications in support of Schedule A or Sheepherder Occupations must be sent directly to the appropriate Department of Homeland Security office.		

C. Employer Information (Headquarters or Main Office)

1. Employer's name HORKUS SOLUTIONS, INC.			
2. Address 1 2001 TIMBERLOCH PL.			
Address 2 STE. 500			
3. City SPRING	State/Province TX	Country UNITED STATES OF AMERICA	Postal code 77380
4. Phone number 8322395041		Extension	
5. Number of employees 42		6. Year commenced business 2015	
7. FEIN(Federal Employer Identification Number) 832991534		8. NAICS Code 541511	
9. Is the employer a closely held corporation, partnership, or sole proprietorship in which the alien has an ownership interest, or is there a familial relationship between the owners, stockholders, partners, corporate officers, or incorporators, and the alien?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

D. Employer Contact Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).

1. Contact's last name Longoria	First name Paloma	Middle initial	
2. Address 1 2001 Timberloch Pl.			
Address 2 Ste. 500			
3. City Spring	State/Province TX	Country UNITED STATES OF AMERICA	Postal code 77380
4. Phone number 8322395041		Extension	
5. E-mail address hr@horkussolutions.com			

ETA Form 9089
U.S. Department of Labor



E. Agent or Attorney Information (If applicable)

1. Agent or attorney's last name Brueggemann	First name Benjamin	Middle initial
2. Firm name Global Immigration Partners, Inc.		
3. Firm EIN 264750036	4. Phone number 8189146482	Extension
5. Address 1 30300 Agoura Road		
Address 2 Ste. B100		
6. City Agoura Hills	State/Province CA	Country UNITED STATES OF AMERICA
		Postal code 91301
7. E-mail address perm@gip-us.com		

F. Prevailing Wage Information (as provided by the State Workforce Agency)

1. Prevailing wage tracking number (if applicable) P10020133564018	2. SOC/O*NET(OES) code 15-1132
3. Occupation Title Software Developers, Applications	4. Skill Level Level III
5. Prevailing wage Per: (Choose only one) \$ 106,662.00 <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year	
6. Prevailing wage source (Choose only one) <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> Employer Conducted Survey <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
6-A. If Other is indicated in question 6, specify:	
7. Determination date 08/26/2020	8. Expiration date 06/30/2021

G. Wage Offer Information

1. Offered wage From: \$ 106,662.00	To: (Optional) \$	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
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H. Job Opportunity Information (Where work will be performed)

1. Primary worksite (where work is to be performed) address 1 2001 Timberloch Pl.		
Address 2 Ste. 500		
2. City Spring	State TX	Postal code 77380
3. Job title Sr. Application Engineer		
4. Education: minimum level required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input checked="" type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other		
4-A. If Other is indicated in question 4, specify the education required:		
4-B. Major field of study See H. 14		
5. Is training required for this job opportunity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5-A. If Yes, number of months of training required:



H. Job Opportunity Information Continued

5-B. Indicate the field of training:	
6. Is experience in the job offered required for the job? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 6-A. If Yes, number of months experience required: 24	
7. Is there an alternate field of study that is acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7-A. If Yes, specify the major field of study: See H. 14	
8. Is there an alternate combination of education and experience that is acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8-A. If Yes, specify the alternate level of education required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	
8-B. If Other is indicated in question 8-A, indicate the alternate level of education required:	
8-C. If applicable, indicate the number of years experience acceptable in question 8: 5	
9. Is a foreign educational equivalent acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Is experience in an alternate occupation acceptable? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 10-A. If Yes, number of months experience in alternate occupation required: 24	
10-B. Identify the job title of the acceptable alternate occupation: See H. 14	
11. Job duties – If submitting by mail, add attachment if necessary. Job duties description must begin in this space. See Attachment	
12. Are the job opportunity's requirements normal for the occupation? <i>If the answer to this question is No, the employer must be prepared to provide documentation demonstrating that the job requirements are supported by business necessity.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Is knowledge of a foreign language required to perform the job duties? <i>If the answer to this question is Yes, the employer must be prepared to provide documentation demonstrating that the language requirements are supported by business necessity.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
14. Specific skills or other requirements – If submitting by mail, add attachment if necessary. Skills description must begin in this space. See Attachment	



H. Job Opportunity Information Continued

15. Does this application involve a job opportunity that includes a combination of occupations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Is the position identified in this application being offered to the alien identified in Section J?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Does the job require the alien to live on the employer's premises?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18. Is the application for a live-in household domestic service worker?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
18-A. If Yes, have the employer and the alien executed the required employment contract and has the employer provided a copy of the contract to the alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

I. Recruitment Information

a. Occupation Type – All must complete this section.

1. Is this application for a professional occupation , other than a college or university teacher? Professional occupations are those for which a bachelor's degree (or equivalent) is normally required.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is this application for a college or university teacher? If Yes, complete questions 2-A and 2-B below.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2-A. Did you select the candidate using a competitive recruitment and selection process?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2-B. Did you use the basic recruitment process for professional occupations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. Special Recruitment and Documentation Procedures for College and University Teachers – Complete only if the answer to question I.a.2-A is Yes.

3. Date alien selected:
4. Name and date of national professional journal in which advertisement was placed:
5. Specify additional recruitment information in this space. Add an attachment if necessary.

c. Professional/Non-Professional Information – Complete this section unless your answer to question B.1 or I.a.2-A is YES.

6. Start date for the SWA job order 03/29/2021	7. End date for the SWA job order 05/02/2021
8. Is there a Sunday edition of the newspaper in the area of intended employment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name of newspaper (of general circulation) in which the first advertisement was placed: Houston Chronicle	
10. Date of first advertisement identified in question 9: 04/04/2021	
11. Name of newspaper or professional journal (if applicable) in which second advertisement was placed: Houston Chronicle	
<input checked="" type="checkbox"/> Newspaper <input type="checkbox"/> Journal	



I. Recruitment Information Continued

12. Date of second newspaper advertisement or date of publication of journal identified in question 11:
04/11/2021

d. Professional Recruitment Information – Complete if the answer to question I.a.1 is YES or if the answer to I.a.2-B is YES. Complete at least 3 of the items.

13. Dates advertised at job fair From: To:	14. Dates of on-campus recruiting From: To:
15. Dates posted on employer web site From: To:	16. Dates advertised with trade or professional organization From: To:
17. Dates listed with job search web site From: 03/26/2021 To: 04/09/2021	18. Dates listed with private employment firm From: To:
19. Dates advertised with employee referral program From: To:	20. Dates advertised with campus placement office From: To:
21. Dates advertised with local or ethnic newspaper From: 04/07/2021 To: 04/07/2021	22. Dates advertised with radio or TV ads From: 04/09/2021 To: 04/09/2021

e. General Information – All must complete this section.

23. Has the employer received payment of any kind for the submission of this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23-A. If Yes, describe details of the payment including the amount, date and purpose of the payment :	
24. Has the bargaining representative for workers in the occupation in which the alien will be employed been provided with notice of this filing at least 30 days but not more than 180 days before the date the application is filed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
25. If there is no bargaining representative, has a notice of this filing been posted for 10 business days in a conspicuous location at the place of employment, ending at least 30 days before but not more than 180 days before the date the application is filed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
26. Has the employer had a layoff in the area of intended employment in the occupation involved in this application or in a related occupation within the six months immediately preceding the filing of this application?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
26-A. If Yes, were the laid off U.S. workers notified and considered for the job opportunity for which certification is sought?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

J. Alien Information (This section must be filled out. This information must be different from the agent or attorney information listed in Section E).

1. Alien's last name SAMINATHAN	First name ARUN	Full middle name
2. Current address 1 2886 TALL OAKS CT. (TEMPORARY)		
Address 2 APT. 11		
3. City AUBURN HILLS MI	State/Province MI	Country UNITED STATES OF AMERICA
4. Phone number of current residence		Postal code 48326
5. Country of citizenship INDIA	6. Country of birth INDIA	
7. Alien's date of birth 11/13/1991	8. Class of admission H-1B	
9. Alien registration number (A#)	10. Alien admission number (I-94) 70891100656	
11. Education: highest level achieved as required by the requested job opportunity: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input checked="" type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other		



J. Alien Information Continued

11-A. If Other indicated in question 11, specify			
12. Specify major field(s) of study ELECTRICAL ENGINEERING			
13. Year relevant education completed 2015			
14. Institution where relevant education specified in question 11 was received WAYNE STATE UNIVERSITY			
15. Address 1 of conferring institution 42 W WARREN AVE.			
Address 2			
16. City DETROIT	State/Province MI	Country UNITED STATES OF AMERICA	Postal code 48202
17. Did the alien complete the training required for the requested job opportunity, as indicated in question H.5?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA	
18. Does the alien have the experience as required for the requested job opportunity indicated in question H.6?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
19. Does the alien possess the alternate combination of education and experience as indicated in question H.8?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
20. Does the alien have the experience in an alternate occupation specified in question H.10?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
21. Did the alien gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity requested?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA	
22. Did the employer pay for any of the alien's education or training necessary to satisfy any of the employer's job requirements for this position?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23. Is the alien currently employed by the petitioning employer?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

K. Alien Work Experience

List all jobs the alien has held during the past 3 years. Also list any other experience that qualifies the alien for the job opportunity for which the employer is seeking certification.

a. Job 1

1. Employer name Horkus Solutions, Inc.			
2. Address 1 2001 Timberloch Pl.			
Address 2 Ste. 500			
3. City Spring	State/Province TX	Country UNITED STATES OF AMERICA	Postal code 77380
4. Type of business IT Solutions Provider		5. Job title Feature Owner	
6. Start date 06/16/2021	7. End date	8. Number of hours worked per week 40	

Job 1 continued on next page



K. Alien Work Experience Continued

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

See Attachment

b. Job 2

1. Employer name Resource Technology Corporation dba Brightwing			
2. Address 1 431 Stephenson Hwy			
Address 2			
3. City Troy	State/Province MI	Country UNITED STATES OF AMERICA	Postal code 48083
4. Type of business Engineering		5. Job title EE Radio Release Engineer	
6. Start date 06/13/2016	7. End date 06/11/2021	8. Number of hours worked per week 40	
9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.) See Attachment			

c. Job 3

1. Employer name			
2. Address 1			
Address 2			
3. City	State/Province	Country	Postal code
4. Type of business		5. Job title	
6. Start date	7. End date	8. Number of hours worked per week	

Job 3 continued on next page



K. Alien Work Experience Continued

9. Job details (duties performed, use of tools, machines, equipment, skills, qualifications, certifications, licenses, etc. Include the phone number of the employer and the name of the alien's supervisor.)

L. Alien Declaration

I declare under penalty of perjury that Sections J and K 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, abet, 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 based on this application.

1. Alien's last name SAMINATHAN	First name ARUN	Full middle name
2. Signature	Date signed	

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification MUST be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

M. Declaration of Preparer

1. Was the application completed by the employer? If No, you must complete this section.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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I hereby certify that I have prepared this application at the direct request of the employer listed in Section C and that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by a fine, 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.

2. Preparer's last name Brueggemann	First name Benjamin	Middle initial
3. Title Attorney		
4. E-mail address perm@gip-us.com		
5. Signature	Date signed	

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification MUST be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.



N. Employer Declaration

By virtue of my signature below, **I HEREBY CERTIFY** the following conditions of employment:

1. The offered wage equals or exceeds the prevailing wage and I will pay at least the prevailing wage.
2. The wage is not based on commissions, bonuses or other incentives, unless I guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
3. I have enough funds available to pay the wage or salary offered the alien.
4. I will be able to place the alien on the payroll on or before the date of the alien'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 job opportunity is not:
 - a. Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage; or
 - b. 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 alien.

I hereby designate the agent or attorney identified in section E (if any) to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, **I take full responsibility** for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained herein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, 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.*

1. Last name Longoria	First name Paloma	Middle initial
2. Title HR Specialist		
3. Signature	Date signed	

Note – The signature and date signed do not have to be filled out when electronically submitting to the Department of Labor for processing, but must be complete when submitting by mail. If the application is submitted electronically, any resulting certification **MUST** be signed *immediately upon receipt* from DOL before it can be submitted to USCIS for final processing.

O. U.S. Government Agency Use Only

Pursuant to the provisions of Section 212 (a)(5)(A) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed.

This Certification is valid from 02/07/2022 to 08/06/2022

Certifying Officer

Signature of Certifying Officer

Date

02/07/2022

Signed

A-21216-26875

Case Number

08/10/2021

Filing Date



P. OMB Information

Paperwork Reduction Act Information Control Number 1205-0451

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number.

Respondent's reply to these reporting requirements is required to obtain the benefits of permanent employment certification (Immigration and Nationality Act, Section 212(a)(5)). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Division of Foreign Labor Certification * U.S. Department of Labor * 200 Constitution Ave. N.W. * Washington, DC * 20210.

Do NOT send the completed application to this address.

Q. Privacy Statement Information

In accordance with the Privacy Act of 1974, as amended (5 U.S.C. 552a), you are hereby notified that the information provided herein is protected under the Privacy Act. The Department of Labor (Department or DOL) maintains a System of Records titled Employer Application and Attestation File for Permanent and Temporary Alien Workers (DOL/ETA-7) that includes this record.

Under routine uses for this system of records, case files developed in processing labor certification applications, labor condition applications, or labor attestations may be released as follows: in connection with appeals of denials before the DOL Office of Administrative Law Judges and Federal courts, records may be released to the employers that filed such applications, their representatives, to named alien beneficiaries or their representatives, and to the DOL Office of Administrative Law Judges and Federal courts; and in connection with administering and enforcing immigration laws and regulations, records may be released to such agencies as the DOL Office of Inspector General, Employment Standards Administration, the Department of Homeland Security, and the Department of State.

Further relevant disclosures may be made in accordance with the Privacy Act and under the following circumstances: in connection with federal litigation; for law enforcement purposes; to authorized parent locator persons under Pub. L. 93-647; to an information source or public authority in connection with personnel, security clearance, procurement, or benefit-related matters; to a contractor or their employees, grantees or their employees, consultants, or volunteers who have been engaged to assist the agency in the performance of Federal activities; for Federal debt collection purposes; to the Office of Management and Budget in connection with its legislative review, coordination, and clearance activities; to a Member of Congress or their staff in response to an inquiry of the Congressional office made at the written request of the subject of the record; in connection with records management; and to the news media and the public when a matter under investigation becomes public knowledge, the Solicitor of Labor determines the disclosure is necessary to preserve confidence in the integrity of the Department, or the Solicitor of Labor determines that a legitimate public interest exists in the disclosure of information, unless the Solicitor of Labor determines that disclosure would constitute an unwarranted invasion of personal privacy.

Addendum

H. 11. Job duties

Horkus Solutions, Inc. in Spring, Texas is seeking Senior Application Engineers. Individuals will apply advanced theoretical knowledge of subject matter principles and concepts, as well as experience with standard occupational tools to perform the following duties:

Follow software engineering methodologies and implement work flows using C#, JAVA, J2EE, STRUTS, JSF, Rich Faces, Spring, Servlets, JSP, Ajax, EJB, Hibernate, Open JPA, Oracle, SQL, PL/SQL, XSLT, Agile, Junit and related technologies.

Deploy components in several J2EE compliant application servers like Web Logic, IBM Web Sphere, JBoss in clustered environment.

Work with more senior Application Engineers in SOA initiatives and help implement them using various integration technologies like Web Services (JAXB, JAX-WS, XML, SPRING-WS, XSD, WSDL AND SOAP-UI) and messaging solutions like MQ series (JMS).

Addendum

H. 14. Specific skills or other requirements

Master's degree or equivalent in Computer Science, Engineering (any), or a related field plus 24 months of experience in the job offered or any related position.

In lieu of the above-stated primary requirements, the employer will accept a Bachelor's degree or equivalent in Computer Science, Engineering (any), or a related field plus five (5) years of post- degree, progressive experience in the job offered or any related position.

Any suitable combination of education, training or experience is acceptable.

No travel or telecommuting.

Job duties are project-based and performed on long-term assignments at various unanticipated sites within the U.S. which may require relocation at the end of each project.

Addendum

K. 9. Job 1 - Job Details

Please note that the employer relocated its offices after filing the Prevailing Wage Request and moved to a new location in the same Metropolitan Statistical Area (MSA).

As a Feature Owner, the Beneficiary's job duties include, but are not limited to, the following:

Responsible for feature systems ownership.

Develop, refine, and update use cases and functional level requirements and targets for our next-generation driver assistance platform.

Distil feature level requirements to ideal functions.

Update and improve ideal functional performance requirements based on sensing capabilities.

Iteratively develop and define RADAR and Vision-level tracking sensor-level specifications based on feature use cases and ideal functions to ensure carry-over performance as well as new, enhanced capabilities.

Ensure revised functional architecture supports existing and new functional safety requirements, item definition, hazard analysis and risk assessment and functional safety concept and is in compliance with ISO 26262/Form Functional Safety process for Active Drive Assist.

Develop and mature system and subsystem level design, interfaces and specifications to ensure production feature delivery.

Ensure Active Drive Assist can be architecturally scaled across the entire range of cross-carline offerings.

Engage with other Driver Assistance Technology (DAT) Systems Engineers and Feature engineers to ensure Active Drive Assist feature/functional level requirements can be achieved by existing, updated and new cross-feature services.

Addendum

K. 9. Job 2 - Job Details

The Beneficiary worked as an EE Systems Validation Engineer from June 13, 2016 to April 28, 2017 and as an EE Radio Release Engineer from May 1, 2017 to June 11, 2021.

The Beneficiary's job duties included, but were not limited to, the following:

- Responsible for EE component design, development, packaging, testing, calibration, and releasing.
- Developed component level specifications; managed the supplier of the components; and component DFMEA (Design Failure Mode Effects Analysis), DVP&R (Design Verification Plan and Report), and Timing Proactive Quality Plan.
- Participated in Reactive Quality Problem Solving and supported Supplier Quality during Process Sign-off (PS) and PFMEA reviews (Process Failure Mode Effects Analysis).
- Responsible for releasing components via Change Management System (CN's) and interface with EMEA, APAC and LATAM counterparts on global commonality.
- Worked with Suppliers and other Engineering areas to design, develop and release the different variants of radio. Created Source Package - write specifications/ Requirements, Change Notices for the Radio component and overall Supplier Management to meet program timing and deliverables.
- Responsible for following up and tracking, root cause build issues found during preproduction builds and vehicle issues found during development.
- Performed issue resolution prior to launch of the vehicle program.

To carry out his responsibilities, Mr. Saminathan gained experience with and utilized various tools, technologies, and software, including: MATLAB/Simulink modeling, Vector Canoe, LIN, P-Spice, Power World Simulator, FMEA, DFMEA, PCB Validation, and DVP&R.

Employer Contact: Susie Piper, Brightwing Human Resources Generalist
Telephone: (800) 521-2478

Master's Degree

Master's Transcripts

Bachelor's Degree

Bachelor's Transcripts

Employment Verification Letter

Additional Supporting Docs 1

Additional Supporting Docs 2

Misc. Docs 1

Misc. Docs 2

Passport

I-94 Document

Pay Stub 1

Pay Stub 2

PR Sponsorship Letter

Tax Documents