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



i	FOREIGN WORKER I	NFORMATIC	ON
A. Foreign Worker Contact Information	1		
Foreign Worker's Last (family) Name Xie			
2. Foreign Worker's First (given) Name * Wen			
3. Foreign Worker's Middle Name(s) *			
4. Address 1 (current) * t			
5. Address 2 (apartment/suite/floor and number)	\$		
6. City * t		7. State * t	8. Postal Code *
9. Country * t		10. Province §	'
11. Date of Birth (mm/dd/yyyy) * 02/03/2025	12. Class of Admission * F1	13. Alien Regis	stration Number (A#) (if applicable) *
14. Country of Birth * t			
15. Country of Citizenship or Nationality t	*		
B. Foreign Worker Education § a. Educational Attainment Information	n 1		
1. Education: U.S. Diploma/Degree attai	ined relevant to the job opport	uniţy	
☐ None ☐ High School/GED ☐ Associa	ate □ Bachelor's □ Master's	☑ Doctorate (Phl	D) □ Other Degree (JD, MD, etc.)
1a. If "Other Degree" in question 1, spec	ify the diploma/degree attained	d	
1b. Specify major(s) and/or field(s) of stu	ldy (may list more than one re	lated major and n	nore than one field)
1c. Name of Institution that issued the de	egree/diploma		
t			
1d. Name of Country of institution identifi	ied in question 1c		1e. Month/year attained (<i>mm/yyyy</i>)
b. Educational Attainment Information	1 2	<u> </u>	
1. Education: U.S. Diploma/Degree attai	ined relevant to the job opport	unity	
□ None □ High School/GED □ Associa	• • • •	-	D) ☐ Other Degree (JD, MD, etc.)
1a. If "Other Degree" in question 1, spec		· ·	, <u> </u>
1b. Specify major(s) and/or field(s) of stu	udy (may list more than one re	lated major and n	nore than one field)
1c. Name of Institution that issued the de	egree/diploma		
1d. Name of Country of Institution identif	ied in question 1c		1e. Month/year attained (<i>mm/yyyy</i>)

Form ETA-9089 – Appendix A	FOR DEPARTMENT OF LABOR USE ONLY		Page A.1 of A
PERM Case Number:	Case Status:	Determination Date:	Expiration Date:

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



B. Foreign Worker Education (continued)

c.	Educational Attainment Information 3		
1.	Education: U.S. Diploma/Degree attained relevant to the job opportunity		
	None ☐ High School/GED ☐ Associate ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other Degree (JD, MD, etc.)		
1a	a. If "Other Degree" in question 1, specify the diploma/degree attained		
1k	o. Specify major(s) and/or field(s) of study (may list more than one related major and	more than one field)	
10	c. Name of Institution that issued the degree/diploma		
10	d. Name of Country of Institution identified in question 1c	1e. Month/year attained (<i>mm/yyyy</i>)	
d.	Educational Attainment Information 4		
1.	Education: U.S. Diploma/Degree attained relevant to the job opportunity		
	None $\ \square$ High School/GED $\ \square$ Associate's $\ \square$ Bachelor's $\ \square$ Master's $\ \square$ Doctorate	(PhD) ☐ Other Degree (JD, MD, etc.)	
1a	a. If "Other Degree" in question 1, specify the diploma/degree attained		
1b	o. Specify major(s) and/or field(s) of study (may list more than one related major and	more than one field)	
10	c. Name of Institution that issued the degree/diploma		
10	d. Name of Country of Institution identified in question 1c	1e. Month/year attained (<i>mm/yyyy</i>)	
e.	Educational Attainment Information 5		
1.	Education: U.S. Diploma/Degree attained relevant to the job opportunity		
	None $\ \square$ High School/GED $\ \square$ Associate's $\ \square$ Bachelor's $\ \square$ Master's $\ \square$ Doctorate	(PhD) □ Other Degree (JD, MD, etc.)	
1a	a. If "Other Degree" in question 1, specify the diploma/degree attained		
1k	 Specify major(s) and/or field(s) of study (may list more than one related major and more 	than one field)	
10	c. Name of Institution that issued the degree/diploma		
10	d. Name of Country of Institution identified in question 1c	1e. Month/year attained (<i>mm/yyyy</i>)	
C.	Foreign Worker Training Qualifications §		
a.	Training, Certification(s), and/or License(s) Information 1		
1.	Name of Institution/School/Training provider		
1a	a. Name of training, coursework, experience received		

Form ETA-9089 – Appendix A	FOR DEPARTMENT OF LABOR	FOR DEPARTMENT OF LABOR USE ONLY	
DEDM Case Number:	Case Status:	Determination Date:	Expiration Date:

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



1b. Training/Certifications/licenses atta	nined (if applicable)	
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)
. Training, Certification(s), and/or L	icense(s) Information 2	
Name of Institution/School/Training	provider	
1a. Name of training, coursework, expo	erience received	
1b. Training/Certifications/Licenses att	ained (if applicable)	
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (<i>mm/yyyy</i>)
. Training, Certification(s), and/or L	• •	
Name of Institution/School/Training	provider	
1a. Name of training, coursework, expe	erience received	
1b. Training/certifications/licenses atta	ined (if applicable)	
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (<i>mm/yyyy</i>)
D. Foreign Worker Skills, Abilities and	d Proficiencies §	
. Skills, Abilities, and Proficiencies		
Name of Employer/Institution/School	ol/Training Provider	
1a. Country	1b. State, Territor	ry, or Province
	s, and/or proficiencies the foreign worker po equirements identified for the job opportunit	

PERM Case Number: ____

Expiration Date: ___

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



b. Skills, Abilities, and Proficiencies 2		
Name of Employer/Institution/School/Training Provider		
1a. Country	1b. State, Territory, or Provi	nce
1c. Description of specific skills, abilities, and/or proficiencies the whether the foreign worker meets the requirements identified for		
E. Foreign Worker Work Experience §		
a. Work Experience 1		
1. Employer Name		
t		
1a. Address 1		
t 1b. Address 2		
15. 7 dd 1666 2		
1c. City or Town		1d. Postal Code
t		0
1e. Country	1f. State, Territory, or Provir	nce
t 1g. Job Title	t	
t		
1h. Start Date (mm/yyyy) 1i. End Date (mm/yyyy)	1j. Present	1k. Hours Worked Per Week
02/2025	∑ Yes □ No	20

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



1l. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (up to 3,500 characters)
t
For Public Burden Statement, see the Instructions for Form ETA-9089.

PERM Case Number: ____