Labor Condition Application (LCA) for H-1B or E-3 Categories

Employer Information

Employer Name:

Federal Employer Identification Number (FEIN):

Address:

City:

State:

Zip Code:

Job Information

Job Title:

SOC/O*NET Code:

Wage Rate (per year):

Worksite Address:

Worksite City:

Worksite State:

Worksite Zip Code:

Attestations

☐ The employer will pay the required wage rate.

☐ The working conditions will not adversely affect other employees.

☐ There is no strike, lockout, or work stoppage in the occupational classification.

Signature

Name:

Date:

Submit LCA