

Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor



**Electronic Filing of Labor Condition Applications
For The H-1B Nonimmigrant Visa Program**

This Department of Labor, Employment and Training Administration (ETA), electronic filing system enables an employer to file a Labor Condition Application (LCA) and obtain certification of the LCA. This Form must be submitted by the employer or by someone authorized to act on behalf of the employer.

- A) I understand and agree that, upon my receipt of ETA's certification of the LCA by electronic response to my submission, I must take the following actions at the specified times and circumstances:
- print and sign a hardcopy of the electronically filed and certified LCA;
 - maintain a signed hardcopy of this LCA in my public access files;
 - submit a signed hardcopy of the LCA to the United States Citizenship and Immigration Services (USCIS) in support of the I-129, on the date of submission of the I-129;
 - provide a signed hardcopy of this LCA to each H-1B nonimmigrant who is employed pursuant to the LCA.

Yes No

B) I understand and agree that, by filing the LCA electronically, I attest that all of the statements in the LCA are true and accurate and that I am undertaking all the obligations that are set out in the LCA (Form ETA 9035E) and the accompanying instructions (Form ETA 9035CP).

Yes No

C) I hereby choose one of the following options, with regard to the accompanying instructions:

I choose to have the Form ETA 9035CP electronically attached to the certified LCA, and to be bound by the LCA obligations as explained in this form

I choose not to have the Form ETA 9035CP electronically attached to the certified LCA, but I have read the instructions and I understand that I am bound by the LCA obligations as explained in this form

Labor Condition Application for Nonimmigrant Workers
 ETA Form 9035 & 9035E
 U.S. Department of Labor



Please read and review the filing instructions carefully before completing the ETA Form 9035 or 9035E. A copy of the instructions can be found at <http://www.foreignlaborcert.dol.gov/>. In accordance with Federal Regulations at 20 CFR 655.730(b), incomplete or obviously inaccurate Labor Condition Applications (LCAs) will not be certified by the Department of Labor. If the employer has received permission from the Administrator of the Office of Foreign Labor Certification to submit this form non-electronically, ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *	H-1B
--	------

B. Temporary Need Information

1. Job Title * PROGRAMMER ANALYST	
2. SOC (ONET/OES) code * 15-1111	3. SOC (ONET/OES) occupation title * COMPUTER PROGRAMMERS
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 09/10/2016 <small>(mm/dd/yyyy)</small>
7. Worker positions needed/basis for the visa classification supported by this application	
<input type="text" value="1"/> Total Worker Positions Being Requested for Certification * Basis for the visa classification supported by this application <small>(Indicate the total workers in each applicable category based on the total workers identified above)</small>	
<input type="text" value="1"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="0"/> b. Continuation of previously approved employment * without change with the same employer	<input type="text" value="0"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *

C. Employer Information

1. Local business name * SCINTILLA SOFT INC		
2. Trade name/Doing Business As (DBA), if applicable N/A		
3. Address 1 * 1300 W WALNUT HILL LN		
4. Address 2 * STE # 256		
5. City * IRVING	6. State * TX	7. Postal code * 75038
8. Country * UNITED STATES OF AMERICA		9. Province N/A
10. Telephone number * 9723323083		11. Extension N/A
12. Federal Employer Identification Number (FEIN from IRS) * 47386-570		13. NAICS code (must be at least 4-digits) * 541511



Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor

D. Employer Point of Contact Information

Important Note: 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 E, unless the attorney is an employee of the employer.

1. Contact's last (family) name *		2. First (given) name *		3. Middle name(s) *	
RADHIKA		FNU		N/A	
4. Contact's job title * PRESIDENT					
5. Address 1 * 1300 W WALNUT HILL LN					
6. Address 2 * STE # 256					
7. City * Irving			8. State * TX		9. Postal code * 75038
10. Country * UNITED STATES OF AMERICA			11. Province N/A		
12. Telephone number *		13. Extension		14. E-Mail address	
972-333-3082		N/A		INFO@SCINTILLASOFT.COM	

E. Attorney or Agent Information (If applicable)

1. Is the employer represented by an attorney or agent in the filing of this application? *			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes", complete the remainder of Section E below.					
2. Attorney or Agent's last (family) name §		3. First (given) name §		4. Middle name(s) §	
PARVATHANENI		D.		CHAND	
5. Address 1 § 1010 LYNDON B JOHNSON FWY, STE 130					
6. Address 2 § N/A					
7. City § DALLAS			8. State § TX		9. Postal code § 75234
10. Country § UNITED STATES OF AMERICA			11. Province N/A		
12. Telephone number §		13. Extension		14. E-Mail address	
972-351020		N/A		CHAND@SPBLAWFIRM.COM	
15. Law firm/Business name §				16. Law firm/Business FEIN §	
THE LAW FIRM OF SIM, PARVATHANENI, AND BROWN PLLC				461023191	
17. State Bar number (only if attorney) §			18. State of highest court where attorney is in good standing (only if attorney) §		
2400000			TX		
19. Name of the highest court where attorney is in good standing (only if attorney) §					
SUPREME COURT OF TEXAS					



**Labor Condition Application for Nonimmigrant Workers
 ETA Form 9035 & 9035E
 U.S. Department of Labor**

F. Rate of Pay

1. Range (if required) From: \$ <u>52083.00</u> * To: \$ <u>N/A</u>	2. 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
---	---

G. Employment and Prevailing Wage Information

Important Note: It is important for the employer to define the place of intended employment with as much geographic specificity as possible. The place of employment address listed below must be a physical location and cannot be a P.O. Box. The employer may use this section to list up to three (3) physical locations and corresponding prevailing wages covering each location where work will be performed and the Department of Labor will accept up to 3 physical locations and prevailing wage information. If the employer has received approval from the Department of Labor to submit this form non-electronically and the work is expected to be performed in more than one location, an additional form must be submitted in order to complete this section.

Place of Employment 1

1. Address: <u>401 MORSE CROSSING</u>	
2. Address:	
3. City/State:	4. County * <u>FRANKLIN</u>
5. District/Postal Territory *	6. Postal code * <u>43219</u>

Prevailing Wage Information (corresponding to the place of employment location listed above)

7. Awarded/Issued prevailing wage \$ <u>N/A</u>	7a. Prevailing wage tracking number (if applicable) \$ <u>N/A</u>
8. Wage level: <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A	
9. Prevailing wage \$ <u>52083.00</u>	10. 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
11. Prevailing wage source (Choose only one) * <input checked="" type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other	
11a. Source published *	11b. If "OES", and SWA/NPC did not issue prevailing wage OR "Other" in question 11, specify source \$ <u>OFLC ONLINE DATA CENTER</u>

H. Employer Labor Condition Statements

Important Note: In order for your application to be processed, you MUST read Section H of the Labor Condition Application – General Instructions (ETA 9035CP) under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements submitted.

- 1) **Wages:** Pay nonimmigrants at least the local prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. Offer nonimmigrants benefits on the same basis as offered to U.S. workers.
- 2) **Working Conditions:** Provide working conditions for nonimmigrants which will not adversely affect the working conditions of similarly employed.
- 3) **Strike, lockout, or Work Stoppage:** There is no strike, lockout, or work stoppage in the named occupation at the place of employment.
- 4) **Notice:** Notice to union or to workers has been or will be provided in the named occupation at the place of employment. A copy of this notice will be provided to each nonimmigrant worker employed pursuant to the application.

I, the employer, agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section H of the Labor Condition Application – General Instructions – Form ETA 9035CP. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---



**Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor**

I. Additional Employer Labor Condition Statements – H-1B Employers ONLY

! Important: In order for your H-1B application to be processed, you **MUST** read Section I – Subsection 1 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and answer the questions below.

1. Subsection 1.1

1. Is the employer H-1B dependent? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Is the employer a willful violator? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. If you answered “Yes” in questions 1.1 and/or 1.2, you must answer “Yes” or “No” regarding whether the employer is using this application <u>ONLY</u> to support H-1B petitions or extensions of status for exempt H-1B employees. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

If you answered “Yes” to questions 1.1 and/or 1.2 and “No” to question 1.3, you **MUST** read Section I – Subsection 2 of the Labor Condition Application – General Instructions Form ETA 9035CP under the heading “Additional Employer Labor Condition Statements” and indicate your agreement to all three (3) additional statements summarized below.

2. Subsection 1.2

- **Non-displacement:** Non-displacement of the U.S. workers in the employer’s workforce
- **Secondary Displacement:** Non-displacement of U.S. workers in another employer’s workforce; and
- **Recruitment and Hiring:** Recruitment of U.S. workers and hiring of U.S. workers applicant(s) who are equally or better qualified than the H-1B nonimmigrant(s).

4. Do you agree to Additional Employer Labor Condition Statements A, B, and C above and as fully defined in Section I – Subsections 1 and 2 of the Labor Condition Application – General Instructions Form ETA 9035CP?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---

J. Principal Place of Business Information

! Important: You **must** select from the options listed in this Section.

1. Where will the information be kept at: *	<input checked="" type="checkbox"/> Employer’s principal place of business <input type="checkbox"/> Place of employment
---	--

K. Declaration by Employer

I, the undersigned, on behalf of the employer, attest that the information and labor condition statements provided are true and accurate; that I have read Sections H and I of the Labor Condition Application – General Instructions Form ETA 9035CP, and that I agree to comply with the labor condition statements as set forth in the Labor Condition Application – General Instructions Form ETA 9035CP and with the Department of Labor regulations (20 CFR part 655, Subparts H and I). I agree to make this application, supporting documentation, and other representations and materials available to the officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act. My false representations on this Form can lead to civil or criminal action under 18 U.S.C. 1001, 18 U.S.C. 1546, or other provisions of law.

1. Last name of hiring or designated official *	2. First (given) name of hiring or designated official *	3. Middle initial *
RAJESH	FNU	N/A
4. Designated official title *		
PRINCIPAL EMPLOYEE		
5. Signature		6. Date signed *
Rajesh		03/31/2016



Labor Condition Application for Nonimmigrant Workers
ETA Form 9035 & 9035E
U.S. Department of Labor

Section M: Preparer Information. Includes fields for Preparer Name, First Name, Middle Initial, Last Name, and Mailing Address.

M. Department Agency Use (ONLY)

By signing the signature below, the Department of Labor hereby acknowledges the following:

Period of Employment: valid from 09/10/2016 to 09/05/2019

Signature: [Handwritten Signature]
Title: Officer
Date: 03/24/2016
Case Status: CERTIFIED
Phone: 1-200-16078-639218

The Department of Labor is not the guarantor of the accuracy, truthfulness, or adequacy of a certified LCA.

N. Notification and Complaints

Notarizations signed on this form will not be filed out when electronically submitting to the Department of Labor for processing, but must be filed out when submitting non-electronically. If the application is submitted electronically, any resulting certification MUST be received upon receipt from the Department of Labor before it can be submitted to USCIS for further processing.

Complaints of misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filed using the nearest Wage and Hour Division office of the Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at http://www.dol.gov/esa. Complaints alleging failure to offer employment to an equally or better qualified worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filed with the U.S. Department of Justice, the Special Counsel for Immigration-Related Unfair Employment Practices, 950 Pennsylvania Avenue, NW, Washington, DC 20540. Note that complaints should be filed with the Office of Special Counsel at the Department of Justice only if the violation is by an H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

O. Paperwork Reduction Act (1205-0310)

This collection of information has 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 (Immigration and Naturalization Act sections 212(n) and (t) and 214(c)). Public reporting burden for this collection of information, which is to assist with program management, meet Congressional and statutory requirements is estimated to average 1 hour per response, including the time to review existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Project Number: OMB 1205-0310.) Do NOT send the completed application to this address.