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



Please read and review the filing instructions carefully before completing the Form ETA-9035 or 9035E. A copy of the instructions can be found at https://www.dol.gov/egencles/eta/foreign-lebor/. 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 (DOL). For all submissions, both electronic (Form ETA-9035E) or paper (Form ETA-Form 9035 where the employer has notified DOL that it will submit this form non-electronically due to a disability or received permission from DOL to file non-electronically due to lack of internet access), ALL required fields/terms containing an asterisk (*) must be completed as well as any fields/terms under a response is conditional as indicated by the section file symbol. Items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Vi	sa Information				
Indicate the type of visa classification supported by this application (Write classification symbol): * H-1B					
B. Temporary Need Information	о февеврино на , интелнорија посторија водинаја и почина почина и од и доберо удесни фистова и од и	nak-a saan een een ee ka ja ka saa saan saan een saan een saan saan s	orientamoninalismo caetade editaminato confesió estetam entiplica estatuação	an danne dem en	
1. Job Title * Application Programme	er	retermina de al material de que del Arte de del de mendi que par gal es complemente de constitución de la co	termininten kuntuk satu telepatah menganyan mentam sapi ara-sada hari sebelah dangangka sasas	treprinten som stade kom den speciel stadet freig til grede freige freig freig freig freige freight freige freigh freige	
SOC (ONET/OES) code * SOC (ONET/OES) occupation title * Computer Programmers					
4. Is this a full-time position? *	publication of the public residence of the contraction of the contract	Period of Intend	ded Employment		
2 Yes I No	5. Begin Date * 5/13/2 (mm/dd/yyyy)		6. End Date * 5/	12/2027	
7. Worker positions needed/basis for the	isa classification suppor	ted by this application	7	and and another contribution to the contribution of the contributi	
1 Total Worker Positions Be		ification *			
Basis for the visa classification supports (indicate total workers in each applicable car					
0 a. New employment *		0 d. N	lew concurrent em	ployment *	
o b. Continuation of previously without change with the s		0 e. C	hange in employe	r *	
c. Change in previously app	roved employment *	f. Ar	mended petition *		
C. Employer Information	O 4 printerior com un color medicina del processo positivo de proceso de conservar con conserva de proceso de O 4 printerior con un color medicina de conservar	d, one die glitzwei wijk is weer is die schiefen gewonen zu Autonomie verwerze geborde die schied in deutschie	rian kan pangkan pangkan menggalapan truncan mendenterak menggalapan menenggan	mit general de la grand al francisco de la conseguencia della conseguencia de la conseguencia della conseguencia de la conseguencia della conseguencia della conseguencia della consegue	
Legal business name * AMERICAN UNIT, INC	•	and it was to be a filter and the second	red cop-lantonesse are till dight as eramately a hiddle field in hid office — backlistenschaf	and the animal indexed personal animal first animal of the street of the contract of the same of the s	
2. Trade name/Doing Business As (DBA),	if applicable	t yn de rei wedig wyd eller yn digwydd yn gengant am dar nyrmyd agwer gwydd a wenn y wyd a wyg glyn y de y dae	Performed President process of the extension of the Article Andrews profession community and accessed to		
3. Address 1 * 2901 N. Dallas Pkwy					
4. Address 2 #333					
5. City * 6. State * 7. Postal code * Plano Texas 75093					
Country * United States Of America	and the state of t	9. Province TX	ander recorded to the British that the stay was to comply a suphrepression and these		
10. Telephone number * +1 (972) 398-3350		11. Extension	rapid andre e tillere vire e demonstre eftere pre entjesskå ud entrette virgenet enemen peny		
12. Federal Employer Identification Number 47-0914658	er (FEIN from IRS) *	13. NAICS code (n 541511	nust be at least 4-dig	its) *	

Form ETA- 9035/9035E

FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: 1-200-24121-941070

Case Status: Certified

Period of Employment: 5/13/2024 to 5/12/2027

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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)
VENIGALLA	RAMACHANDI	RA	R.
4. Contact's job title * VICE PRESIDENT, HUMAN RESOURCES			
5. Address 1 * 2901 N. Dallas Pkwy			The Control of Control of Cycle (Control of Control of
6. Address 2 #333			ория в на на согранительного в при в той основного округи в на при на пр
7. City * Plano		8. State * Texas	9. Postal code * 75093
10. Country * United States Of America		11. Province	
12. Telephone number *	13. Extension	14. E-Mail address	
+1 (972) 398-3350		HR@AMERICANU	NIT.COM

E. Attorney or Agent Information (If applicable)

Important Note: The employer authorizes the attorney or agent identified in this section to act on its behalf in connection with the filling of this application.

		A STATE OF THE PARTY OF THE PAR			
 Is the employer represented by an attorney or agent in the filing of this application? * If "Yes," complete the remainder of Section E below. 					
2. Attorney or Agent's last (family) name §	3. First (give	3. First (given) name § 4. Midd		name(s)	And delication in the prior provides the contract of
BOUDIA	JOHN		J		
5. Address 1 § 15875 MIDDLEBELT ROAD					
6. Address 2 SUITE 200					Marinina Advisiona di Albanija varingbaging pagagang pagagang pagagang pagagang pagagang pagagang pagagang pag
7. City § LIVONIA		8. State § Michigan	9. Po 48154	stal code §	
10. Country § United States Of America		11. Province		And confidence from a common data and make a septiment of the common data and a comm	
12. Telephone number §	13. Extension	14. E-Mail addres	S		
+1 (248) 354-8440	06	LCA@BOUDIA.C	MO		
15. Law firm/Business name §		16. Law f	firm/Business	FEINS	Birrana Marka Basaya Faranca a sanaya asan ayan sa
JOHN J. BOUDIA & ASSOCIATES PLC		38-3508004			
17. State Bar number (only if attorney) §		18. State of highe	est court whe	re attorney is in	good
P58618		standing (only if attorney) § Michigan			
19. Name of the highest State court where a	ttorney is in good	standing (only if attorney) §	3		
MICHIGAN SUPREME COURT					

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F. Employment and Wage Information

Important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attackment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 1

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th	Enter the estimated number of workers that will perform work at this place of employment under the LCA.*					
	dicate whether the worker(s) subject to this LCA will be placed vace of employment. *	vith a s	econdary entity a	at this	☑ Yes	□ No
3. If "Yes" to question 2, provide the legal business name of the secondary entity. §						
	au of Labor Statistics			ny manay ayan ahara ahay ahay ahay ahay ahay ahay aha		
2 Ma	ddress 1 * assachusetts Ave. NE		MPERIOR BOOK IN SENSO	rayahadayini iyakin ini yoki istinsida oo istinsiinga irradhada dhala dh		
	ddress 2			5		
6. C Was	ity * hington DC		7. County * District Of Co	olumbia		
	ate/District/Territory * ict Of Columbia		9. Postal code 20212	*	он фото на начинателент от филозопой с общего на филофоско о очено о очено оч	
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11. [Prevailing Wage Rate *	11a.	Per: (Choose on	ly one)*	god to be drawn the deposit to deal	in the second second
	\$ 78354 . 00	□ Но	our 🗆 Week 🗆	Bi-Weekly I	□ Month 回	Year
Ques	tions 12-14. Identify the source used for the prevailing way	e (PW) (check and full)	omplete or	nly one):*	
12. []	A Prevailing Wage Determination (PWD) issued by the Dep	partme	ent of Labor	a. PWD tra	cking number	§
13.	A PW obtained independently from the Occupational Emp.	loyme	nt Statistics (OF	*		
Resourced	a. Wage Level (check one): §			b. Source		
elias benomenos e lo inserio gapo se	ZI - DII DIV DNA			7/1/2023 -	6/30/2024	
A PW obtained using another legitimate source (other than OES) or an independent authoritative source						
	a. Source Type (check one): § CBA DBA DSCA Dother/ PW Survey b. Source Year §					
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §					
nondiparation to not plantida and	d. If responded "Other/ PW Survey" in question 14.a, enter the	title o	r name of the PV	V survey §		

Form ETA- 9035/9035E	FOR DEPARTMENT OF LABOR US	E ONLY	ert friuden geste system in schienke i der vordunderheide bediebeite steu	Page 3 of 7	7
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2 Yes

Q No

G. Employer Labor Condition Statements

Department's regulations at 20 CFR 655 Subpart H. *

Important Note: In order for your application to be processed, you MUST read Section G of the Form ETA-9035CP - General Instructions for the 9035 & 9035E under the heading "Employer Labor Condition Statements" and agree to all four (4) labor condition statements summarized below:

- (1) Wages: The employer shall pay nonimmigrant workers at least the prevailing wage or the employer's actual wage, whichever is higher, and pay for non-productive time. The employer shall offer nonimmigrant workers benefits and eligibility for benefits provided as compensation for services on the same basis as the employer offers to U.S. workers. The employer shall not make deductions to recoup a business expense(s) of the employer including attorney fees and other costs connected to the performance of H-1B, H-1B1, or E-3 program functions which are required to be performed by the employer. This includes expenses related to the preparation and filling of this LCA and related visa petition information. 20 CFR 655.731;
- (2) Working Conditions: The employer shall provide working conditions for nonimmigrants which will not adversely affect the working conditions of workers similarly employed. The employer's obligation regarding working conditions shall extend for the duration of the validity period of the certified LCA or the period during which the worker(s) working pursuant to this LCA is employed by the employer, whichever is longer. 20 CFR 655.732;
- (3) Strike, Lockout, or Work Stoppage: At the time of filing this LCA, the employer is not involved in a strike, lockout, or work stoppage in the course of a labor dispute in the occupational classification in the area(s) of intended employment. The employer will notify the Department of Labor within 3 days of the occurrence of a strike or lockout in the occupation, and in that event the LCA will not be used to support a petition filing with the U.S. Citizenship and Immigration Services (USCIS) until the DOL Employment and Training Administration (ETA) determines that the strike or lockout has ended. 20 CFR 655.733; and
- (4) Notice: Notice of the LCA filing was provided no more than 30 days before the filing of this LCA or will be provided on the day this LCA is filed to the bargaining representative in the occupation and area of intended employment, or if there is no bargaining representative, to workers in the occupation at the place(s) of employment either by electronic or physical posting. This notice was or will be posted for a total period of 10 days, except that if employees are provided individual direct notice by e-mail, notification need only be given once. A copy of the notice documentation will be maintained in the employer's public access file. A copy of this LCA will be provided to each nonimmigrant worker employed pursuant to the LCA. The employer shall, no later than the date the worker(s) report to work at the place(s) of employment, provide a signed copy of the certified LCA to the worker(s) working pursuant to this LCA. 20 CFR 655,734.

1. I have read and agree to Labor Condition Statements 1, 2, 3, and 4 above and as fully explained in Section G of the Form ETA-9035CP – General Instructions for the 9035 & 9035E and the

H. Additional Employer Labor Condition Statements -H-18 Employ	yers ONLY
Important Note: In order for your H-4B application to be processed, you Median Instructions for the 9035 & 9035E under the heading "Additional Empbelow.	AUST read Section H – Subsection 1 of the Form ETA 9035CP - loyer Labor Condition Statements" and answer the questions
a. Subsection 1	
1. At the time of filing this LCA, is the employer H-1B dependent? §	☐ Yes ☐ No
2. At the time of filing this LCA, is the employer a willful violator? §	© Yes @ No
 If "Yes" is marked in questions H.1 and/or H.2, you must answer "Yes" whether the employer will use this application <u>ONLY</u> to support H-1 status for exempt H-1B nonlimmigrant workers? § 	es" or "No" regarding B petitions or extensions of Yes No
4. If "Yes" is marked in question H.3. identify the statutory basis for the exemption of the H-1B nonimmigrant workers associated with this LCA. §	e \$60,000 or higher annual wage ☐ Master's Degree or higher in related specialty ☐ Both
H-1B Dependent or Willful Violator Employers -Ma	ster's Degree or Higher Exemptions ONLY
 Indicate whether a completed Appendix A is attached to this LCA cononimmigrant worker for whom the statutory exemption will be base Master's Degree or higher in related specialty. 	overing any H-1B d ONLY on attainment of a Yes INO MANA

Form ETA- 9035/9035E	FOR DEPARTMENT OF LABOR US	E ONLY		Page 4 of 7
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if you marked "Yes" to questions H.a.1 (H-1B dependent) and/or H.a.2 (H-1B willful violator) and "No" to question H.a.3 (exempt H-1B nonimmigrant workers), you MUST read Section H - Subsection 2 of the Form ETA 9035CP - General Instructions for the 9035 & 9035E under the heading "Additional Employer Labor Condition Statements" and indicate your agreement to all three (3) additional statements summarized below.

4	0.	han	ction	43

- A. Displacement: An H-1B dependent or willful violator employer is prohibited from displacing a U.S. worker in its own workforce within the period beginning 90 days before and ending 90 days after the date of filling of the visa petition. 20 CFR 655.738(c);
- B. Secondary Displacement: An H-1B dependent or willful violator employer is prohibited from placing an H-1B nonimmigrant worker(s) with another/secondary employer where there are indicia of an employment relationship between the nonlimmigrant worker(s) and that other/secondary employer (thus possibly affecting the jobs of U.S. workers employed by that other employer), unless and until the employer subject to this LCA makes the inquiries and/or receives the information set forth in 20 CFR 655.738(d)(5) concerning that other/secondary employer's displacement of similarly employed U.S. workers in its workforce within the period beginning 90 days before and ending 90 days after the date of such placement. 20 CFR 655.738(d). Even if the required inquiry of the secondary employer is made, the H-1B dependent or willful violator employer will be subject to a finding of a violation of the secondary displacement prohibition If the secondary employer, in fact, displaces any U.S. worker(s) during the applicable time period; and
- C. Recruitment and Hiring: Prior to filing this LCA or any petition or request for extension of status for nonimmigrant worker(s) supported by this LCA, the H-1B dependent or willful violator employer must take good faith steps to recruit U.S. workers for the job(s) using procedures that meet industry-wide standards and offer compensation that is at least as great as the required wage to be paid to the nonimmigrant worker(s) pursuant to 20 CFR 655.731(a). The employer must offer the job(s) to any U.S. worker who applies and is equally or better qualified for the job than the nonimmigrant worker. 20 CFR 655,739.

6. I have read and agree to Additional Employer Labor Condition Stateme as fully explained in Section H – Subsections 1 and 2 of the Form ETA Instructions for the 9035 & 9035E and the Department's regulations at 2	9035CP - General	☐ Yes ☐ No
Public Disclosure Information Important Note: You must select one or both of the options listed in this Section		never-transcription (authorized for the contract of the contra
Public disclosure information in the United States will be kept at: *	☑ Employer's principal p ☐ Place of employment	lace of business
J. Notice of Obligations	. Ант поможения в	

Case Number: 1-200-24121-941070

- A. Upon receipt of the certified LCA, the employer must take the following actions:
 - Print and sign a hard copy of the LCA if filing electronically (20 CFR 655.730(c)(3));

Case Status: Certified

Maintain the original signed and certified LCA in the employer's files (20 CFR 655.705(c)(2); 20 CFR 655.730(c)(3); and 20 CFR 655.760); and

- Make a copy of the LCA, as well as necessary supporting documentation required by the Department of Labor regulations, available for public examination in a public access file at the employer's principal place of business in the U.S. or at the place of employment within one working day after the date on which the LCA is filed with the Department of Labor (20 CFR 655.705(c)(2) and 20 CFR 655.760).
- B. The employer must develop sufficient documentation to meet its burden of proof with respect to the validity of the statements made in its LCA and the accuracy of information provided, in the event that such statement or information is challenged (20 CFR 655.705(c)(5) and 20 CFR 655.700(d)(4)(h/)).
- C. The employer must make this LCA, supporting documentation, and other records available to officials of the Department of Labor upon request during any investigation under the Immigration and Nationality Act (20 CFR 655,760 and 20 CFR Subpart I).

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 therein is true and accurate. I understand that to knowingly furnish materially 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

	£ 3 / 2	
Last (family) name of hiring or designated official * VENIGALLA	2. First (given) name of hiring or designated official * RAMACHANDRA	3. Middle initial § R.
4. Hiring or designated official title * VICE PRESIDENT, HUMAN RESOURCES	Activity of the second	
5. Signature *	6. Date signed *	and a mention of the second of the complete or operation of the second operation operati
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11.	more	1.163	parer

Important Note:	Complete this section if the	preparer of this	LCA is a pen	on other t	han the	one identified i	n either	Section D	(employe
point of contact)	or E (attorney or agent) of th	is application.							

	Contraction of the Contraction o		The Parket of the State of the
. Last (family) name §	2. First (given) name §		3. Middle initial
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U.S. Government Agency Use (ONLY)	and determine the state of the state of the comment of the state of th	Berthines agged Alaman and Anness Amberdability and Alama Amberd and Amberdability and Alaman	and to account of the control of the
	or hereby acknowledg	es the following:	
By virtue of the signature below, the Department of Lab	oor hereby acknowledg	es the following:	
By virtue of the signature below, the Department of Lab	oor hereby acknowledge to 5/12/2027	es the following:	
By virtue of the signature below, the Department of Lab This certification is valid from 5/13/2024		es the following:	
By virtue of the signature below, the Department of Lab		es the following: 5/7/2024	
By virtue of the signature below, the Department of Lab This certification is valid from 5/13/2024	to 5/12/2027	additional committy in contract of the contrac	e (date signed)
This certification is valid from 5/13/2024	to 5/12/2027	5/7/2024	e (date signed)
This certification is valid from 5/13/2024 Department of Labor, Office of Foreign Labor Certification	to 5/12/2027	5/7/2024 Certification Date	e (date signed)

M. Signature Notification and Complaints

The signatures and dates signed on this form will not be filled out when electronically submitting to the Department of Labor for processing, but MUST be complete when submitting non-electronically. 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.

Complaints alleging misrepresentation of material facts in the LCA and/or failure to comply with the terms of the LCA may be filled using the WH-4 Form with any office of the Wage and Hour Division, U.S. Department of Labor. A listing of the Wage and Hour Division offices can be obtained at www.dol.gov/whd. Complaints alleging failure to offer employment to an equally or better qualified U.S. worker, or an employer's misrepresentation regarding such offer(s) of employment, may be filled with the U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, 950 Pennsylvania Avenue, NW, # IER, NYA 9000, Washington, DC, 20530, and additional information can be obtained at www.justice.gov. Please note that complaints should be filled with the Civil Rights Division, Immigrant and Employee Rights Section at the Department of Justice only if the violation is by an employer who is H-1B dependent or a willful violator as defined in 20 CFR 655.710(b) and 655.734(a)(1)(ii).

For public burden statement information, please see Form ETA-9035CP General instructions.

Form	ETA-	9035	/9035E

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F. Employment and Wage Information

important Note: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box. The employer must identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filling this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. Place of Employment Information 2

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th	nter the estimated number of workers that will perform work at the LCA.*	1						
	dicate whether the worker(s) subject to this LCA will be placed v lace of employment. *	econdary entity at this	☑ Yes ☐ No					
3. If	3. If "Yes" to question 2, provide the legal business name of the secondary entity. §							
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Fair			Fairfax					
8. S Virgi	tate/District/Territory *		9. Postal code * 22030					
	Wage Rate Paid to Nonimmigrant Workers *	10a.	a. Per: (Choose only one)*					
From* \$ 78354 . 00 To: \$								
11.	11. Prevailing Wage Rate * 11a. Per: (Choose only one)*							
	\$ 78354 00	ly ☐ Month ☑ Year						
Questions 12-14. Identify the source used for the prevailing wage (PW) (check and fully complete only one):								
12.								
13. A PW obtained independently from the Occupational Employment Statistics (OES) Program								
8	a. Wage Level (check one): §			ce Year §				
	ZI DII DII DIV DIVA			3 - 6/30/2024				
14.	14. A PW obtained using another legitimate source (other than OFS) or an independent authoritative source							
lan, d	a. Source Type (check one): § CBA DBA DSCA Other/ PW Survey		b. Sour	ce Year §				
c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §								
d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §								

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