

**APPLICATION FOR APPROVAL
OF EMPLOYMENT CONTRACT
FOR FOREIGN NATIONAL WORKER**

EMPLOYER NAME: _____ EMPLOYER NO. _____

OFFICE ADDRESS _____

E-MAIL _____ OFFICE/CELL PHONE _____

FAX NO. _____

The employer named above hereby requests approval of an employment contract for a foreign national worker named in the employment contract submitted with this application. In support of the request for approval, an officer of an employer that is a corporation or the individual who is a sole proprietor or non-business employer, and who has signed this form in the space provided below, states the following:

1. **ACKNOWLEDGMENT:** The employment contract submitted with this application is a binding obligation of the employer named above; the employer named above has immediately available a full-time job for 40 hours of work per week for the foreign national worker named in the employment contract; and the employer named above has the present capability to meet all the financial responsibilities under the contract for the full term of the contract.

2. **WAIVER:** The employer named above hereby waives, fully and completely, any rights to confidentiality concerning records with respect to the employer named above in the possession, custody, or control of any agency of the federal, state, or Commonwealth government. Such records may be made available to the Department of Labor, upon the request of the Director of Labor, for purposes of administering the Commonwealth labor laws.

3. **CONSENT:** The employer named above hereby consents, fully and completely, to any administrative inspection by the Director of Labor of the employment and wage records and worksites of the employer named above in accordance with Part VI, Section 3(l) of the Employment Rules and Regulations published by the Department of Labor. The employer named above agrees to maintain complete employment records and documentation, in English, as required by Section 4967 of P.L. 15-108, with respect to each foreign national worker, during and for a period of two years after the employment of the foreign national worker, and agrees to report to the Director of Labor in writing all incidents covered by Section 4970(a)(5) of P.L. 15-108.

4. **CERTIFICATION:** The employer named above makes the following certifications as of the date subscribed below:

- a) The employer named above is in full compliance with all applicable Commonwealth statutory and regulatory requirements with respect to the workforce participation of U.S. citizens and permanent residents.
- b) The employer named above is in full compliance with all applicable statutory and regulatory requirements of the United States.
- c) The employer named above is in full compliance with the regulatory requirements of the home country of such foreign workers as may be the subject of a memorandum of understanding or other protocol with the Commonwealth government.

5. ADDITIONAL CERTIFICATION OF NON-BUSINESS EMPLOYER: The employer named above, if a non-business employer, certifies that he or she is not currently receiving and has not for the immediately preceding year before the date subscribed below received any assistance from the Nutritional Assistance Program, Security Supplemental Income from the Social Security Administration, or any government subsidy in the form of public utilities from the Commonwealth Utilities Corporation or low income housing from the Mariana Islands Housing Authority. The employer named above certifies that he or she meets the financial requirements set out in Part II, Section 2(D)(2)(c) of the Employment Rules and Regulations published by the Department of Labor.

6. ATTESTATION: The employer named above attests and affirms that the statements made in the employment contract, and any health insurance contract and any security contract entered into by the employer named above in connection with the employment contract, are true and correct in all respects. These statements are material statements for purposes of Section 4963(d) and are subject to the penalties of Section 4964(i) of P.L. 15-108.

Date

Employer