

15. WORK EXPERIENCE. *List all jobs held during past three (3) years. Also, list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.*

a. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED <i>Month Year</i>	DATE LEFT <i>Month Year</i>	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT			NO. OF HOURS PER WEEK

b. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED <i>Month Year</i>	DATE LEFT <i>Month Year</i>	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT			NO. OF HOURS PER WEEK

c. NAME AND ADDRESS OF EMPLOYER

NAME OF JOB	DATE STARTED <i>Month Year</i>	DATE LEFT <i>Month Year</i>	KIND OF BUSINESS
DESCRIBE IN DETAIL THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT			NO. OF HOURS PER WEEK

16. DECLARATIONS

DECLARATION OF ALIEN ➤ ➤ *Pursuant to 28 U.S.C. 1746, I declare under penalty of perjury the foregoing is true and correct.*

SIGNATURE OF ALIEN	DATE
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AUTHORIZATION OF AGENT OF ALIEN ➤ ➤ *I hereby designate the agent below to represent me for the purpose of labor certification and I take full responsibility for accuracy of any representations made by my agent.*

SIGNATURE OF ALIEN	DATE
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NAME OF AGENT <i>(Type or Print)</i> Stephanie Sahlin	ADDRESS OF AGENT <i>(No., Street, City, State, ZIP Code)</i> Health Management Inc. 1707 L St NW Suite 900 Washington, D.C. 20036
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