



Application for Permanent Employment Certification
Form ETA-9089
U.S. Department of Labor

IMPORTANT: Please review and read the filing instructions carefully before completing the Form ETA-9089. A copy of the instructions can be found at <https://www.dol.gov/agencies/eta/foreign-labor>. If you are not submitting these forms electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional and must be completed if applicable as indicated by the section (§) symbol.

In accordance with Federal Regulations at 20 CFR 656.17(a)(1), incomplete applications will be denied by the Department of Labor. If submitting this form non-electronically, ALL fields/items must be completed. In fields/items for which there is no answer, enter "N/A" or "0" (zero) if the field/item is a number field. If submitting this form electronically, you may leave fields/items for which there is no answer blank, and, at the end of each page, you will be asked to confirm your desire to leave these fields/items blank. When the application is printed, all fields/items intentionally left blank will be automatically pre-populated with "N/A."

A. Employer Information

1. Legal Business Name * Cape Coral Petroleum Inc		
2. Trade Name/Doing Business As (DBA), if applicable § N/A		
3. Address 1 * 2231 Del Prado Blvd S		
4. Address 2 (apartment/suite/floor and number) § N/A		
5. City * Cape Coral	6. State * FLORIDA	7. Postal Code * 33990
8. Country * UNITED STATES OF AMERICA	9. Province § N/A	
10. Telephone Number * +1 (239) 574-3866	11. Extension § N/A	
12. Federal Employer Identification Number (FEIN from IRS) * 26-0566322	13. NAICS Code * 447110	
14. Number of current employees on payroll in the area of intended employment * 3	15. Year Commenced Business * (if household, year issued FEIN) 2007	
16. Is the employer a closely held corporation, partnership, or sole proprietorship in which the foreign worker has an ownership interest? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
17. Is there a familial relationship between the foreign worker and the owners, stockholders, partners, corporate officers, and/or incorporators? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

B. Employer Point of Contact Information

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 C, except when the attorney is an employee of the employer.

1. Contact's Last (family) Name * Ahmed	2. First (given) Name * Tamanna	3. Middle Name(s) § N/A
4. Contact's Job Title * President/ Manager		
5. Address 1 * 2231 Del Prado Blvd S		
6. Address 2 (apartment/suite/floor and number) § N/A		
7. City * Cape Coral	8. State * FLORIDA	9. Postal Code * 33990
10. Country * UNITED STATES OF AMERICA	11. Province § N/A	
12. Telephone Number * +1 (239) 574-3866	13. Extension § N/A	14. Business Email Address * maishatrading@gmail.com

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C. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * (complete the remainder of this section if "Attorney" or "Agent" is marked)		<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None	
2. Attorney or Agent's Last (family) Name § Veiga	3. First (given) Name § Marina	4. Middle Name(s) § F	
5. Address 1 § 2295 NW Corporate Blvd.			
6. Address 2 (apartment/suite/floor and number) § Suite 215			
7. City § Boca Raton		8. State § FLORIDA	9. Postal Code § 33431
10. Country § UNITED STATES OF AMERICA		11. Province § N/A	
12. Telephone Number § +1 (954) 781-1994	13. Extension § N/A	14. Law Firm/Business Email Address § perm@theepsteingroup.org	
15. Law Firm/Business Name § Law Office of Shayne J. Epstein, PA		16. Law Firm/Business FEIN § 65-1142548	

If "Attorney" is marked in question C.1 or an Attorney is acting as an "Agent", complete questions 17 to 19 below.

17. State Bar Number(s) § 125484	18. State of highest court where attorney is in good standing § FLORIDA
19. Name of the highest state court where attorney is in good standing § FLORIDA SUPREME COURT	

D. Foreign Worker Information

1. A completed Appendix A identifying the foreign worker being sponsored for permanent employment by the employer named in Section A of this application is attached. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Has the employer contracted with an agent or attorney that also represents the foreign worker covered by this application? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

E. Job Opportunity and Wage Information

1. Enter the valid Prevailing Wage Determination (PWD) case number issued by the Department of Labor to identify the job opportunity and prevailing wage(s) covered by this application. *	P-100-22279-514171
2. If a valid PWD has <u>not</u> been obtained due to the employer being required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21, indicate whether a completed Form ETA-9141 is attached to this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Offered Wage * From: \$ 27706 .00 * To: \$ 27706 .00	4. 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
5. Additional conditions about the offered wage. (Enter up to 500 characters) § N/A	



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F. Area of Intended Employment Information

a. Worksite Information

1. Type of worksite location that best describes where work will be performed (Choose only one): * a. <input checked="" type="checkbox"/> Business premises b. <input type="checkbox"/> Employer's private household (includes live-in and domestic household worker) c. <input type="checkbox"/> Employee's private residence (when work is performed directly out of the residence) d. <input type="checkbox"/> No <u>one</u> specific worksite address or physical location <i>If submitting this form non-electronically and marked "No one specific worksite address or physical location," enter "N/A" or "0" (zero), as appropriate, in questions 2- 7 below, mark questions 8 and 8a, and continue to Section F.b.</i>			
2. Worksite Address * 2231 Del Prado Blvd S			
3. Worksite Address § (apartment/suite/floor and number) N/A			
4. City * Cape Coral		5. County * LEE	
6. State/District/Territory * FLORIDA			7. Postal Code * 33990
8. MSA/OES Area Code * 15980	8a. MSA Name/OES Area Title * Cape Coral-Fort Myers, FL		

b. Additional Worksites

1. Will work be performed in geographic areas other than the one identified in Section F.a above? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. If "Yes" is marked in question F.b.1, indicate whether a completed Appendix B is attached to this application. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A

c. Other Definable Geographic Area(s)

Complete this question only where the specific MSA(s) are not known or the expected area(s) of intended employment are dispersed over a wide geographical area. If submitting this form non-electronically, and not applicable, enter "N/A." If the job opportunity requires roving, travel or possible relocation, enter the phrase "Various Worksites," otherwise, enter "N/A".

1. Identify the geographic area(s) where work will be performed. For example, this can include a listing of cities or townships/states, counties/states, or states located within a geographic region (up to 1,500 characters). §

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G. Additional Job Opportunity Information and Other Requirements

1. Is this a permanent position offering full-time employment of generally 35 hours or more? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the employer seeking permanent labor certification for a live-in household domestic service worker? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2a. If "Yes" is marked in Question G.2, indicate whether the foreign worker possesses one year of paid experience as a live-in household domestic service worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2b. If "Yes" is marked in Question G.2, indicate whether the employer and foreign worker have executed the required employment contract? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
2c. If "Yes" is marked in Question G.2b, indicate whether the employer provided a copy of the employment contract to the foreign worker? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
3. Will the employer accept a foreign diploma/degree equivalent to the employer's required U.S. diploma/degree identified in Section F of the PWD identified in Question E.1? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4. Is the foreign worker currently working for the employer submitting this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a. If "Yes" in Question G.4, indicate whether the foreign worker only qualifies for the job opportunity by virtue of the employer's alternative requirements identified in Section F of the PWD identified in Question E.1. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
4b. If "Yes" in Questions G.4 and G.4a, please select the applicable statement describing the employer's willingness to accept any suitable combination of education, experience, or training. §	<input type="checkbox"/> I ACCEPT <input type="checkbox"/> I DO NOT ACCEPT
5. Is the employer relying solely on the experience the foreign worker gained while working for the employer, including as a contract employee to qualify him/her for the job opportunity covered by this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a. If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position <u>substantially comparable</u> to the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
5b. If "Yes" in Question G.5, did the employer pay for any of the foreign worker's education or training necessary to satisfy any of the employer's requirements for the job opportunity identified in Section F of the PWD identified in Question E.1? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

If "Yes" is marked in any of the questions below, complete one (1) section of the Form ETA-9089, Appendix C to provide a brief explanation justifying the response.

6. Does the job opportunity require the worker to live on the employer's premises? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Does the job opportunity identified in Section F of the PWD identified in Question E.1 involve a combination of occupations? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Is proficiency in a foreign language required or preferred to perform the job duties identified in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Do the job requirements identified in Section F of the PWD identified in Question E.1 exceed the Specific Vocational Preparation (SVP) level assigned to the occupation as shown in the O*NET Job Zones? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
10. Did the employer use a credentialing service to qualify the foreign worker's education and/or experience requirements in Section F of the PWD identified in Question E.1? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
11. Has the employer received payment of any kind for the submission of this application? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Has the employer had a layoff in the occupation involved in this application or in a related occupation within the 6 months immediately preceding the filing of this application in the area of intended employment? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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H. Recruitment Information

a. Supervised Recruitment

1. Is the employer required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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b. Occupation Type - All must complete this section.

Mark ONE appropriate box below: *	
<input type="checkbox"/>	1a. This application is for a professional occupation (which includes a college or university teacher <u>not</u> selected using the competitive recruitment process) and the recruiting was conducted in accordance with 20 CFR 656.17(e)(1).
<input checked="" type="checkbox"/>	1b. This application is for a non-professional occupation and the recruiting was conducted in accordance with 20 CFR 656.17(e)(2).
<input type="checkbox"/>	1c. This application is for a college or university teacher and the candidate was selected using the competitive recruitment process in accordance with 20 CFR 656.18. (Skip c. and d. of Section H. and go to Appendix D)
<input type="checkbox"/>	1d. None of the above apply because this application is for a Schedule A or shepherd occupation .
<input type="checkbox"/>	1e. None of the above apply because this application is for a professional athlete .

c. Professional/Non-Professional Recruitment Information

Complete this section if 1a or 1b is marked in Question H.b above.			
1a. Start date of SWA job order §	3/15/2023	1b. End date of SWA job order §	4/14/2023
2. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? §		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Name of newspaper of general circulation in which an advertisement was placed. §		2b. Advertisement date §	
THE NEWS- PRESS		4/16/2023	
3. Which of the following did the employer use to place the other advertisement for the job opportunity? (Choose only one) §			
<input checked="" type="checkbox"/> Newspaper of general circulation <input type="checkbox"/> Professional journal <input type="checkbox"/> N/A			
3a. Name of newspaper or professional journal in which an advertisement was placed. §		3b. Advertisement Date §	
THE NEWS- PRESS		4/23/2023	

d. Additional Recruitment Requirements for Professional Occupations

Complete this section if 1a is marked in Question H.b above. A <u>minimum of three (3)</u> recruitment events listed below must be completed.					
<input type="checkbox"/>	Job fair §	1a. From:	N/A	1b. To:	N/A
<input type="checkbox"/>	Employer website §	2a. From:	N/A	2b. To:	N/A
<input type="checkbox"/>	Job search website §	3a. From:	N/A	3b. To:	N/A
<input type="checkbox"/>	On-campus recruiting §	4a. From:	N/A	4b. To:	N/A
<input type="checkbox"/>	Trade or professional organization §	5a. From:	N/A	5b. To:	N/A
<input type="checkbox"/>	Private employment firm §	6a. From:	N/A	6b. To:	N/A
<input type="checkbox"/>	Employee referral program §	7a. From:	N/A	7b. To:	N/A
<input type="checkbox"/>	Campus placement office §	8a. From:	N/A	8b. To:	N/A
<input type="checkbox"/>	Local or ethnic newspaper §	9a. From:	N/A	9b. To:	N/A

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<input type="checkbox"/>	Radio and/or TV advertisement §	10a. From:	N/A	10b. To:	N/A
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e. Notice of Posting - All must complete this section.

Mark ALL that apply in the appropriate box(es) below:	
<input type="checkbox"/>	1a. Bargaining Representative Notice of this filing has been provided to the bargaining representative for workers in the occupation in which the foreign worker will be employed at least 30 days before, but not more than 180 days before, the date the application was filed.
<input checked="" type="checkbox"/>	1b. No Bargaining Representative – Physical Notice Notice of this filing has been physically posted to employees for consecutive business days in a conspicuous location at the places of employment at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1c. No Bargaining Representative – Electronic Notice Notice of this filing has been disseminated electronically at least one (1) time, which is the employer's normal practice of informing current employees of job vacancies at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1d. No Bargaining Representative – In-House Media Notice of this filing has been disseminated using all in-house media, which is the employer's normal practice of informing current employees of job vacancies at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1e. No Bargaining Representative – Private Household Notice of this filing has been posted physically and/or disseminated electronically, in accordance with the employer's normal practice of informing current employees in the private household at least 30 days before, but not more than 180 days before, the date this application was filed.
<input type="checkbox"/>	1f. The employer DID NOT post the notice of filing.

I. Employer Labor Condition Statements - All must complete this section. Applications for Professional Athletes must attest to only condition statements 1 - 7.

- (1) The offered wage equals or exceeds the prevailing wage determined pursuant to 20 CFR 656.40 and 656.41, and the wage the employer will pay to the foreign worker to begin work will equal or exceed the prevailing wage that is applicable at the time the foreign worker begins work or from the time the foreign worker is admitted to take up the certified employment.
- (2) The wage offered is not based on commissions, bonuses, or other incentives, unless the employer guarantees a prevailing wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage.
- (3) The employer has enough funds available to pay the wage or salary offered the foreign worker.
- (4) The employer will be able to place the foreign worker on the payroll on or before the date of the foreign worker's proposed entrance into the United States.
- (5) The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, age, sex, religion, handicap, or citizenship.
- (6) The employer's job opportunity is not:
 - (i) Vacant because the former occupant is on strike or locked out in the course of a labor dispute involving a work stoppage; or
 - (ii) At issue in a labor dispute involving a work stoppage.
- (7) The job opportunity's terms, conditions, and occupational environment are not contrary to Federal, state or local law.
- (8) The job opportunity has been and is clearly open to any U.S. worker.
- (9) The U.S. workers who applied for the job opportunity were rejected for lawful job-related reasons.
- (10) The job opportunity is for full-time, permanent employment for an employer other than the foreign worker.

1. I certify under penalty of perjury my knowledge of and compliance with the applicable Labor Condition Statements above covering the conditions of employment for the job opportunity and foreign worker covered by this application. 20 CFR 656.10(c). *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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J. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section B (employer point of contact) or Section C (attorney or agent) of this application.

1. Last (family) Name § N/A	2. First (given) Name § N/A	3. Middle Name(s) § N/A
4. Law Firm/Business FEIN § N/A	5. Law Firm/Business Name § N/A	
6. Law Firm/Business Email Address § N/A		

For Public Burden Statement, see the Instructions for Form ETA-9089.



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FOREIGN WORKER INFORMATION

A. Foreign Worker Contact Information

1. Foreign Worker's Last (family) Name *		
HOSSAIN		
2. Foreign Worker's First (given) Name *		
HOMAIRA BINTA		
3. Foreign Worker's Middle Name(s) *		
N/A		
4. Address 1 (current) *		
1103 SE 16TH PLACE		
5. Address 2 (apartment/suite/floor and number) §		
N/A		
6. City *	7. State *	8. Postal Code *
CAPE CORAL	FLORIDA	33990
9. Country *	10. Province §	
UNITED STATES OF AMERICA	N/A	
11. Date of Birth (mm/dd/yyyy) *	12. Class of Admission *	13. Alien Registration Number (A#) (if applicable) *
1/11/1976	B-2	0
14. Country of Birth *		
BANGLADESH		
15. Country of Citizenship or Nationality *		
BANGLADESH		

B. Foreign Worker Education §

a. Educational Attainment Information 1

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity	
<input type="checkbox"/> None <input checked="" type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
BOARD OF INTERMEDIATE AND SECONDARY EDUCATION, COMILLA BANGLADESH	
1d. Name of Country of institution identified in question 1c	1e. Month/year attained (mm/yyyy)
BANGLADESH	06/1993

b. Educational Attainment Information 2

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	
1e. Month/year attained (mm/yyyy)	

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B. Foreign Worker Education (continued)

c. Educational Attainment Information 3

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

d. Educational Attainment Information 4

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

e. Educational Attainment Information 5

1. Education: U.S. Diploma/Degree attained relevant to the job opportunity <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other Degree (JD, MD, etc.)	
1a. If "Other Degree" in question 1, specify the diploma/degree attained	
1b. Specify major(s) and/or field(s) of study (may list more than one related major and more than one field)	
1c. Name of Institution that issued the degree/diploma	
1d. Name of Country of Institution identified in question 1c	1e. Month/year attained (mm/yyyy)

C. Foreign Worker Training Qualifications §

a. Training, Certification(s), and/or License(s) Information 1

1. Name of Institution/School/Training provider AAA FOOD SAFETY
1a. Name of training, coursework, experience received CERTIFIED FOOD PROTECTION MANAGER

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1b. Training/Certifications/licenses attained (if applicable) CERTIFIED FOOD PROTECTION MANAGER CERTIFICATE		
1c. Start date of training (mm/yyyy) 12/2022	1d. End date of training (mm/yyyy) 01/2023	1e. Month/year awarded (mm/yyyy) 01/2023

b. Training, Certification(s), and/or License(s) Information 2

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/Certifications/Licenses attained (if applicable)		
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)

c. Training, Certification(s), and/or License(s) Information 3

1. Name of Institution/School/Training provider		
1a. Name of training, coursework, experience received		
1b. Training/certifications/licenses attained (if applicable)		
1c. Start date of training (mm/yyyy)	1d. End date of training (mm/yyyy)	1e. Month/year awarded (mm/yyyy)

D. Foreign Worker Skills, Abilities and Proficiencies §

a. Skills, Abilities, and Proficiencies 1

1. Name of Employer/Institution/School/Training Provider AAA Food Safety	
1a. Country UNITED STATES OF AMERICA	1b. State, Territory, or Province TEXAS
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity (<i>up to 1,500 characters</i>) REQUIREMENTS: High School + Food Safety Certificate and 2 years of experience in the job offered. Alternatively, employer will accept High School plus a Food Safety Certificate plus any kind of management or executive experience in any industry. Mrs. Homaira Binta Hossain has complete the Food Safety certificate at AAA Food Safety. The course covered the following: Covid-19 Training, The importance of Food Safety, Good Personal Hygiene, Safe Food Preparation, Cleaning and Sanitizing, Receiving and Storing Food, Time & Temperature Control, Alert Food Defense Program, Preventing Cross Contamination, Allergens (cross contact), HACCP (Hazard, Analysis, critical control points), Methods for thawing, cooking, cooling, and re-heating food.	

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b. Skills, Abilities, and Proficiencies 2

1. Name of Employer/Institution/School/Training Provider	
1a. Country	1b. State, Territory, or Province
1c. Description of specific skills, abilities, and/or proficiencies the foreign worker possesses or attained, which help establish whether the foreign worker meets the requirements identified for the job opportunity (up to 1,500 characters)	

E. Foreign Worker Work Experience §

a. Work Experience 1

1. Employer Name CONTINENTAL TRADERS (BD) LTD. - OOCL			
1a. Address 1 PLOT#09 AGRABAD C/A, SK MUJIB ROAD			
1b. Address 2 IIUC TOWER, 9TH FLOOR			
1c. City or Town CHATTOGRAM			1d. Postal Code 4100
1e. Country BANGLADESH		1f. State, Territory, or Province CHATTOGRAM	
1g. Job Title SENIOR EXECUTIVE INBOUND DOCUMENTATION			
1h. Start Date (mm/yyyy) 01/2013	1i. End Date (mm/yyyy) 08/2015	1j. Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1k. Hours Worked Per Week 40

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11. Job Duties: Specify details of the job (work tasks performed, use of tools/equipment, supervision, etc.) (*up to 3,500 characters*)

Her Duties were: Calculation of Detention & Demurrage charges for each inbound shipment, follow up with customer for undelivered shipment and process bad debt write-off application for abandoned cargo, identify the commodities of each shipment & submit the import general manifest to Customs authority accordingly.

For Public Burden Statement, see the Instructions for Form ETA-9089.