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1205-0508

Expiration Date: 10/31/2025

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Form ETA-9089

## U.S. Department of Labor

**IMPORTANT:** Please read these instructions carefully before completing the Form ETA-9089. These instructions contain full explanations of the questions that make up the Form ETA-9089. If the employer plans to file non-electronically, ALL required fields and items containing an asterisk (\*) must be completed as well as any applicable fields and items where a response is conditioned on the response to another required section/field or item as indicated by the section (§) symbol. ANY MANDATORY FIELD LEFT BLANK OR INCOMPLETE WILL RESULT IN THE INABILITY TO SUBMIT THE APPLICATION ELECTRONICALLY AND THE APPLICATION WILL BE RETURNED TO THE REQUESTOR IF MAILED. Anyone who knowingly and willingly furnishes any false information in the preparation of Form ETA-9089 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fines, imprisonment or both (18 U.S.C. 2, 1001, 1546, 1621).

Preliminary Questions



H.b Occupation Type - All must complete this section. Mark ONE appropriate box below:

### 1b. Non-professional Occupation

H.a Is the employer required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20 CFR 656.21?

**No**

Please upload the Notice of Supervised Recruitment(NSR).

**NO**

You must upload your Player Contract.

**NO**

Copies of any written contracts or summaries of the terms of oral agreements containing the terms of the worker's current employment including wage or salary.

You must upload your Off Season letter. **NO**

Documentation that the job is permanent and year-round in nature, not temporary. It should indicate the number of hours worked per week during the off season and confirm work of at least 10 hours per week in the off season.

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You may upload your Union/No Objection letter. **NO**

A written consultation from an appropriate labor organization describing the work or services to be performed in the United States and the worker's qualifications for such work. The labor organization may also submit a letter of no objection to the approval of the petition.

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You may upload your Professional Association document. **NO**

Documentation that establishes the worker will be working for a team located in the United States that is a member of an association of six or more professional sports teams. Also, evidence that the association governs the conduct of its members and regulates the contests and exhibitions in which its member teams regularly engage.

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You may upload your Team Revenue document. **NO**

Documentation that establishes that the total combined revenues of the association's teams exceeds \$10 million per year.

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You must upload News Clippings/Player Statistics document. **NO**

Documentation attesting to the worker's

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preeminence or star status/sustained participation in major league sports.

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A: Employer Information



1 Legal Business Name

**Cape Coral Petroleum Inc**

---

3 Address 1

**2231 Del Prado Blvd S**

---

5 City

**Cape Coral**

---

6 State

**FLORIDA**

---

7 Postal Code

**33990**

---

8 Country

**UNITED STATES OF AMERICA**

---

10 Telephone Number

**+12395743866**

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12 Federal Employer Identification Number  
(FEIN from IRS)

**26-0566322**

---

13 NAICS Code

**447110**

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13 NAICS Description

**Convenience food with gasoline  
stations**

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? **No**

17 Is there a familial relationship between the  
foreign worker and the owners, stockholders,  
partners, corporate officers, and/or  
incorporators? **No**

B: Employer Point-of-Contact Information



1 Contact's Last (family) Name

**Ahmed**

2 First (given) Name

**Tamanna**

4 Contact's Job Title

**President/ Manager**

5 Address 1

**2231 Del Prado Blvd S**

---

7 City

**Cape Coral**

---

8 State

**FLORIDA**

---

9 Postal Code

**33990**

---

10 Country

**UNITED STATES OF AMERICA**

---

12 Telephone Number

**+12395743866**

---

14 Business Email Address

**maishatrading@gmail.com**

---

C: Attorney or Agent Information



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)

**Attorney**

---

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**

---

12 Telephone Number

**+19547811994**

---

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**

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17 State Bar Number(s)

**125484**

18 State of highest state 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 workers being sponsored for permanent employment by the employer named in section A of this application is attached.

**Yes**

2 Has the employer contracted with an agent or attorney that also represents the foreign worker covered by this application?

**Yes**

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 not been obtained due to the employer being required, by notice from a Certifying Officer, to currently undergo supervised recruitment in accordance with 20

**N/A**

CFR 656.21, indicate whether a completed Form ETA-9141 is attached to this application.

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3 From **27706.00**

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3 To **27706.00**

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4 Per (Choose only one) **Year**

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F.a: Worksite Information



a.1 Type of worksite location that best describes where work will be performed (Choose Only One)

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**Business Premises**

a.2 Worksite Address

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**2231 Del Prado Blvd S**

a.4 City

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**Cape Coral**

a.5 County

---

**LEE**

a.6 State/District/Territory

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**FLORIDA**

a.7 Postal Code

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**33990**

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a.8 MSA/OES Area Code **15980**

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a.8.a MSA Name/OES Area Title **Cape Coral-Fort Myers, FL**

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F.b: Additional Worksites



b.1 Will work be performed in geographic areas other than the one identified in Section F.a? **No**

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b.2 If 'yes' is marked in question F.b.1 indicate whether a completed Appendix B is attached to this application. **No**

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F.c: Other Definable Geographic Area(s)



c.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). **N/A**

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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? **Yes**

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2 Is the employer seeking permanent labor certification for a live-in household domestic **No**

service worker?

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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? **N/A**

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2b If "Yes" is marked in Question G.2, indicate whether the employer and foreign worker have executed the required employment contract? **N/A**

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2c If "Yes" is marked in Question G.2b, indicate whether the employer provided a copy of the employment contract to the foreign worker? **N/A**

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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? **Yes**

---

4 Is the foreign worker currently working for the employer submitting this application? **No**

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4a If 'Yes' in question G.4, indicate whether the foreign worker only qualifies for the job opportunity by the virtue of the employer's alternative requirements identified in Section F of the PWD identified in Question E.1. **N/A**

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5 Is the employer relying solely on the experience the foreign worker while working for the employer, including as a contract **No**

employee to qualify him/her for the job opportunity covered by this application?

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5a If "Yes" in Question G.5, did the foreign worker gain any of the qualifying experience with the employer in a position substantially comparable to the job opportunity identified in Section F of the PWD identified in Question E.1?

**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?

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**N/A**

6 Does the job opportunity require the worker to live on the employer's premises?

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**No**

7 Does the job opportunity in Section F of the PWD identified in Question E.1 involve a combination of occupations?

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**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?

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**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 ONET Job Zones?

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**No**

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? **No**

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11 Has the employer received payment of any kind for the submission of this application? **No**

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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? **No**

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H.c: Professional/Non-Professional Recruitment Information



c.1a Start date of SWA job order **3/15/2023**

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c.1b End date of SWA job order **4/14/2023**

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c.2 Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? **yes**

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c.2a Name of the newspaper of general circulation in which an advertisement was placed **FORT MYERS NEWS PRESS**

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c.2b Advertisement date **4/16/2023**

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c.3 Which of the following did the employer use to place the other advertisement for the job opportunity? (Choose only one)

**Newspaper of general circulation**

c.3a Name of the newspaper or professional journal in which an advertisement was placed

**FORT MYERS NEWS PRESS**

c.3b Advertisement date

**4/23/2023**

H.d: Additional Recruitment Requirements for Professional Occupations



H.e: Notice of Posting



- **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.**

I: Employer Labor Condition Statements



- **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).**

J: Preparer



4 Law Firm/Business FEIN



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**

6 City

**CAPE CORAL**

7 State

**FLORIDA**

8 Postal Code

**33990**

9 Country

**UNITED STATES OF AMERICA**

11 Date of Birth (mm/dd/yyyy)

**1/11/1976**

12 Class of Admission

**B-2**

13 Alien Registration Number (A#) (if applicable) **0**

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14 Country of Birth **BANGLADESH**

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15 Country of Citizenship or Nationality **BANGLADESH**

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APX A.B: Appendix A.B - Foreign Worker Education



B Foreign Worker Education

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Education Type **High School/GED**

Institution Name **BOARD OF INTERMEDIATE AND SECONDARY EDUCATION**

Country of Institution **BANGLADESH**

Month/Year Degree Attained **06/1993**

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APX A.C: Appendix A.C - Foreign Worker Training Qualifications



C Foreign Worker Training

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Training provider **AAA**

Name of training/coursework **FOOD SAFETY CERTIFICATE**

Training/certifications/licenses Attained **CERTIFIED FOOD PROTECTION MANAGER**

Month/Year Awarded **01/2023**

Training end date **01/2023**

Training start date **01/2023**

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APX A.D: Appendix A.D - Foreign Worker Skills



APX A.E: Appendix A.E - Foreign Worker Work Experience



E Foreign Worker Work Experience

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Employer Name **OOCL**

Address 2 **AGRABAD C/A, SK. MUJIB RD.**

City/town **CHATTOGRAM**

Address 1 **IIUC TOWER (9TH FLOOR), PLOT#9**

Postal Code **1512**

Country **BANGLADESH**

State/province/territory **N/A**

---

Job Title **SENIOR EXECUTIVE**

Start date **01/2013**

End date **08/2015**

Present **No**

Hours worked per week **40**

Job duties

**Calculation of Detention & Demurrage charges for each inbound shipment, follow up with customers 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.**

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APX B: Appendix B - Additional Worksite Information



Field: Appendix B.

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APX C: Appendix C - Supplemental Information



APX D: Appendix D - Special Recruitment for College and University Teachers

