

Labor Condition Application Posting Information

H-1B non-immigrant workers are being sought by Nagarro Inc. through the filing of a Labor condition application with the Employment and Training Administration of the U.S. Department of Labor.

Employment Information:

1. Location of Employment (City, State):	<u>Original LCA Addresses:</u> Cox Automotive Corporate Services, LLC: 13693 S 200 W, Suite 600, Draper, UT 84020 Home Location (Remote): 149 E Uinta Point Lane, Apt 10102, Draper, UT, 84020 <u>LCA MOVEMENT OR THE NEW LOCATION INCLUDES:</u> Cox Automotive Corporate Services, LLC: 13693 S 200 W, Suite 600, Draper, UT 84020 and Home Location (Remote): 13320 S Ensign Point Ln, Apt 5101, Draper, UT, 84020 (All in the same MSA - 7160 and County - Salt Lake)
2. H-1B Job Title:	Developer Lead
3. Period of Employment (mm/dd/year to mm/dd/year):	12/20/2024 to 12/19/2027
4. Occupational Classification Code:	15-1252.00
5. Total # of H-1B Non-Immigrant :	1
6. Range of Wage Rate Offered/Wage Offered (\$):	\$86,403.00 to \$122,960.00/ Year
7. ETA Case Number:	I-200-24177-147418

Exempt

Note:

- The labor condition application is available for public inspection at the offices of Nagarro Inc., 1737 N. First Street, Suite 590, San Jose, CA 95112.
 - Complaints alleging misrepresentation of material facts in the labor condition application and/or failure to comply with the terms of the labor condition application may be filed with any office of the Wage and Hour Division of the United States Department of Labor.
 - 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 filed with the Department of Justice, 10th Street & Constitution Avenue, NW., Washington, DC 20530
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Internal Use:

Posted Methods/Location: _____

This is to certify that the above notice was posted for the period from **(enter posting duration)** _____
to _____ (for at least 10 consecutive business days).

Name/Job Title:

_____ Aurora Jorge – Office Manager _____

Signed by:
