## Application for Prevailing Wage Determination ETA Form 9141



#### U.S. Department of Labor

Please read and review the instructions carefully before completing this form and print legibly. A copy of the instructions can be found at <a href="http://www.foreignlaborcert.doleta.gov/">http://www.foreignlaborcert.doleta.gov/</a>.

	n		
1. Indicate the type of visa classification	supported by this applica	tion (Write classifica	ntion symbol): *
B. Requestor Point-of-Contact Informa	tion		
Contact's last (family) name *	's last (family) name * 2. First (given) name * 3. Middle name(s) *		
4. Contact's job title *			
5. Address 1 *			
6. Address 2			
7. City *		8. State *	9. Postal code *
10. Country *		11. Province	
12. Telephone number *	13. Extension	14. Fax Number	
15. E-Mail Address			
C. Employer Information			
4			
Legal business name *			
Legal business name *      Trade name/Doing Business As (DBA)	A), if applicable §		
-	A), if applicable §		
Trade name/Doing Business As (DBA)	A), if applicable §		
Trade name/Doing Business As (DBA     Address 1 *	A), if applicable §	6. State *	7. Postal code *
<ol> <li>Trade name/Doing Business As (DBA)</li> <li>Address 1 *</li> <li>Address 2</li> </ol>	A), if applicable §	6. State * 9. Province	7. Postal code *
<ol> <li>Trade name/Doing Business As (DBA)</li> <li>Address 1 *</li> <li>Address 2</li> <li>City *</li> </ol>	A), if applicable §		7. Postal code *
<ol> <li>Trade name/Doing Business As (DBA)</li> <li>Address 1 *</li> <li>Address 2</li> <li>City *</li> <li>Country *</li> </ol>		9. Province 11. Extension	7. Postal code * e (must be at least 4-digits) *
<ol> <li>Trade name/Doing Business As (DBA)</li> <li>Address 1 *</li> <li>Address 2</li> <li>City *</li> <li>Country *</li> <li>Telephone number *</li> </ol>		9. Province 11. Extension	
2. Trade name/Doing Business As (DBA)  3. Address 1 *  4. Address 2  5. City *  8. Country *  10. Telephone number *  12. Federal Employer Identification Num  D. Job Offer Information		9. Province 11. Extension	
2. Trade name/Doing Business As (DBA 3. Address 1 * 4. Address 2 5. City * 8. Country * 10. Telephone number * 12. Federal Employer Identification Num  D. Job Offer Information a. Job Description:		9. Province 11. Extension	
2. Trade name/Doing Business As (DBA 3. Address 1 * 4. Address 2 5. City * 8. Country * 10. Telephone number * 12. Federal Employer Identification Num  D. Job Offer Information a. Job Description: 1. Job Title *	nber (FEIN from IRS) *	9. Province 11. Extension 13. NAICS code	e (must be at least 4-digits) *
2. Trade name/Doing Business As (DBA 3. Address 1 * 4. Address 2 5. City * 8. Country * 10. Telephone number * 12. Federal Employer Identification Num  D. Job Offer Information a. Job Description:	nber (FEIN from IRS) *	9. Province 11. Extension 13. NAICS code	e (must be at least 4-digits) *

PW Tracking Number:\_\_\_\_

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a. Job Description (continued)			
3. Number of hours of work per week *	3a. Hourly Wo	ork Schedule *	
Basic: Overtime*:	A.M. (h:mm)	n):: P.M. (h:mm)::	
4. Job Title of Supervisor for the Workers (	f applicable) §		
5. Does this position supervise the work of	other employees? *	5a. If yes, number of employees worker § will supervise (if applicable)	
<ol> <li>Job duties – A description of the job dut to <u>continue and complete</u> description. *</li> </ol>	ies to be performed <b>MUST</b> begin in	this space. If necessary, add attachment	
7. Will travel be required in order to perform the job duties? *	7a. If "Yes", please explain the tra	vel requirements: §	
□ Yes □ No			
8. Are there any other working conditions that affect the rate of pay? *	8a. If "Yes", please specify the w	orking conditions. §	
□ Yes □ No			
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	e Status: Validity Pe		

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b. Minimum Job Requirements:			
Education: minimum U.S. diploma/degree required *			
□ None □ High School/GED □ Associate's □ Bachelor'	s □ Master's □ Doctorate (PhD) □ O	ther degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/	1b. Indicate the major(s) and/or field(s) (May list more than one related major and		
degree required §	(May list more than one related major and	note than one lield)	
		T 5.4 5.1	
<ul><li>2. Does the employer require a second U.S. diploma/degree</li><li>2a. If "Yes" in question 2, indicate the second U.S. diploma</li></ul>	☐ Yes ☐ No		
za. Il res in question z, indicate the second o.s. diploma	a/degree and the major(s) and/or heid(s)	or study required §	
3. Is training for the job opportunity required? *		☐ Yes ☐ No	
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s)/name(s) of tra (May list more than one related field and mo		
months of training required §	(way list more than one related field and me	ore than one type)	
4. Is employment experience required? *		☐ Yes ☐ No	
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation required §		
<ol> <li>Special Requirements - List specific skills, licenses/certif job opportunity. *</li> </ol>	icates/certifications, and requirements o	f the	
c. Place of Employment Information:			
1. Worksite address 1 *			
2. Address 2			
3. City * 4. County *			
State/District/Territory *	e *		
7. Will work be performed in multiple worksites within an are employment or a location(s) other than the address listed a	No		
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to continue and complete a listing of all anticipated worksites. §			

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OMB Approval: 1205-0466 Expiration Date: 11/30/2011

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### U.S. Department of Labor

#### E. Prevailing Wage Determination

L. Frevailing wage Determination	<u></u>				
FOR OFFICIAL GOVERNMENT USE ONLY					
PW tracking number			2. Date P	W request recei	ved
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title				
4. Prevailing wage \$	. Prevailing wage \$ 4a. Wage level				I □ IV □ N/A
5. Per: (Choose only one)  □ Hour □ Week □ Bi-Weekly □ Month □ Year □ Piece Rate					
5a. If Piece Rate is indicated in qu					
6. Prevailing wage source (Choose		<b>`</b> ΒΛ □	DBA G	SCA -	Other/Alternate Survey
6a. If "Other/Alternate Survey" in o			DBA 🗆	SCA 🗆	Other/Alternate Survey
2 2 2 2 2 2 2 2	1				
7. Additional Notes Regarding Wa	ige Determination				
8. Determination date		9. Ex	piration date		
F. OMB Paperwork Reduction Ac	t (1205-0466)				

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101). Public reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Room C4312 \* 200 Constitution Ave., NW \* Washington, DC \* 20210. **Do NOT send the completed application to this address.** 

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