

## Job Offer and Required Wage Request Form

Form ETA 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 <http://www.foreignlaborcert.doleta.gov/>. Except for items marked with an asterisk (\*), which may be left blank because they either do not apply or are conditioned based on a response to another item, all other data collection items contained on this form must be completed.

**Purpose of this form:** In accordance with Federal regulations, employers shall obtain a prevailing wage or required offered wage rate determination from the appropriate ETA application processing center, one located each in Atlanta and Chicago, serving the area of intended employment prior to filing an application for permanent or temporary labor certification. The job offer information contained on this form will be used by the ETA application processing center to issue a required wage determination, which will subsequently be used by the employer to conduct pre-filing recruitment of U.S. workers for the job opportunity.

**OMB Paperwork Reduction Act Statement:** These reporting instructions have been approved under the Paperwork Reduction Act of 1995. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Obligations to reply are mandatory (Immigration and Nationality Act, Sections 203(b)(3), 212(a)(5), and 218). Public reporting burden for this collection of information is estimated to average 50 minutes per response, including the time to review instructions, search existing data sources, gather and maintain the data needed, and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Room C-4312, 200 Constitution Ave. NW, Washington, DC 20210. (Paperwork Reduction Project OMB 1205-0NEW.)

### A. Employment-Based Visa Classification Information

1. Indicate the type of visa classification (Choose only one box below)		
<u>Permanent Employment</u>	<u>Temporary Employment</u>	
<input type="checkbox"/> PERM Program	<input type="checkbox"/> H-1B Program	<input type="checkbox"/> H-2B Program <input type="checkbox"/> H-2A Program
2. Number of openings to be filled by job offer	Anticipated Period of Employment	
	3a. From (mm/dd/yyyy)	3b. To (mm/dd/yyyy)

### B. Requestor Point-of-Contact Information

1a. Contact's Last (Family) Name	1b. First (Given) Name	1c. Middle Name(s)	
2. Firm/Business Name			
3a. Address 1			
3b. Address 2*			
4. City	5. State/Province	6. Country	7. Postal Code
8a. Phone Number		8b. Fax Number	
9. E-Mail Address*			



## Job Offer and Required Wage Request Form

Form ETA 9141  
U.S. Department of Labor

### C. Employer or Association Information

1. Employer's name (Headquarters or Main Office)			
2. Trade Name/Doing Business As (DBA), if applicable*			
3a. Address 1			
3b. Address 2*			
4. City	5. State/Province	6. Country	7. Postal Code
8a. Phone number (area code and seven digit number) (     ) -     -     -     -     -     -		8b. Extension*	
9. Number of employees currently on the employer's payroll in area of intended employment		10. Year commenced business (or date EIN issued for households)	
11. Employer Identification Number (EIN from IRS)		12. NAICS/Industry code (must be at least 4-digits)	

### D. Job Offer Information

#### a. Description:

1. Job title	
2. Number of hours of work per week  Basic:                      Overtime*:	2a. Hourly Work Schedule  A.M. (h:mm):                      P.M. (h:mm):
3. Job Title of Supervisor (if applicable)*	4. Number of employees worker will supervise (if applicable)*
5. Job duties – A description of the job duties to be performed <b>MUST</b> begin in this space. If submitting Form ETA 9141 by mail, add attachment if necessary to <u>continue and complete</u> description.	



### Job Offer and Required Wage Request Form

Form ETA 9141  
U.S. Department of Labor

#### D. Job Offer Information (continued)

6. Special Requirements - List other specific skills, licenses/certificates/certifications, and other special requirements of the job opportunity. Description MUST begin in this space. If submitting Form ETA 9141 by mail, add attachment if necessary to <u>complete</u> special requirements. Write " <b>None</b> " in the space below if the job opportunity does not contain any special requirements.	
7. Will any On-the-Job Training (OJT) be provided to workers in order to perform the job duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	7a. If Yes, number of <u>weeks</u> of OJT to be provided:

#### b. Minimum Job Requirements:

1. Education: minimum U.S. level required: <input type="checkbox"/> None <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> Other	
1a. If Other in question 1, specify the education required:	
1b. Indicate the major field(s) of study (May list more than one related major and more than one field)	
2. Is training for the job opportunity required? <input type="checkbox"/> Yes <input type="checkbox"/> No	2a. If Yes, number of <u>months</u> of training required:
2b. If Yes in question 2, indicate the field(s)/type(s) of training:	
3. Is employment experience required? <input type="checkbox"/> Yes <input type="checkbox"/> No	3a. If Yes, number of <u>months</u> of experience required:
3b. If Yes in question 3, indicate the occupation(s) required	



## Job Offer and Required Wage Request Form

Form ETA 9141  
U.S. Department of Labor

**c. Primary Worksite Information:**

**Important Note:** The worksite address *must be a physical location* and cannot be a P.O. Box. If work will be performed in multiple locations, then complete this section as follows:

- Answer "Yes" to Question 1;
- Indicate whether the work to be performed in multiple locations is based on an itinerary;
- Record the worksite location where the work is *currently being performed or is expected to begin*; and
- Under section "d. Additional Worksite Information," provide as much geographic detail as possible (e.g., city/state, township/state, county/state) to cover all locations where work will be performed .

1. Does the job opportunity involve multiple work locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "yes," indicate whether the work to be performed is based on an itinerary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

3. Employer's name			
4. Trade Name/Doing Business As (DBA), if applicable*			
5a. Worksite Address 1			
5b. Worksite Address 2*			
6. City/Township	7. State	8. County	9. Postal Code
<i>Section d. must be completed for job opportunities involving an itinerary or where special procedures granted by the Department apply</i>			
10. If applicable, total number of workers performing services or labor at this worksite location*	Anticipated Period of Employment		
	11a. From (mm/dd/yyyy)*	11b. From (mm/dd/yyyy)*	

**d. Additional Worksite Information:**

List all other locations where work will be performed under the job opportunity. Provide as much geographic detail as possible using the fields in this section. If submitting Form ETA 9141 by mail, add attachment if necessary to complete the worksite information.

1. City/Township	2. State	3. County
4. If applicable, total number of workers performing services or labor at this worksite location*	Anticipated Period of Employment*	
	5a. From (mm/dd/yyyy)*	5b. From (mm/dd/yyyy)*
6. City/Township	7. State	8. County
9. If applicable, total number of workers performing services or labor at this worksite location*	Anticipated Period of Employment*	
	10a. From (mm/dd/yyyy)*	10b. From (mm/dd/yyyy)*
11. City/Township	12. State	13. County
14. If applicable, total number of workers performing services or labor at this worksite location*	Anticipated Period of Employment*	
	15a. From (mm/dd/yyyy)*	15b. From (mm/dd/yyyy)*



## Job Offer and Required Wage Request Form

Form ETA 9141  
U.S. Department of Labor

**e. Additional Terms and Conditions of Employment (For H-2A Applications ONLY)**

**Important Note:** Appendix A contains a full description of the employer's job opportunity, including the duties to be performed, minimum job requirements, worksite location(s), duration of employment, benefits, wages, and other terms and conditions. Applications that fail to attach Appendix A will be considered incomplete and not accepted for determining the required wage rate or conducting recruitment of U.S. workers.

Please confirm that Appendix A will be submitted simultaneously with this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
--	--

**E. Employer Declaration**

**I declare** under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. *I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).* The information contained in this application related to the job opportunity describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job.

1a. Last (Family) name	1b. First (Given) name	1c. Middle initial
2. Title		
3. Signature	4. Date signed (mm/dd/yyyy)	

**F. Prevailing Wage Determination (Required Offered Wage Rate for H-2A)**

FOR GOVERNMENT USE ONLY		
1. PW tracking number	2. Date PW request received (mm/dd/yyyy)	
3. SOC (ONET/OES) code	4. SOC (ONET/OES) occupation title	
5a. Wage level <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	5b. Geographic area level	
6a. Prevailing wage \$ _____ . _____	6b. For H-2A only Required Wage Rate \$ _____ . _____	6c. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate
6d. Prevailing wage source <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Employer provided <input type="checkbox"/> Other		
6e. If Other is indicated in question 6, specify:*		
7. Determination date (mm/dd/yyyy)	8. Expiration date (mm/dd/yyyy)	



## Job Offer and Required Wage Request Form

Form ETA 9141  
U.S. Department of Labor

---

**APPENDIX A**  
**ADDITIONAL TERMS AND CONDITIONS OF EMPLOYMENT**  
Job Offers Filed for Temporary Labor Certification under the H-2A Program **ONLY**

A. Location and Description of Housing Arrangements

B. Transportation Arrangements

C. Board Arrangements (check applicable statements)

- Employer will provide 3 meals per day and will deduct \$ \_\_\_\_\_ per day.
- Employer will furnish free and convenient cooking and kitchen facilities so that workers may prepare their own meals.
- Employer will provide (on a voluntary basis) transportation to assure workers access to stores where they can purchase groceries, if the employer is providing cooking and kitchen facilities.



### Job Offer and Required Wage Request Form

Form ETA 9141  
U.S. Department of Labor

**D. Wage Rates, Special Pay, and Deduction Information**

Crop Activity	Hourly Wage	Piece Rate Wage	Piece Rate Unit(s)	Special Pay <i>(bonus, etc.)</i>	Deductions from Pay	
	\$ ____ . ____	\$ ____ . ____			Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ ____ . ____	\$ ____ . ____			Federal Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ ____ . ____	\$ ____ . ____			State Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ ____ . ____	\$ ____ . ____			Meals	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ ____ . ____	\$ ____ . ____			Health Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$ ____ . ____	\$ ____ . ____			Other (specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record the pay period for the workers (e.g., weekly, bi-weekly, monthly) and any other details about the pay						
Does the employer pay Unemployment insurance taxes?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the employer possess valid workers' compensation insurance policy?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are tools provided at no charge to the workers?					<input type="checkbox"/> Yes	<input type="checkbox"/> No

**E. Other Special Instructions**

Explanation as to how U.S. workers should be referred for consideration/hire

Will employer accept collect calls from qualified eligible individuals referred to the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the nearest local office of the SWA accept collect calls from qualified eligible individuals referred to the job?	<input type="checkbox"/> Yes <input type="checkbox"/> No