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 http://www.foreignlaborcert.doleta.gov/.

A. Employment-Based Visa Information

1. Indicate the type of visa classification supported by this application *(Write classification symbol)*: *

B. Requestor Point-of-Contact Information

1. Contact'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

1. Legal business name *	
2. Trade name/Doing Business As (DBA), if applicable §	
3. Address 1 *	
4. Address 2	
5. City *	6. State * 7. Postal code *
8. Country *	9. Province
10. Telephone number *	11. Extension
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *

D. Job Offer Information

a. Job Description:

1. Job Title *	
2. *Suggested* SOC (ONET/OES) code *	2a. *Suggested* SOC (ONET/OES) occupation title *

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a. Job Description *(continued)*

3. Number of hours of work per week *	3a. Hourly Work Schedule *
Basic: _____ Overtime*: _____	A.M. *(h:mm)*: ___ : ____ P.M. *(h:mm)*: ___ : ____

4. Job Title of Supervisor for the Workers (if applicable) §

5. Does this position supervise the work of other employees? * ❑ Yes ❑ No	5a. If yes, number of employees worker § will supervise (if applicable) _____

6. Job duties – A description of the job duties to be performed **MUST** begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *

7. Will travel be required in order to perform the job duties? * ❑ Yes ❑ No	7a. If "Yes", please explain the travel requirements: §
8. Are there any other working conditions that affect the rate of pay? * ❑ Yes ❑ No	8a. If "Yes", please specify the working conditions. §

b. Minimum Job Requirements:

1. Education: minimum U.S. diploma/degree required * ☐ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/ degree required *§*	1b. Indicate the major(s) and/or field(s) of study required *§* (May list more than one related major and more than one field)

2. Does the employer require a second U.S. diploma/degree? *		☐ Yes ☐ No
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of 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 training required *§* (May list more than one related field and more 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 *§*	

5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. *

c. Place of Employment Information:

1. Worksite address 1 *	
2. Address 2	

3. City *	4. County *
5. State/District/Territory *	6. Postal code *

7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	☐ Yes ☐ No
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible, such as the Metropolitan Statistical Areas (MSAs) or the city(ies)/township(s)/county(ies) and the corresponding state(s) where work will be performed. For job contractors filing under the H-2B program, submit a separate attachment identifying, by business name and mailing address, all physical locations where the services or labor will be performed. *§*	

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E. Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PW tracking number	2. Date PW request received

3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title

4. Prevailing wage $ _____ . _____	4a. Wage level ☐ I ☐ II ☐ III ☐ IV ☐ N/A

5.   Per: (Choose only one)
☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate

5a. If Piece Rate is indicated in question 2, specify the wage offer requirements :*

6. Prevailing wage source (Choose only one)
☐ OES   ☐ CBA   ☐ DBA   ☐ SCA   ☐ Other/Alternate

6a. If "Other/Alternate Survey" in question 7, specify

7. Additional Notes Regarding Wage Determination

8. Determination date	9. Expiration date

F. OMB Paperwork Reduction Act *(1205-0466)*

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