

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 ( <i>Write classification symbol</i> ): *	H-1B1 Chile
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**B. Requestor Point-of-Contact Information**

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
BRIAN	SMITH	N/A
4. Contact's job title *		
Tester		
5. Address 1 *		
TEST		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
WASHINGTON	DC	20001
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. Fax Number
202-232-323269	N/A	N/A
15. E-Mail Address		
SMITH.BRIAN@DOL.GOV		

**C. Employer Information**

1. Legal business name *		
PROTECH TEST		
2. Trade name/Doing Business As (DBA), if applicable		
N/A		
3. Address 1 *		
TEST		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
WASHINGTON	N/A	20001
8. Country *	9. Province	
BOTSWANA	N/A	
10. Telephone number *	11. Extension	
202-232-323269	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
N/A	5411	

**D. Job Offer Information**

**a. Job Description:**

1. Job Title *	
Tester	
2. Suggested SOC (ONET/OES) code *	2a. Suggested SOC (ONET/OES) occupation title *
13-2011.00	Accountants and Auditors

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**a. Job Description** (continued)

3. Number of hours of work per week * Basic: <u>40</u> Overtime*: <u>N/A</u>	3a. Hourly Work Schedule * From 09:00 AM to 05:05 PM
4. Job Title of Supervisor for the Workers (if applicable) N/A	
5. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5a. If yes, number of employees worker will supervise (if applicable) <u>N/A</u>
6. Job duties – A description of the job duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. * They will have to test all of our IT applications.	
7. Will travel be required in order to perform the job duties? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7a. If "Yes", please explain the travel requirements: In the United States.
8. Are there any other working conditions that affect the rate of pay? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8a. If "Yes", please specify the working conditions. N/A

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**b. Minimum Job Requirements:**

1. Education: minimum U.S. diploma/degree required *	
<input type="checkbox"/> None <input checked="" type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required  N/A	1b. Indicate the major(s) and/or field(s) of study required (May list more than one related major and more than one field)  Tester
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 N/A	
3. Is training for the job opportunity required? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required  10	3b. Indicate the field(s)/name(s) of training required (May list more than one related field and more than one type)  Testing Field
4. Is employment experience required? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required  10	4b. Indicate the occupation required  Tester in the IT fields.
5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. * Testing software.	

**c. Place of Employment Information:**

1. Worksite address 1 * 200 H st. NE	
2. Address 2 N/A	
3. City * Washington	4. County * Washington
5. State/District/Territory * DC	6. Postal code * 20010
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 <u>continue and complete</u> a listing of all anticipated worksites. SEE ADDENDUM	

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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 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A
5. 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	
5a. If Piece Rate is indicated in question 2, specify the wage offer requirements :*	
6. Prevailing wage source (Choose only one) <input type="checkbox"/> OES <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/Alternate Survey	
6a. If "Other/Alternate Survey" in question 6, specify	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date

**F. OMB Paperwork Reduction Act (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.**