

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>): *	
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B. Requestor Point-of-Contact Information

1. Contact's last (family) name *	2. First (given) name *	3. Middle name
4. Contact's job title *		
5. Address 1 *		
6. Address 2		
7. City *	8. State *	9. Postal code *
10. Country *	11. Province (if applicable)	
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 (if applicable)	
10. Telephone number *	11. Extension	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	

D. Wage Processing Information (PERM, H-1B, H-1B1 and E-3 ONLY)

1. Is the employer covered by the American Competitiveness Workforce Improvement Act (ACWIA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the position covered by a Collective Bargaining Agreement (CBA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2a. If the position is covered by a CBA, is the employer submitting the CBA:	<input type="checkbox"/> electronically with this application or <input type="checkbox"/> mailing in a copy?

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D. Wage Processing Information (cont.)

3. Is the employer requesting consideration of either the Davis-Bacon Act (DBA) or McNamara - O'Hara Service Contract Act (SCA)? If "Yes", specify DBA or SCA.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DBA <input type="checkbox"/> SCA
4. Is the employer requesting consideration of a survey in determining the prevailing wage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a. Survey Name:	
4b. Survey date of publication:	
4c. If requesting consideration of a survey, is the employer submitting the survey:	<input type="checkbox"/> electronically with this application or <input type="checkbox"/> mailing in a copy?

E. Job Offer Information

a. Job Description:

1. Job Title *	
2. Suggested SOC (ONET/OES) code *	2a. Suggested SOC (ONET/OES) occupation title *
3. Job Title of Supervisor for the Workers (if applicable) §	
4. Number of Hours of work per week*	Basic: _____ Overtime: _____
5. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. If "Yes", number of employees worker will supervise: § _____
5b. If "Yes", please indicate the level of the employees to be supervised:	<input type="checkbox"/> Subordinate <input type="checkbox"/> Peer <input type="checkbox"/> Other
6. Job duties – Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed MUST begin in this space. If necessary, add an attachment to <u>continue and complete</u> the description. *	

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E. Job Offer Information (cont.)

a. Job Description (cont.):

7. Will travel be required in order to perform the job duties? * <input type="checkbox"/> Yes <input type="checkbox"/> No	7a. If "Yes", please provide details of the travel required, such as the area(s), frequency and nature of the travel.
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b. Minimum Job Requirements:

1. Education: minimum U.S. diploma/degree required * <input type="checkbox"/> None <input 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 §	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? * <input type="checkbox"/> Yes <input 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 §	
3. Is training for the job opportunity required? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> 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? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required §	4b. Indicate the occupation for the required experience §
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? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
7a. If "Yes", identify the geographic place(s) of employment indicating each metropolitan statistical area (MSA) or the independent city(ies)/township(s)/county(ies) (borough(s)/parish(es)) and the corresponding state(s) where work will be performed. Please submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations.§	

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F. Prevailing Wage Determination

Disclaimer: This prevailing wage determination (PWD) does not serve as a validation or endorsement of the employer's job requirements as reflected on a labor certification or a labor condition application. Requests for PWDs are not reviewed for the appropriateness of the employer's job requirements. A PWD is based solely on the job duties and requirements disclosed in §§ A through E of this ETA Form 9141, and is intended to reflect an SOC which most accurately reflects those duties and requirements.

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PWD tracking number	2. Date PWD request received
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title
4. Prevailing wage \$ _____ . _____	4a. OES 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 (All Industries) <input type="checkbox"/> OES (ACWIA – Higher Education) <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 7, specify	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date

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. Public reporting burden for this collection of information is estimated to average 1 hour 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. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov.

Please do not send the completed application to this address.