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 sup	ported by this application	n (Write classification	on symbol): *		
3. Requestor Point-of-Contact Information	on				
Contact's last (family) name *	2. First (given) n	ame *	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 ap	pplicable §				
3. Address 1*					
4. Address 2					
		-			
5. City *		6. State *	7. Postal code *		
8. Country *		9. Province			
10. Telephone number *		11. Extension			
Federal Employer Identification Number (FEIN from IRS) * 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 (O	NET/OES) occupation ti	itle *		
z. Suggested 500 (ONET/OLO) 6000	Za. Gaggosiea 000 (O	ite i oco j ocoupation ti			
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a. Job Description (continued)

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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 app	olicable) §				
5. Does this position supervise the work of oth		□ Yes □ No	5a. If yes, numbe will supervise (r of employees worker if applicable)	§
6. Job duties – A description of the job duties to continue and complete description. *	to be performed _ U	IST begin in this	space. If necessary	, add attachment	
7. Will travel be required in order to	7a. If "Yes", please e	avnlain, the travel	requirements:	\$	
perform the job duties? *	ra. II Tes , piedse e	Apiaiii tile traver	requirements.	3	
□ Yes □ No					
8. Are there any other working conditions that affect the rate of pay? *	8a. If "Yes", please	specify the worki	ng conditions.	§	
□ Yes □ No					
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b.	Minimum	Job	Requi	iremen	ts:
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1. Education: minimum U.S. d	iploma/degree required *				
│	D □IAssociate's □Bachelor'	s ⊏Master's ⊏Doctora	ite (PhD) □Othe	er degree (JD	, MD, etc.)
1a. If "Other degree" in questi degree required §	on 1, specify the diploma/	1b. Indicate the major(s) (May list more than one rela			
2. Does the employer require	a second U.S. diploma/degree? *			☐ Yes	□ No
2a. If "Yes" in question 2, indic	ate the second U.S. diploma/deg	ree and the major(s) and/o	or field(s) of study	required	§
3. Is training for the job oppor	rtunity required? *			☐ Yes	□ No
3a. If "Yes" in question 3, spec months of training required		3b. Indicate the field(s)/r (May list more than one rela			\$
4. Is employment experience	required? *			☐ Yes	□ No
4a. If "Yes" in question 4, spec months of experience require		4b. Indicate the occupat	tion required §		
5. Special Requirements - List s job opportunity. *	specific skills, licenses/certificates	Certifications , and require	ements of the		
c. Place of Employment	Information:				
1. Worksite address 1 *					
2. Address 2					
3. City *			4. County *		
5. State/District/Territory *			6. Postal code *		
employment or a location(s) o	multiple worksites within an area ther than the address listed abov	e? *	☐ Yes ☐ No		
7a. If Yes in question 7, identification submit an attachment to con	fy the geographic place(s) of emp tinue and complete a listing of a	oloyment with as much speall anticipated worksites.	scificity as possible.	. If necessary	,
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E. Prevailing wage Determination							
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. PW tracking number 2. Date PW request received							
3. SOC (ONET/OES) code	SOC (ONET/OES) code 3a. SOC (ONET/OES) occupation title						
4. Prevailing wage \$		4a. Wage level				□IIV	□IN/A
5. Per: (Choose only one)							
5a. If Piece Rate is indicated in ques	□Hour □Week			□Year	□ I Piece F	Rate	
ou. Il i lood rate le il diouteur il i quee	non 2, opeony me v	vago onor roquire					
6. Prevailing wage source (Choose	e only one)						
	OES 🗆	CBA □	DBA (SCA		Other/Alterr	nate Survey
6a. If "Other/Alternate Survey" in qu	estion 6, specify						
7. Additional Notes Regarding Wag	e Determination						
O Determination 1-1-		105	nation dete				
8. Determination date		9. Expi	ration date				
F. OMB Paperwork Reduction A			lava a v) t !	D	d = # -
Persons are not required to respond to the							

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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