

Application for Prevailing Wage Determination  
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/>.

**A. Employment-Based Visa Information**

1. Indicate the type of visa classification supported by this application ( <i>Write classification symbol</i> ): *	
---------------------------------------------------------------------------------------------------------------------	--

**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 (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**

1. Is the employer covered by 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
3. Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Acts? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DBA <input type="checkbox"/> SCA

Application for Prevailing Wage Determination  
 Form ETA-9141  
 U.S. Department of Labor



**D. Wage Processing Information (cont.)**

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: §	

**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 this Position (if applicable) §	
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input type="checkbox"/> No	4a. If "Yes", number of employees worker § will supervise: _____
4b. If "Yes", please indicate the level of the employees to be supervised:	<input type="checkbox"/> Subordinate <input type="checkbox"/> Peer
5. 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 <b>MUST</b> begin in this space. *	
6. Will travel be required in order to perform the job duties? *  <input type="checkbox"/> Yes <input type="checkbox"/> No	6a. If "Yes", please provide details of the travel required, such as the area(s), frequency and nature of the travel. §

Application for Prevailing Wage Determination  
 Form ETA-9141  
 U.S. Department of Labor



**E. Job Offer Information (cont.)**

**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? * <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
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? * <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
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? * <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
4a. If "Yes" in question 4, specify the number of <u>months</u> 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? * <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span>	
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. If necessary, submit a second completed Form ETA-9141 with a listing of the additional anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations. §	

Application for Prevailing Wage Determination  
 Form ETA-9141  
 U.S. Department of Labor



**F. Prevailing Wage Determination**

<b>FOR OFFICIAL GOVERNMENT USE ONLY</b>	
1. PW tracking number	2. Date PW 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

**G. OMB Paperwork Reduction Act (1205-0508)**

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 \* Box 12 - 200 \* 200 Constitution Ave., NW, \* Washington, DC \* 20210. **Do NOT send the completed application to this address.**