

Form ETA-9141C

CW 1 Application for Prevailing Wage Determination - New Application

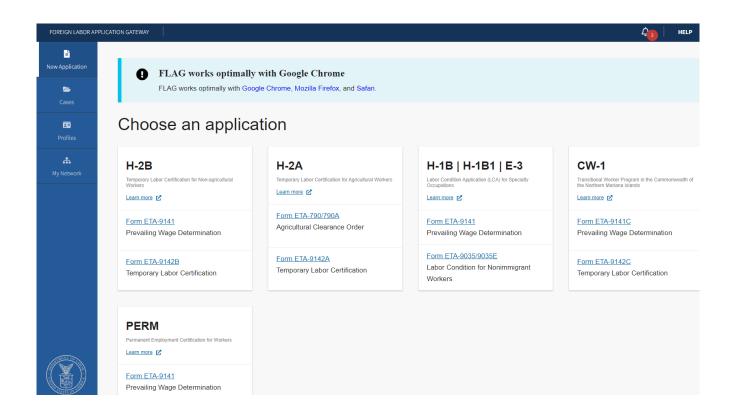


Figure 1: Home Screen to choose an application for CW-1 Form ETA-9141C



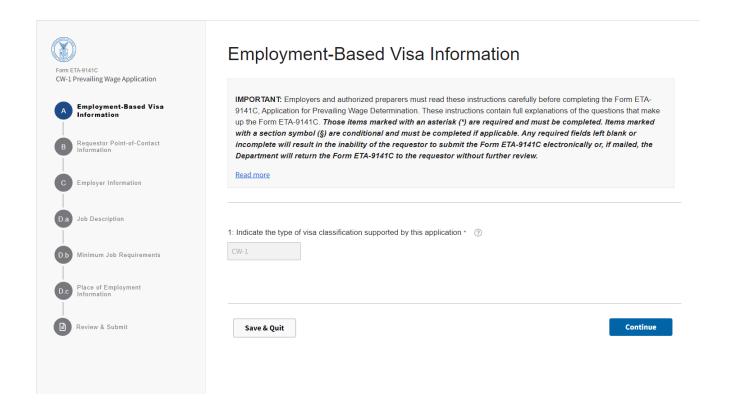


Figure 2: Section A: Employment-Based Visa Information



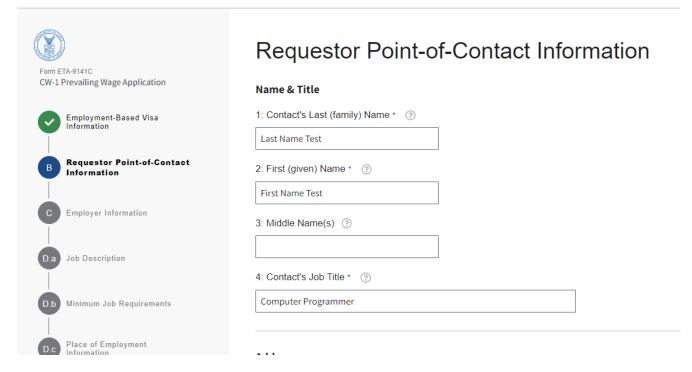


Figure 3: Section B: Requestor Point-of-Contact Information, Name and Title (B1 through B4)



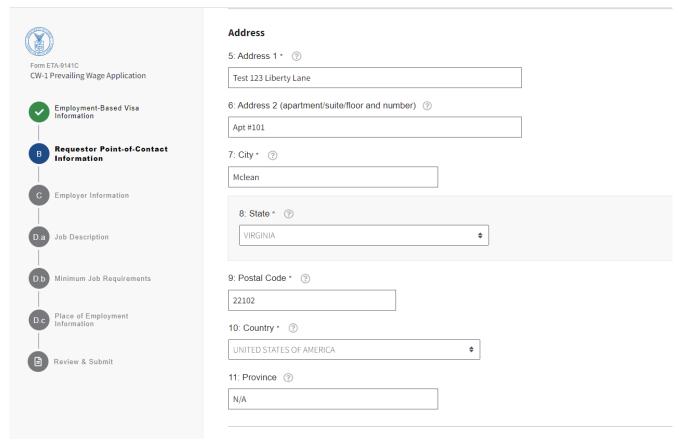


Figure 4: Section B: Requestor Point-of-Contact Information, Address (B5 through B11)



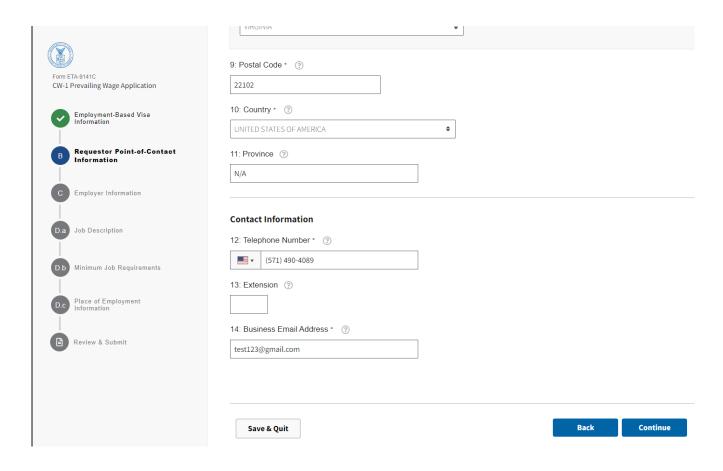


Figure 5: Section B: Requestor Point-of-Contact Information, Contact Information (B12 through B14)



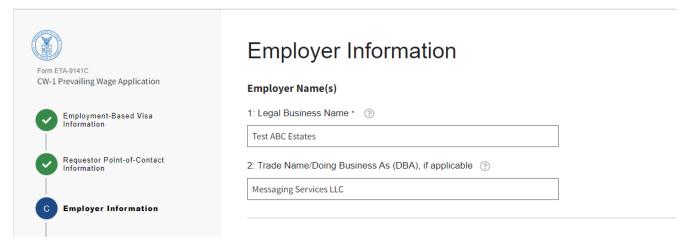


Figure 6: Section C: Employer Information, Employer Name (s) (C1 and C2)



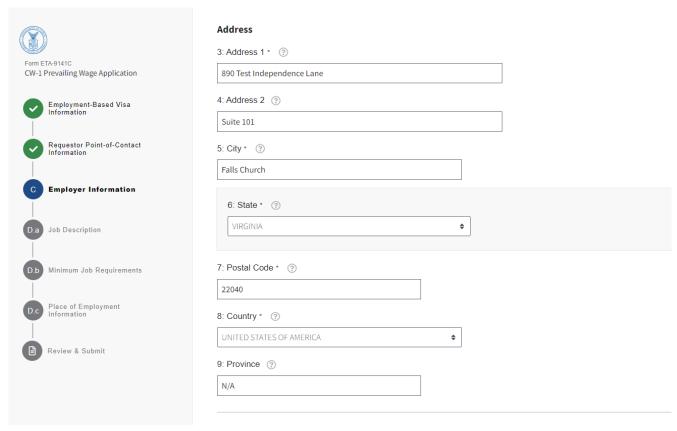


Figure 7: Section C: Address (C3 through C9)



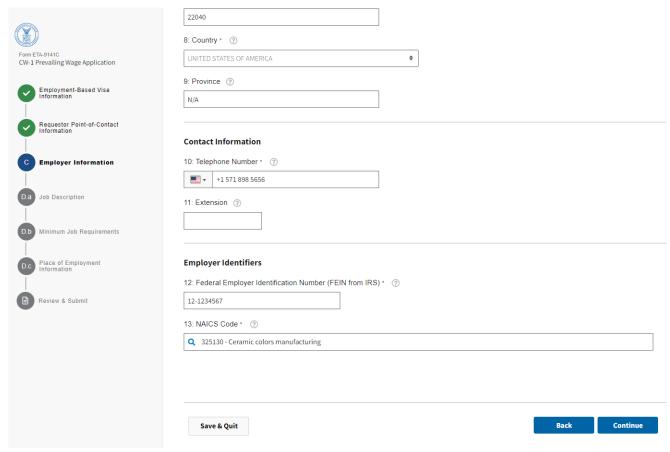


Figure 8: Section C: Contact Information (C10 and C11), Employer Identifiers (C12 and C13)



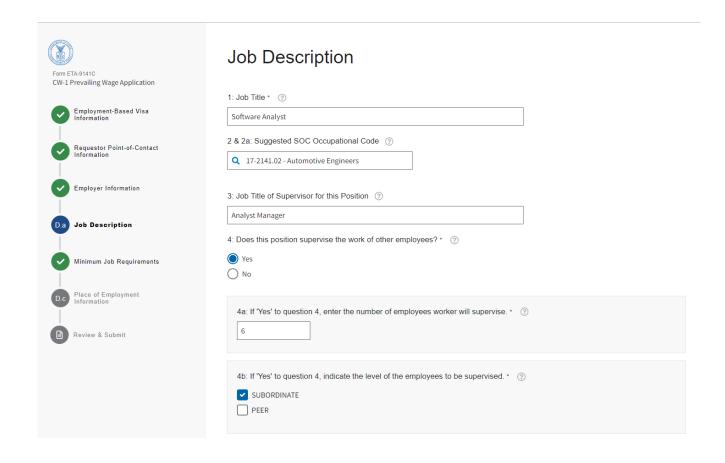


Figure 9: Section D.a: Job Description (D.a.1 through D.a.4b)



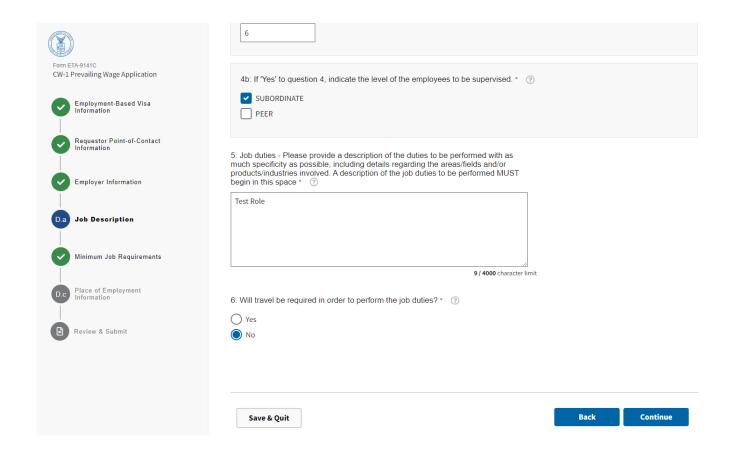


Figure 10: Section D.a: Job Description (D.a.5 and D.A.6)



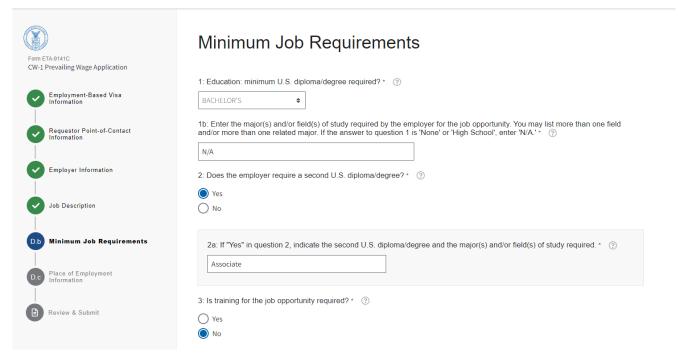


Figure 11: Section D.b: Minimum Job Requirements (D.b.1 through D.b.3)



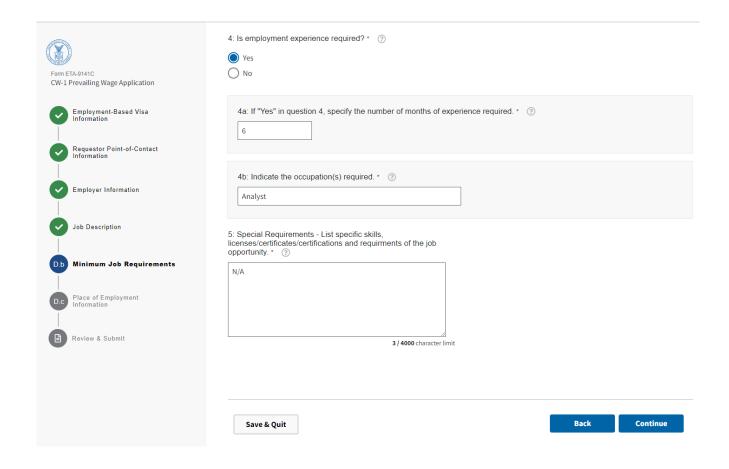


Figure 12: Section D.b: Minimum Job Requirements (D.b.4 and D.b.5)



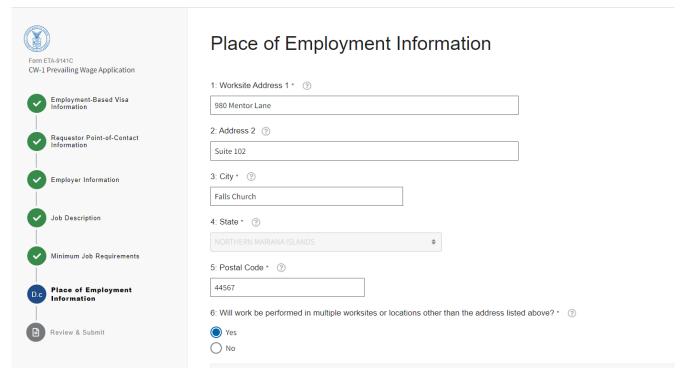


Figure 13: Section D.c: Place of Employment Information (D.c.1 through D.c.6)



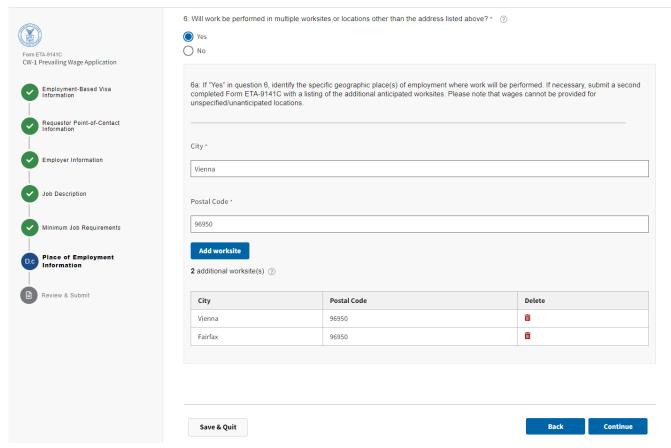


Figure 14: Section D.c: Place of Employment Information (D.c.6a)



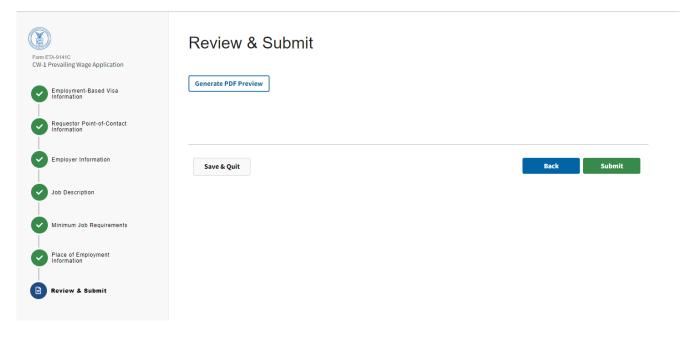


Figure 15: Review and Submit



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	Fo	revalling Wage Determina orm ETA-9141C Department of Labor	tion	
IMPORTANT: Employers and authorized pre- can be found at http://www.foreigniaboroed.do (*) and any fields/items where a response is or	oleta gow! If you are not sonditional as indicated by	submitting this electronically, pleas	ompleting the Form ETA-914 se complete <u>ALL</u> required field	fC. A copy of the instr ds/items containing an
Employment-Based Visa Information Indicate the type of visa classification	200 2000	this application (Write class	sification symbol): *	CW-1
B. Requestor Point of Contact Int	formation		1.000	
Contact's Last (family) Name * LAST NAME TEST	Name * 2. First (given FIRST NAME			
Contact's Job Title * COMPUTER PROGRAMMER	1			
5. Address 1 * TEST 123 LIBERTY LANE				
Address 2 (apartment/suite/floor a APT#101	nd number) §	<u> </u>	1	
7. City* MCLEAN 10. Country*		8. State * VA 11. Provin	9. Postal C 22102	code *
UNITED STATES OF AMERICA 12. Telephone Number *	A 13. Extension §	N/A 14. Business Email Add		
15714904089		TEST123@GMAIL.CO	MC	
Legal Business Name * TEST ABC ESTATES Trade Name/Doing Business At MESSAGING SERVICES LLC	s (DBA), if applicable	e §		
Address 1 * 890 TEST INDEPENDENCE LA	WE			
890 TEST INDEPENDENCE LA 4. Address 2 (apartment/suite/floo				
890 TEST INDEPENDENCE LA 4. Address 2 (apartment/suite/fico SUITE 101 5. City *		6. State *		al Code *
890 TEST INDEPENDENCE LA 4. Address 2 (apartment/suite/floo SUITE 101 5. City* FALLS CHURCH 8. Country* UNITED STATES OF AMERIC/ 10. Telephone Number*	or and number) §		22040	al Code *
890 TEST INDEPENDENCE LA 4. Address 2 (apartment/suite/floo SUITE 101 5. City * FALLS CHURCH 8. Country * UNITED STATES OF AMERICA	or and number) §	VA 9. Province N/A 11. Extens	22040 e §	al Code *
890 TEST INDEPENDENCE LA 4. Address 2 (spartment/suite/floo SUITE 101 5. City* FALLS CHURCH 8. Country* UNITED STATES OF AMERIC/ 10. Telephone Number* 15719895656 12. Federal Employer Identification	or and number) §	VA 9. Province N/A 11. Extens m IRS) * 13. NAICS	22040 e §	al Code *
890 TEST INDEPENDENCE LA 4. Address 2 (apartment/suite/floo SUITE 101 5. City* FALLS CHURCH 8. Country* UNITED STATES OF AMERIC/ 10. Telephone Number* 15718985656 12. Federal Employer Identificatio 12-1234567 D. Job Opportunity Information a. Job Description 1. Job Title * SOFTWARE ANALYST	n Number <i>(FEIN fra</i>	VA 9. Province N/A 11. Extens m IRS)* 13. NAICS 325130	22040 25 \$ 2006 2006 2006 2006 2006 2006 2006 200	al Code *
890 TEST INDEPENDENCE LA 4. Address 2 (apartment/suite/floo SUITE 101 5. City* FALLS CHURCH 8. Country* UNITED STATES OF AMERICA 10. Telephone Number* 157198985656 12. Federal Employer Identificatio 12-1234567 D. Job Opportunity Information a. Job Description 1. Job Title *	n Number <i>(FEIN fra</i>	VA 9. Province N/A 11. Extens m IRS) * 13. NAICS	22040 25 Sion Sion Sion Sion Sion Sion Sion Sion	al Code *



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27	Form E	ling Wage Determination TA-9141C artment of Labor			Š
a. Job Description (continued)					
Job Title of Supervisor for this Position	n §				
ANALYST MANAGER		E. Mary C.			
 Does this position supervise the work other employees? * 	of Yes	 If "Yes" to question employees worker 			6
4b. If "Yes" to question 4, indicate the lev	vel of the employee	s to be supervised: §	Subordina Subordina	te Pe	eer
Will travel be required in order to perform the job duties? *		on 6, please provide deta ature of the travel. §	ills of the travel requ	uired, such a	as area(
			ils of the travel requ	uired, such a	as area(
perform the job duties? * ☐ Yes ☐ No			ills of the travel requ	uired, such a	as area(i
perform the job duties? * Yes No Minimum Job Requirements	frequency and na		iils of the travel requ	uired, such s	as area(i
perform the job duties? * Yes No No Minimum Job Requirements 1. Education: minimum U.S. diploma/de	frequency and na	ature of the travel. §			
perform the job duties? * Yes No No Minimum Job Requirements Education: minimum U.S. diploma/de None High School/GED Association	egree required. *	ature of the travel. §	orate (PhD)	er degree (JI	D, MD, e
perform the job duties? * Yes No No Minimum Job Requirements 1. Education: minimum U.S. diploma/de	egree required. *	ature of the travel. §	orate (PhD)	er degree (JI	D, MD, e
perform the job duties? * Yes No b. Minimum Job Requirements 1. Education: minimum U.S. diploma/de None High School/GED Assoc 1a. If *Other degree* in question 1, specidegree required. \$	frequency and name of the segment of	ature of the travel. § "s Master's Doct af 1b. Indicate the maje (May list more than	orate (PhD) Other	er degree (JI of study requ d more than c	D, MD, euired. §
perform the job duties? * Yes No b. Minimum Job Requirements 1. Education: minimum U.S. diploma/de None High School/GED Assoc 1a. If *Other degree* in question 1, speci	frequency and not be a considered and not be a considered. * considered and the consider	r's Master's Doctr a/ 1b. Indicate the maje (May list more than	orate (PhD) Othor(s) and/or field(s) on one related major an	er degree (Ji of study requ d more than o	D, MD, euired. § one field)



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	ion Date: 10/31/2021	Form I	illing Wage Determination ETA-9141C partment of Labor		(
_	nimum Job Requiremen				201	
3a.	Is training for the job opp if "Yes" in question 3, spe of training required. §	ortunity required? * ecify the number of months	3b. Indicate the field(s)/n (May list more than one			
4	Is employment experience	e required? *	(is		☑ Yes	
4a.		ecify the number of months	4b. Indicate the occupation Analyst	on(s) required.		
	ce of Employment Info	rmation				
	MENTOR LANE					
2. SUIT	Worksite Address FE 102					
2. SUIT	Worksite Address FE 102 City *		4. State *		tal Code *	
2. SUIT 3. FAL	Worksite Address TE 102 City * LS CHURCH	n multiple worksites or location	MP	44567	tal Code * ☑ Yes	
2. SUIT 3. FAL 6.	Worksite Address FE 102 City * LS CHURCH Will work be performed in If "Yes" in question 6, ide	multiple worksites or location ntify the specific geographic jessary, submit a second come hat wages cannot be provided	MP ns other than the address list place(s) of employment when pleted Form ETA-9141C with	44567 ted above? * re work n a listing of the	⊻ Yes	
2. SUIT 3. FAL 6.	Worksite Address FE 102 City * LS CHURCH Will work be performed in If "Yes" in question 6, ide	ntify the specific geographic pessary, submit a second com	MP ns other than the address list place(s) of employment when pleted Form ETA-9141C with	44567 ted above? * re work n a listing of the	✓ Yes additional a	
2. SUIT 3. FAL 6.	Worksite Address TE 102 City * LS CHURCH Will work be performed in If "Yes" in question 6, ide will be performed. If neo worksites. Please note ti	ntify the specific geographic jessary, submit a second com nat wages cannot be provided STATE NORTHERN M	MP ns other than the address list place(s) of employment when pleted Form ETA-9141C with	44567 ted above? * re work h a listing of the ed locations. §	✓ Yes additional a	02110000
2. SUIT 3. FAL 6.	Worksite Address TE 102 City * LS CHURCH Will work be performed in If "Yes" in question 6, ide will be performed. If neo worksites. Please note ti CITY VIENNA	ntify the specific geographic jessary, submit a second com nat wages cannot be provided STATE NORTHERN M	MP ns other than the address lis place(s) of employment whee pleted Form ETA-9141C with d for unspecified/unanticipate MARIANA ISLANDS	44567 ted above?* re work h a listing of the d locations. § POSTAI	✓ Yes additional a	



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E. Prevailing Wage Determine 1. PW tracking number	FOR OFFICIAL GOVERNMENT USE ONLY				
	FOR OFFICIAL GOVERNMENT USE ONLY				
	FOR OFFICIAL GOVERNMENT USE ONLY				
	Date PW request received	Date PW request received			
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title				
Prevailing wage S	4a. OES Wage level				
 Per: (Choose only one) If Piece Rate is indicated 	Hour	Rate			
Prevailing wage source (C	Choose only one)				
CNMI Governor's Sur	rvey OES (Guam) OES (National Adjusted)				
Determination date	Expiration date				