Form ETA-9142C

CW-1 Application for Temporary Labor Certification

FOREIGN LABOR APPLICATION GATEWAY				년 <mark>3</mark> HELP vayuvegula.rekha@dol.gov ▼	
E New Application Cases	FLAG works optimally FLAG works optimally with Goo	with Google Chrome gle Chrome, Mozilla Firefox, and Safari.			×
Profiles	Choose an applica	tion			
H My Network	H-2B Temporary Labor Certification for Non-agricultural Workses Learn more [2]	H-2A Temporary Labor Certification for Agricultural Workers Learn more	H-1B H-1B1 E-3 Lator Condition Application (LCA) for Specially Occupation	CW-1 Transitional Worker Program in the Commonwealth of the Northern Marinan Islands	PERM Permanent Employment Certification for Workers
	Form ETA-9141 Prevailing Wage Determination	Form ETA-790/790A Agricultural Clearance Order	Form ETA-9141 Prevailing Wage Determination	Form ETA-9141C Prevailing Wage Determination	Form ETA-9141 Prevailing Wage Determination
	Form ETA-9142B Temporary Labor Certification	Eorm ETA-9142A Temporary Labor Certification	Form ETA-9035/9035E Labor Condition for Nonimmigrant Workers	Form ETA-9142C Temporary Labor Certification	

Figure 1: Home Page: New Application for CW-1 Form ETA-9142C TLC

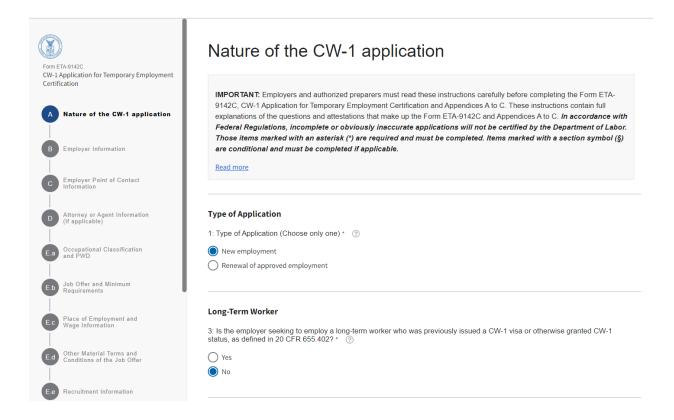


Figure 2: Section A: Nature of the CW-1 application (Section A.1 through A.3)

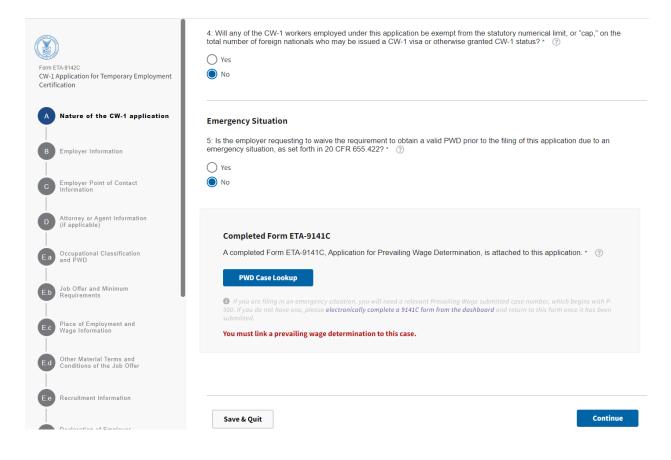


Figure 3: Section A: Nature of the CW-1 application (Section A.4 and A.5)

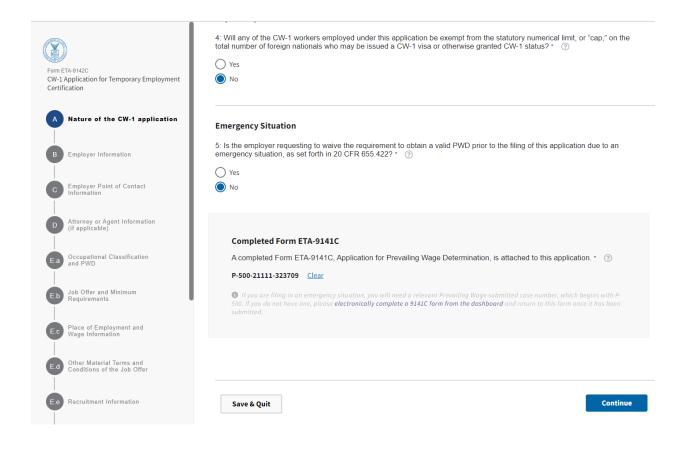


Figure 4: Section A: Completed Form ETA-9141C attached

	Employer Information
Form ETA-9142C CW-1 Application for Temporary Employment Certification	Employer Name(s)
	1: Legal Business Name * 🕜
Nature of the CW-1 application	PHOTON Builders Inc.
B Employer Information	2: Trade name/Doing Business As (DBA), if applicable ③
C Employer Point of Contact	
	Employer Address
D Attorney or Agent Information (if applicable)	3: Address 1 * (?)
Con Occupational Classification	1111 Winds Lane
L.d and PWD	4: Address 2 (apartment/suite/floor and number) ③
E.b Job Offer and Minimum Requirements	
	5: City * ⑦
E.c Place of Employment and Wage Information	saipan
Ed Other Material Terms and Conditions of the Job Offer	6: State * ⑦ NORTHERN MARIANA ISLANDS
E.e Recruitment Information	
	7: Postal Code * (?)
F Declaration of Employer and Attorney/Agent	990755
G Preparer	8: Country * 🕜
- reparer	UNITED STATES OF AMERICA
APX Appendix A - Employer Client Application	9: Province ⑦
	NORTHERN MARIANA ISLANDS

Figure 5: Section B: Employer Information (Section B.1 through B.9)

	UNITED STATES OF AMERICA
	9: Province 💿
Form ETA-9142C CW-1 Application for Temporary Employment	NORTHERN MARIANA ISLANDS
Certification	
Nature of the CW-1 application	Employer Contact Information
	10: Telephone Number * (?)
B Employer Information	➡ +1 717 555 1212
Employer Point of Contact	11: Extension ⑦
Information	
Attorney or Agent Information (if applicable)	
	Employer Identifiers
E.a Occupational Classification and PWD	12: Federal Employer Identification Number (FEIN from IRS) * ③
Job Offer and Minimum	98-4567891
E.b Job Offer and Minimum Requirements	13: NAICS Code · ⑦
E.c Place of Employment and Wage Information	Q 236220 - Commercial building construction general contractors
E.d Other Material Terms and Conditions of the Job Offer	Type of Employer
E.e Recruitment Information	14: Choose only one * ⑦
	Individual Employer
Declaration of Employer and Attorney/Agent	O Job Contractor - Joint Employer
G Preparer	
Appendix A - Employer Client Application	Save & Quit Continue

Figure 6: Section B: Employer Information (Section B.10 through B.14)

Form ETA-0142C CW-1 Application for Temporary Employment Certification	Employer Point of Contact Information
Nature of the CW-1 application	The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section <u>must be different</u> from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.
Employer Information	
C Employer Point of Contact Information	Employer Point of Contact Name & Title 1: Contact's Last (family) Name * ③
Attorney or Agent Information (if applicable)	Sabian
E.a Occupational Classification and PWD	2: First (given) Name * ③ Joseph
Eb Job Offer and Minimum Requirements	3: Middle Name(s) ③
E.C Place of Employment and Wage Information	4: Contact's Job Title * ⑦ Site Mgr.
E.d Other Material Terms and Conditions of the Job Offer	
E.e Recruitment Information	Employer Point of Contact Address 5: Address 1 * ①
	1111 calm seas
Declaration of Employer and Attorney/Agent	6: Address 2 (apartment/suite/floor and number) ③
G Preparer	
	7: City * ⑦
APX Appendix A - Employer Client Application	saipan

Figure 7: Section C: Employer Point of Contact Information (Section C.1 through C.7)

	7: City * ③
Form ETA-0142C CW-1 Application for Temporary Employment Certification	Saipan
Nature of the CW-1 application	8: State * (?) NORTHERN MARIANA ISLANDS
Employer Information	9: Postal Code * 🕜
C Employer Point of Contact Information	990755
	10: Country * (?)
D Attorney or Agent Information (if applicable)	UNITED STATES OF AMERICA
E.a Occupational Classification and PWD	11: Province ③
Eb Job Offer and Minimum Requirements	Employer Point of Contact - Contact Information
Place of Employment and Wage Information	12: Telephone Number * 💿
Ed Other Material Terms and Conditions of the Job Offer	• +1717 898 7654 13: Extension ⑦
E.e Recruitment Information	14: Business Email Address * ⑦
Declaration of Employer and Attorney/Agent	bodrick.leonard@dol.gov
G Preparer	
Appendix A - Employer Client Application	Save & Quit Continue

Figure 8: Section C: Employer Point of Contact Information (Section C.8 through C.14)

Form ETA-9142C	Attorney or Agent Information (if applicable)
CW-1 Application for Temporary Employment Certification	Type of Representation
	1: Indicate the type of representation for the employer in the filing of this application. * 🕜
Nature of the CW-1 application	Attorney Agent
Employer Information	None Attorney / Agent Name
Employer Point of Contact Information	2: Attorney or Agent's Last (family) Name * ③ Test Last
D Attorney or Agent Information (if applicable)	Test Last
E.a Occupational Classification and PWD	3: First (given) Name * ⑦ Test First name
E.b Job Offer and Minimum Requirements	
E.c Place of Employment and Wage Information	4: Middle Name(s) ⑦
Ed Other Material Terms and Conditions of the Job Offer	

Figure 9: Section D: Attorney or Agent Information (if applicable) (Section D.1 through D.4)

	Attorney / Agent Address
Form ETA-9142C CW-1 Application for Temporary Employment Certification	5: Address 1 * ③ 123 Destiny Drive
Nature of the CW-1 application	6: Address 2 (?)
Employer Information	
Employer Point of Contact Information	7: City* ③
D Attorney or Agent Information (if applicable)	Mclean
Ea Occupational Classification and PWD	8: State* (?) VIRGINIA
E.b Job Offer and Minimum Requirements	
Ec Place of Employment and Wage Information	9: Postal Code * ③ 22101
E.d Other Material Terms and Conditions of the Job Offer	10: Country * 💿
E.e Recruitment Information	UNITED STATES OF AMERICA
Declaration of Employer and Attorney/Agent	11: Province ③
6 Preparer	N/A
APX Appendix A - Employer Client Application	

Figure 10: Section D: Attorney or Agent Information (if applicable) (Section D.5 through D.11)

	Attorney / Agent Contact Information
Form ETA-9142C CW-1 Application for Temporary Employment Certification	12: Telephone Number * ③
Nature of the CW-1 application	13: Extension ⑦
Employer Information	
Employer Point of Contact Information	14: Business Email Address * ⑦ test123@gmail.com
Attorney or Agent Information (if applicable)	
Occupational Classification	

Figure 11: Section D: Attorney or Agent Information (if applicable) (Section D.12 through D.14)

	Attorney / Agent Identifiers
Form ETA-9142C CW-1 Application for Temporary Employment	15: Law Firm/Business Name * ②
Certification	Cross-Team LLC
Nature of the CW-1 application	
Employer Information	16: Law Firm/Business FEIN * ③ 12-1234567
Employer Point of Contact Information	17: State Bar Number(s) ③
D Attorney or Agent Information (if applicable)	N/A
Ī	
E.a Occupational Classification and PWD	18: State of highest state court where the attorney is in good standing. * ③
	VIRGINIA
E.b Job Offer and Minimum Requirements	
Ec Place of Employment and Wage Information	19: Name of the highest state court where attorney is in good standing. * <a>⑦
wage mormation	Fairfax High Court
E.d Other Material Terms and Conditions of the Job Offer	
E.e Recruitment Information	
Declaration of Employer and Attorney/Agent	
Ĭ	Save & Quit Back Continue
G Preparer	

Figure 12: Section D: Attorney or Agent Information (if applicable) (Section D.15 through D.19)

Form ETA-9142C CW-1 Application for Temporary Employment Certification	Occupational Classification and PWD
Nature of the CW-1 application	Q 15-1143.01 - Telecommunications Engineering Specialists
Employer Information	3: If "No" is marked in A.5, enter the PWD case number * ③ P-500-21111-323709
Employer Point of Contact	P-300-2111-323103
Attorney or Agent Information (if applicable)	
Ea Occupational Classification and PWD	Save & Quit Back Continue
Job Offer and Minimum Requirements	
Ec Place of Employment and Wage Information	
Conditions of the Job Offer	

Figure 13: Section E.a: Occupational Classification and PWD (Section E.a.1 through E.a.3)

Form ETA-0142C	Job Offer and Minimum Requirements
CW-1 Application for Temporary Employment Certification	1: Job Title * 🕜
Nature of the CW-1 application	Architect
Employer Information	2: Workers Needed * ⑦
Employer Point of Contact Information	3: Begin Date * ⑦ 09/20/2021 x
Attorney or Agent Information (if applicable)	4: End Date * ⑦
Occupational Classification and PWD	04/01/2022 X 5: Job Duties - Description of the specific services or labor to be performed.
E.D Job Offer and Minimum Requirements	* ③
Ec Place of Employment and Wage Information	all duties assigned
E.d Other Material Terms and Conditions of the Job Offer	19 / 4000 character limit
E.e Recruitment Information	
F Declaration of Employer and Attorney/Agent	Anticipated days and hours of work per week ⑦ 6: (an entry is required for each box below) *
6 Preparer	Sunday Monday Tuesday Wednesday Thursday Friday Saturday 7 7 7 7 7 7
Appendix A - A Employer Client Application	

Figure 14: Section E.b: Job Offer and Minimum Requirements (Section E.b.1 through E.b.6)

	Hourly work schedule ③ (an entry is required for each box below) *
Form ETA-9142C CW-1 Application for Temporary Employment Certification	7a: Begin Time *
Nature of the CW-1 application	08:00 AM ×
Employer Information	7b: End Time * 05:00 PM ×
Employer Point of Contact	
	Education & Training
Attorney or Agent Information (if applicable)	8: Education: minimum U.S. diploma/degree required?* (?)
Ī	BACHELOR'S
Occupational Classification and PWD	9: Training: number of months required * (?)
E.D Job Offer and Minimum Requirements	6
Ī	10: Work Experience: number of months required * 🕜
E.C Place of Employment and Wage Information	60

Figure 15: Section E.b: Job Offer and Minimum Requirements (Section E.b.7 through E.b.10)

Image: Section Control Image: Sectio		9: Training: number of months required * 😗
 Provide Transford Control Critication Critication Critication<td></td><td>6</td>		6
 Provide Transford Control Critication Critication Critication<td></td><td>10: Work Experience: number of months required * (?)</td>		10: Work Experience: number of months required * (?)
Certification ✓ ✓ ✓ Employer Information ✓ ✓ ✓ Corpusional Classification G Photo 11: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 11: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 2 11: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 2 11: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 2 12: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 2 12: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 13: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 2 14: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 11: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 3 12: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 2 3 14: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 3 14: If Yes' to question 11, enter the number of employees the worker will supervise. ③ 3 14: If Yes' to question 11, en		
 Nature of the CW-1 application Employer Information Employer Point of Contact Information Altorney or Agent Information (If applicable) Occupational Classification and PWD Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * ^(*) Alt licenses & certificates req'd all licenses & certificates req'd 	Certification	60
 c Imployer Information c Imployer Point of Contact Information (frappicable) c Atorney or Agent Information (frappicable) d Otoffer and Minimum Sequeroments c Place of Employment and Wage Information of Phaterial Terms and Conditions of the Job Otfer 	Nature of the CW-1 application	
 Employer Information Employer Point of Contact Information Attorney or Agent Information (if applicable) Occupational Classification and PWD Dob Offer and Minimum Requirements Place of Employment and Wage Information Place of Employment and Conditions of the Job Offer 		
 Employer Point of Contact Information Attorney or Agent Information (if applicable) Cocupational Classification and PWD Cob Offer and Minimum Requirements Cob Offer and Minimum Requirements and Wage Information Place of Employment and Wage Information Cher Material Terms and Conditions of the Job Offer 		O No
 Employer Point of Contact Information Attorney or Agent Information (if applicable) Occupational Classification and PWD Ob Offer and Minimum Requirements B Job Offer and Minimum Requirements Place of Employment and Wage Information Cher Material Terms and Conditions of the Job Offer 	Employer Information	
 Occupational Classification and PWD Job Offer and Minimum Requirements Place of Employment and Wage Information Other Material Terms and Conditions of the Job Offer 	Employer Point of Contact	
and PWD Eb Job Offer and Minimum Requirements Ec Place of Employment and Wage Information 33 / 4000 character limit Ed Other Material Terms and Conditions of the Job Offer	Attorney or Agent Information (if applicable)	
E b Job Offer and Minimum Requirements E c Place of Employment and Wage Information E d Other Material Terms and Conditions of the Job Offer	Occupational Classification	all licenses & certificates req'd
Ec Place of Employment and Wage Information 33/4000 character limit Ed Other Material Terms and Conditions of the Job Offer	Job Offer and Minimum	
Ed Other Material Terms and Conditions of the Job Offer	Requirements	
Ed Other Material Terms and Conditions of the Job Offer		
Ed Other Material Terms and Conditions of the Job Offer	E.c Place of Employment and Wage Information	33 / 4000 character limit
Conditions of the Job Offer		
E.e Recruitment Information Back Continue	E.d Other Material Terms and Conditions of the Job Offer	
	E.e. Recruitment Information	Save & Quit Back Continue

Figure 16: Section E.b: Job Offer and Minimum Requirements (Section E.b.11 and E.b.12)

	Employer Point of Contact Information	Place of Employment and Wage Information
	Attorney or Agent Information (if applicable)	Thate of Employment and Wage mornation
		Place of Employment
0	Occupational Classification and PWD	1: Worksite Address * ③
		1111 Island Pkwy
	Job Offer and Minimum Requirements	2: Worksite Address (apartment/suite/floor and number) ③
E.c	Place of Employment and Wage Information	3: City * ②
E.d	Other Material Terms and Conditions of the Job Offer	saipan
		4: State * 🔞
E.e	Recruitment Information	NORTHERN MARIANA ISLANDS
F	Declaration of Employer and Attorney/Agent	5: Postal Code * (?)
	and Attomey/Agent	990755
G	Preparer	
		Wage Information
APX	Appendix A - Employer Client Application	6: Basic Wage Rate Paid * (?)
	Annendix D	From \$25.00 To \$35.00
B	Appendix B - Additional Worksites	6a: Overtime Wage Rate Paid ③
6	Application Documents	From \$40.00 To \$45.00

Figure 17: Section E.c: Place of Employment and Wage Information (Section E.C.1 through E.c.6a)

1		7: Per (Choose only one) * (?)			
	Employer Point of Contact Information				
Ĭ		Hour Week			
	Attorney or Agent Information (if applicable)	O Bi-week			
		Month			
	Occupational Classification	Vear			
	and PWD	O Piece Rate			
	Job Offer and Minimum				
Ý	Requirements	7a: Additional conditions about the wage rate to be paid. ③			
	Place of Employment and				
E.c	Wage Information	8: Frequency of Pay. * (?)			
	Other Material Terms and	○ Daily			
E.d	Conditions of the Job Offer	O Weekly			
		Bi-Weekly			
E.e	Recruitment Information	O Other			
F	Declaration of Employer and Attorney/Agent	9: Will work be performed at worksite locations other than the one identified above?* (?)			
		Ves			
G	Preparer	() No			
APX A	Appendix A - Employer Client Application	10: If "Yes" is marked in question E.c.9, a completed Appendix B is attached to this application.			
Ĭ		• Yes			
APX	Appendix B - Additional Worksites	O No			
	Application Documents				
A	Review & Submit				
		Save & Quit	Back	Continue	

Figure 18: Section E.c: Place of Employment and Wage Information (Section E.C.7 through E.c.10)

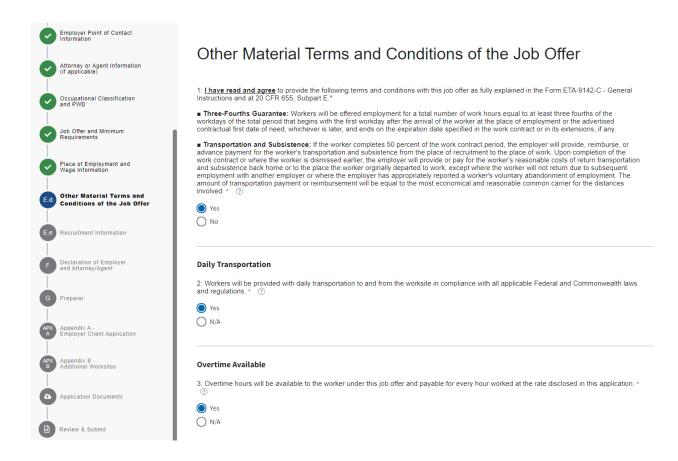


Figure 19: Section E.d: Other Material Terms and Conditions of the Job Offer (Section E.d.1 through E.d.3)

Form ETA-9142C CW-1 Application for Temporary Employment Certification	On-the-Job Training Available 4: Workers will be provided with on-the-job training to perform the duties assigned. * ⑦ Yes
Nature of the CW-1 application	
Employer Information	Employer-Provided Tools and Equipment 5: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. * ③
Employer Point of Contact	Ves Yes
monnation	○ N/A
Attorney or Agent Information (if applicable)	
Occupational Classification and PWD	Board, Lodging, or Other Facilities 6: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other
	facilities."
Job Offer and Minimum Requirements	Yes
Requirements	⊖ n/A
Place of Employment and Wage Information	
Ed Other Material Terms and Conditions of the Job Offer	Deduction From Pay 7: State all deduction(s) from pay and, if known, the amount(s). * ③
E.e Recruitment Information	N/A
Declaration of Employer and Attorney/Agent	
G Preparer	Save & Quit Back Continue

Figure 20: Section E.d: Other Material Terms and Conditions of the Job Offer (Section E.d.4 through E.d.7)

-		
	Employer Information	Recruitment Information
9	Employer Point of Contact Information	1: Explain how prospective U.S. applicants may be considered for employment under this job opportunity, including verifiable methods of contacting the employer, and the days and hours
	Attorney or Agent Information (if applicable)	applicants can apply for the job. * ⑦ Test Data
	Occupational Classification and PWD	
	Job Offer and Minimum Requirements	9 / 880 character limit
•	Place of Employment and Wage Information	Recruitment Information
•	Other Material Terms and Conditions of the Job Offer	(two of three entries required) * 2: Telephone Number to Apply ③
E.e	Recruitment Information	■ (456) 234-5634
F	Declaration of Employer and Attorney/Agent	3: Email Address to Apply ③ test890@gmail.com
G	Preparer	4: Website Address (URL) to Apply ③
APX	Appendix A - Employer Client Application	
Ň	Appendix B - Additional Worksites	Save & Quit Back Continue

Figure 21: Section E.e: Recruitment Information (Section E.e.1 through E.e.4)

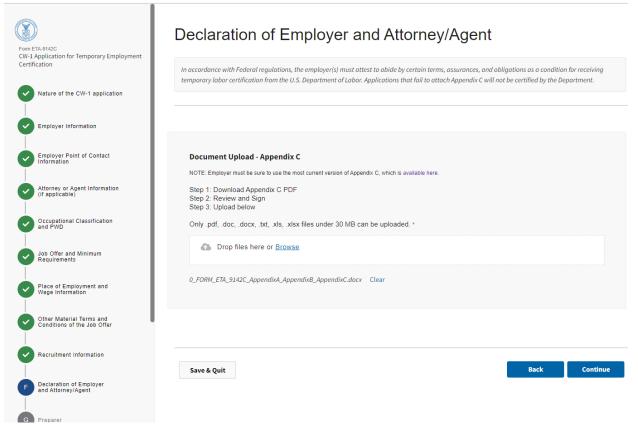


Figure 22: Section F: Declaration of Employer and Attorney/Agent

Form ETA-9142C CW-1 Application for Temporary Employment Certification	Preparer
Nature of the CW-1 application	Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or section D (attorney or agent) of this application.
Employer Information	
Employer Point of Contact Information	1: Last (family) name ③ Test Preparer
Attorney or Agent Information (if applicable)	2: First (given) name 🕜
Occupational Classification and PWD	3: Middle Initial (?)
Job Offer and Minimum Requirements	4: Law Firm/Business FEIN ③
Place of Employment and Wage Information	12-1234567 5: Law Firm/Business Name ⑦
Other Material Terms and Conditions of the Job Offer	Identity LLC
Recruitment Information	6: Law Firm/Business Email Address ③ identityTest@gmail.com
Declaration of Employer and Attorney/Agent	
G Preparer	Save & Quit Continue

Figure 23: Section G: Preparer (Sections G.1 through G.6)

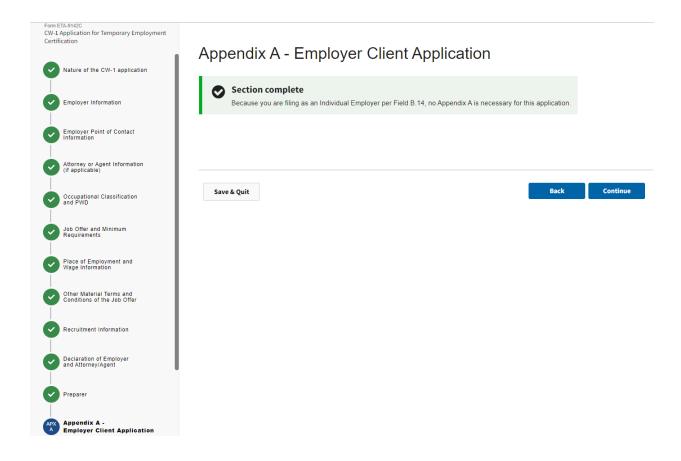


Figure 24: Appendix A – Employer Client Application

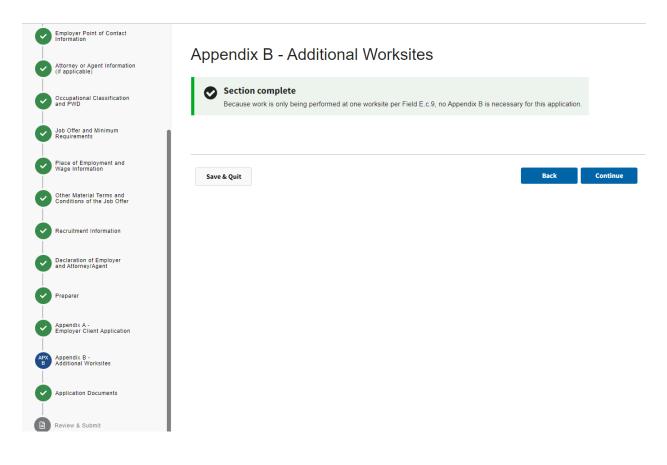


Figure 25: Appendix B - Additional worksites

Information	oint of Contact Agent Information le)	Application Documents		
Occupation and PWD	al Classification	Below, you will find a summary of documents that you have uplo supplemental documents below.	aded to this application throughout the form. You may also add and categorize a	dditional
Job Offer a Requiremen	nd Minimum hts			
Place of En Wage Infor	nployment and nation	Add Document 3 Additional Documents		
Other Mater Conditions	rial Terms and of the Job Offer	• You can modify documents which were added in previous	application sections by returning to those sections.	
		Document Name	Category	Actions
Recruitmen	t Information	0_TEST.docx	Job Contractor Agreement	
Declaration	of Employer y/Agent	0_TEST Document.docx	Appendix C	
and Attorne	y/Agent	0_TEST.docx	Appendix C - Employer-Client	
Preparer			L	
Appendix A Employer C Appendix B Additional V Application	Vorksites	Save & Quit	Back Co	ntinue
Review & S	ubmit			

Figure 26: Application Documents

Employer Point of Contact		
Attorney or Agent Information (if applicable)	Review & Submit	
Occupational Classification and PWD	Generate PDF Preview	
Job Offer and Minimum Requirements		
Place of Employment and Wage Information	Save & Quit Back Submit	
Other Material Terms and Conditions of the Job Offer		
Recruitment Information		
Declaration of Employer and Attorney/Agent		
Preparer		
Appendix A - Employer Client Application		
Appendix B - Additional Worksites		
Application Documents		
Review & Submit		

Figure 26: Review and Submit

Case PDF (Page 1 of 5)

Case Prep Generated PDF View:

 application? § 7. Is a completed Form ETA-9141C, Application for Prevailing Wage Determination (PWD application), 		Form ETA-91		ation	
1. Type of Application (choose only one)* ☑ New employment Renewal of approved employment 2. CW-1 Permit Renewal: If "Renewal of approved employment" is marked in Question A.1, enter the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. § Image: CM-1 wisa or otherwise granted CW-1 status as defined in 20 CFR 655.4027* Image: CR 656.4027* Image: CR 656.4027* Image: CR 656.4027* Image: CR 656.4027* <	(*) and any fields/items where a response is conditional as in	id the general instruction u are not submitting this dicated by the section (§	is carefully before complet electronically, please con) symbol	ting the Form ETA-914 plete <u>ALL</u> required fie	12C. A copy of the instruction ids/items containing an asternation
the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. § 3. Long-Term Worker: Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 2 CFR 655.4227* Ives INo 4. Cap-Exempt Worker: Will any of the CW-1 workers employed under this application be exempt from the statutory numerical limit, or 'cap', or the total number of foreign nationals who may be prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.4227* Ives INo 5. Emergency Situation: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.4227* Ives INo 6. Is a statement justifying the employer's emergency situation attached to this application? § Ives INO No 7. Is a completed Form ETA-9141C, Application for Prevailing Wage Determination (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select 'No' and enter the PWD case number in E.3. § 8. Employer Information Iterate Number of Prove Simulation attached to this application of a number) § 5. City * 6. State * 7. Postal Code * 3. Address 1 * IIII WINDS LANE Intervine § 4. Address 2 (apartment/suite/floor and number) (FEIN from IRS) * 13. NAICS Code * 3. Contry * 9. Province § NORTHERN MARIANA ISLANDS <tr< th=""><th>center adaptions an extension protection that</th><th>New en</th><th>nployment 🗆</th><th>Renewal of a</th><th>pproved employment</th></tr<>	center adaptions an extension protection that	New en	nployment 🗆	Renewal of a	pproved employment
3. Long-Term Worker: Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 20 CFR 655.402?* □ Yes □ No 4. Cap-Exempt Worker: Will any of the CW-1 workers employed under this application be exempt from the statutory numerical limit, or 'cap.' on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status?* □ Yes □ No 5. Emergency Situation: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422?* □ Yes □ No No 6. Is a statement justifying the employer's emergency situation attached to this application? \$ □ Yes □ No No <td></td> <td></td> <td></td> <td></td> <td></td>					
from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status? * <pre></pre>	3. Long-Term Worker: Is the employer seeki	ng to employ a long	g-term worker who w	vas previously	Yes 🗹 No
5. Emergency Situation: Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? • Yes ☑ No ☑ N FOR EMERGENCY SITUATIONS ONLY If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items. 6. Is a statement justifying the employer's emergency situation attached to this application? § Yes ☑ No ☑ N 7. Is a completed Form ETA-9141C, Application for Prevailing Wage Determination (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select "No" and enter the PWD case number in E.3. § 8. Employer Information Yes ☑ No ☑ N 1. Legal Business Name * PHOTON BUILDERS INC. 2. Trade Name/Doing Business As (DBA), if applicable § S. State * 3. Address 1 * S. Employer Information 4. Address 2 (apartment/suite/floor and number) § S. Envice § 5. City* S. State * 7. Postal Code * 900755 Country * 9. Province § 10. Telephone Number * 11. Extension § 10. Telephone Number * 11. NAICS Code * 236220	from the statutory numerical limit, or "cap," of	on the total number			Ves 🗹 No
If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items. 6. Is a statement justifying the employer's emergency situation attached to this application? § □ Yes □ No ○ N 7. Is a completed Form ETA-9141C, Application for Prevailing Wage Determination (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select "No" and enter the PWD case number in E.3. § □ Yes □ No ○ N 8. Employer Information □ Yes □ No ○ N 1. Legal Business Name * PHOTON BUILDERS INC. 2. Trade Name/Doing Business As (DBA), if applicable § □ Yes □ No ○ N 3. Address 1 * 1111 WINDS LANE 4. Address 2 (apartment/suite/floor and number) § 6. State * 7. Postal Code * SAIPAN MP 990755 8. Country * 0. Province § NORTHERN MARIANA ISLANDS 10. Telephone Number * 11. Extension § 11. Extension § 11. Type of Employer (Choose only one) * ☑ Individual Employer Job Contractor – Joint Employer FOR JOB CONTRACTORS ONLY If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items. 15. A completed Appendix A identifying the employer-client is attached to this application. § 16. An executed	5. Emergency Situation: Is the employer req	uesting to waive th	e requirement to ob on, as set forth in 20	tain a valid PWD 0 CFR 655.422?	Yes 🗹 No
6. Is a statement justifying the employer's emergency situation attached to this application? Yes No					required items.
7. Is a completed Form ETA-9141C, Application for Prevailing Wage Determination (PWD application), attached to this application? If the employer has submitted its PWD application for processing. □ Yes □ No ☑ N 8. Employer Information 1. Legal Business Name * PHOTON BUILDERS INC. 2. Trade Name/Doing Business As (DBA), if applicable § 3. Address 1 * 1111 WINDS LANE 4. Address 2 (apartment/suite/floor and number) § 6. State * 7. Postal Code * 900755 9. Province § UNITED STATES OF AMERICA NORTHERN MARIANA ISLANDS 10. Telephone Number * 11. Extension § 11. Extension § 13. NAICS Code * 98-4567891 Yes © Job Contractor – Joint Employer 'I smarked in questions 15 and 16 below and include the required items. 15. A completed Appendix A identifying the employer-client is attached to this application. § 16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona	6. Is a statement justifying the employer's eme				Yes No 🗹 N
B. Employer Information 1. Legal Business Name * PHOTON BUILDERS INC. 2. Trade Name/Doing Business As (DBA), if applicable § 3. Address 1 * 1111 WINDS LANE 4. Address 2 (apartment/suite/floor and number) § 5. City *	Is a completed Form ETA-9141C, Application attached to this application? If the employer	r has submitted its			Yes 🗆 No 🗹 N
5. City* 6. State* 7. Postal Code* SAIPAN MP 990755 8. Country* 9. Province § UNITED STATES OF AMERICA NORTHERN MARIANA ISLANDS 10. Telephone Number* 11. Extension § 17175551212 13. NAICS Code * 12. Federal Employer Identification Number (FEIN from IRS)* 13. NAICS Code * 98-4567891 236220 14. Type of Employer (Choose only one)* Individual Employer FOR JOB CONTRACTORS ONLY If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items. 15. A completed Appendix A identifying the employer-client is attached to this application. § Image: Contractor of the agreement between the job contractor and the employer-client establishing a bona	1. Legal Business Name * PHOTON BUILDERS INC.	pplicable §			
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Form ETA-9142C FOR DEPARTMENT OF LABOR USE ONLY Page 1	Legal Business Name * PHOTON BUILDERS INC. Trade Name/Doing Business As (DBA), if a Address 1 * <u>1111 WINDS LANE Address 2 (apartment/suite/floor and numbe S. City * SAIPAN S. Country * UNITED STATES OF AMERICA 10. Telephone Number * 17175551212 12. Federal Employer Identification Number (# 98-4567891 14. Type of Employer (Choose only one) * If "Job Contractor – Joint Emp 15. A completed Appendix A identifying the e 16. An executed contract or other agreement </u>	er) § FEIN from IRS)* Individu FOR JOB CON ployer* is marked and include th employer-client is a between the job co	MP 9. Province § NORTHERN M 11. Extension § 13. NAICS Cod 236220 al Employer TRACTORS ONLY in question B.14, r e required items. ttached to this applik intractor and the em	990754	5 IDS r – Joint Employer I5 and 16 below

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	F	Form ETA-9142		
C. Employer Point of Contact Info				
The information contained in this section must to The information in this Section must be different	be that of an employee t from the agent or atte	of the employer with orney information list	to is authorized to act or ted in Section D, unless	n behalf of the employer in labor certification m the attorney is an employee of the employer.
1. Contact's Last (family) Name *		First (given) N		3. Middle Name(s) §
SABIAN		SEPH		
4. Contact's Job Title *				
SITE MGR.				
5. Address 1 * 1111 CALM SEAS				
6. Address 2 (apartment/suite/floor an	d numberi §			
	/3			
7. City *			8. State *	9. Postal Code *
SAIPAN			MP	990755
10. Country * UNITED STATES OF AMERICA			11. Province §	
12. Telephone Number *	13. Extension	8 14. Busine	ss Email Address *	•
17178987654			LEONARD@DO	
D. Attorney or Agent Information (
TEST LAST 5. Address 1 §	TE	EST FIRST NA	AME	4. Middle Name(s) § N/A
		EST FIRST NA	AME	
5. Address 1 § 123 DESTINY DRIVE 6. Address 2 (apartment/suite/floor		EST FIRST NA		N/A
5. Address 1 § 123 DESTINY DRIVE		EST FIRST NA	8. State §	
5. Address 1 § 123 DESTINY DRIVE 6. Address 2 (apartment/suite/floor 7. City §		EST FIRST NA	8. State §	N/A 9. Postal Code §
5. Address 1 § 123 DESTINY DRIVE 6. Address 2 (apartment/suite/floor 7. City § MCLEAN 10. Country § UNITED STATES OF AMERICA	and number) §		8. State § VA 11. Province § N/A	9. Postal Code § 22101
5. Address 1 § 123 DESTINY DRIVE 6. Address 2 (apartment/suite/floor 7. City § MCLEAN 10. Country § UNITED STATES OF AMERICA 12. Telephone Number §	and number) §	§ 14. Law Fi	8. State § VA 11. Province § N/A mv/Business Email	9. Postal Code § 22101
5. Address 1 § 123 DESTINY DRIVE 6. Address 2 (apartment/suite/floor 7. City § MCLEAN 10. Country § UNITED STATES OF AMERICA	and number) §	§ 14. Law Fi	8. State § VA 11. Province § N/A mvBusiness Email ⊉GMAIL.COM	9. Postal Code § 22101
5. Address 1 § 123 DESTINY DRIVE 6. Address 2 (apartment/suite/floor 7. City § MCLEAN 10. Country § UNITED STATES OF AMERICA 12. Telephone Number § +15715674543	and number) §	§ 14. Law Fi	8. State § VA 11. Province § N/A mvBusiness Email ⊉GMAIL.COM	N/A 9. Postal Code § 22101 Address § /Firm/Business FEIN §
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	CW-1 Application	n for Temporary Employment Form ETA-9142C U.S. Department of Labor			
E. Job Opportunity Inform	ation				
a. Occupational Classificat					
 SOC Occupational Code 15-1143.01 		ation Title * NICATIONS ENGINEERIN	NG SPECIALIS	STS	
3. If "No" is marked to quest from the U.S. Departmen	tion A.5, enter the PW	/D case number obtained	P-500-2111		
b. Job Offer and Minimum	Requirements	Contraction of the second s			
1. Job Title * ARCHITECT	г				
		Period of Int	ended Employn	nent	
2. Workers Needed * 6	3. Begin Date: * 09			e: * 04/01/2022	
		(an entry is required for each box b		7. Hourly work so	
6. Anticipated days and ho			elow) * g. Friday	7. Hourly work sc a. 8 : 00	M AM
		7 e. Wednesday 7			M AM
a. Total Hours	7 c. Monday 7 d. Tuesda	y 7 e. Wednesday 7 y 7 f. Thursday	g. Friday	a. <u>8</u> :00	ihedule * ⊻ AM ⊒ PM ⊻ PM
a. Total Hours b. Sunday 8. Education: minimum U.S.	7 c. Monday 7 d. Tuesda . diploma/degree requ	y 7 e. Wednesday 7 y 7 f. Thursday	g. Friday h. Saturday	a. <u>8</u> : <u>00</u> b. <u>5</u> : <u>00</u>	⊻ AM □ PM □ AM ⊻ PM
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OMB Approval: 1205-0534 Expiration Date: 10/31/2021	CW-1 Applicatio	on for Temporary Employment Certification Form ETA-9142C U.S. Department of Labor	
e. Recruitment Informat	ion		
		y be considered for employment under this job opportu days and hours applicants can apply for the job. *	nity, including verifiab
2. Telephone Number to A +14562345634 4. Website address (URL)		3. Email Address to Apply * TEST890@GMAIL.COM	
F. Declaration of Employe	ar and Attorney/Ager	It attest to abide by certain terms, assurances, and obligations as a co	ndition for receiving a temp
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Form ETA-9142C - Appendix A

CW-1 Application for Temporary Employment Certification

For	for Temporary E n ETA-9142C – J.S. Department		n	
A job contractor means a person, association, firm, or on a temporary basis to one or more employers that a will not exercise substantial, direct day-to-day supervi hiring, paying, and firing the workers. 20 CFR 655.40 Application for Temporary Employment Certification, For means an employer that has entered into an agreemen a job contractor that is filing as a joint employer with it Certification, Form ETA-9142C, that clearly identifies relationship (including the actual place(s) of employm attach this form to the Form ETA-9142C that will be sub	re not an affiliate, sion and control in 12, 655.421. Purs rm ETA-9142C, if it with a job contra- is employer-client is the joint employ ent disclosed on t	branch, or subsidiary of t n the performance of the suant to 20 CFR 655.421 it is filling as a joint employ ctor, as defined in 20 CFF must submit a completed ers (the job contractor a the Form ETA-9142C).	the job contractor and where t evervices or labor to be perfu- ((a), a job contractor may only yer with its employer-client. A R 655.402. Pursuant to 20 CF and its employer-client) and difficult and the employer-client) and	the job contro ormed other y submit a (on employer- FR 655.421(orary Employ the employ
A. Employer-Client Information				
1. Legal Business Name *				
2. Trade Name/Doing Business As (DBA), if ap	plicable §			
3. Address 1 *	13 (1440) 			
 Address 2 § (apartment/suite/floor and number) 				
5. City *		6. State *	7. Postal Code *	
8. Country *		9. Province §		
10. Telephone Number *		11. Extension §		
12. Federal Employer Identification Number (FE	IN from IRS) *	13. NAICS Code	*	
B. Employer-Client Point of Contact Informati	on			
1. Contact's Last (family) Name *	2. First (giver	n) Name *	3. Middle Name(s) §	
4. Contact's Job Title *				
2				
5. Address 1 *				
6. Address 2 § (apartment/suite/floor and number)				
		8. State *	9. Postal Code *	
6. Address 2 § (apartment/suite/floor and number)		8. State * 11. Province §	9. Postal Code *	
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6. Address 2 § (apartment/suite/floor and number) 7. City * 10. Country *	sion § 14. Busi	11. Province §		
6. Address 2 § (apartment/suite/floor and number) 7. City * 10. Country *	tion unless it displays complete the form a completing and revie Appendix C - 20 mi a Islands U.S. Workfor in to the U.S. Departir	11. Province § iness Email Address * a a currently valid OMB contr nd its appendices, including 1 wing the collection of informa inutes, and recordkeeping orce Act of 2019, 48 U.S.C. 1 ment of Labor 1: Employment 1: Employment 1:	ol number. Public reporting burder the time for reviewing instructions, ation. The burden estimate is as f 100 fet seq.). Please send commu- da Training Administration * Office and Training Administration * Office	searching exis ollows: 9142C spond to this ents regarding e of Foreign L
6. Address 2 § (apartment/suite/floor and number) 7. City * 10. Country * 12. Telephone Number * 13. Extense 13. Extense Public Burden Statement (1205-0534) Persons are not required to respond to this collection of information instruction, Appendix & -15 minutes, Appendix B - 20 minutes to data sources, gathering and maintaining the needed data, and minutes, Appendix B - 20 minutes to data sources, gathering and maintaining the needed data, minutes, Appendix B - 20 minutes to data sources, gathering and maintaining the needed data, minutes, Appendix B - 20 minutes, to obtain/tetain benefits (Northern Mariani, burden estimate or any other aspect of this information collection cempleted application to this address.	tion unless it displays complete the form as completing and revie Appendix C - 20 m a Islands U.S. Workfor n to the U.S. Departr * Washington, DC *	11. Province § iness Email Address * a a currently valid OMB contr nd its appendices, including 1 wing the collection of informa inutes, and recordkeeping orce Act of 2019, 48 U.S.C. 1 ment of Labor 1: Employment 1: Employment 1:	ol number. Public reporting burder the time for reviewing instructions, ation. The burden estimate is as f 100 fet seq.). Please send commu- da Training Administration * Office and Training Administration * Office	searching exis ollows: 9142C spond to this ents regarding e of Foreign L

Form ETA-9142C - Appendix B

CW-1 Application for Temporary Employment Certification

		CW-1 Application for Temporary E Form ETA-9142C - / U.S. Department	Appendi	ix B	tification				
			4. A	dditional	Work Itinerary	Information §			
1. City *	2. Postal/ZIP Code *	3. Additional Place of Employment Information § (Address—e.g., street address, area, town, village, geographic identification)	Crew	Total Workers	Begin Date	End Date	Basic Wag	e Rate (in \$) To:	Per
				~					
			-						
		4		~		e			
	I	1	1	I		1	1	I	
complete the form and its appendices, burden estimate is as follows: 9142C - obtain/retain benefits (Northern Mariana	this collection of information including the time for review 45 minutes, Appendix A - 1 a Islands U.S. Workforce Act	unless it displays a currently valid OMB control numbe wing instructions, searching existing data sources, gat 5 minutes, Appendix 6 - 20 minutes, Appendix C - 2 of 2018, 48 U.S.C. 1806 et seq.). Please send comm	hering an minutes, ants regar	d maintaini and recon ding this bi	ing the needed da dkeeping - 10 min urden estimate or a	ta, and completing utes. The obligation any other aspect o	and reviewing on to respond f this informat	ng the collect to this data ion collection	tion of information. collection is require to the U.S. Departr
of Labor * Employment and Training Ad the completed application to this add	Iministration * Office of Fore	ign Labor Certification * 200 Constitution Ave., NW * B	ox PPII 12	2-200 * Wa	ishington, DC * 20	210 or by email to	ETA.OFLC.F	orms@dol.go	v. Please <u>do not</u> s
Form ETA-9142C -Appendix B		FOR DEPARTMENT OF LAB	OR USE	ONLY					Page B.1 of

Form ETA-9142C - Appendix C

CW-1 Application for Temporary Employment Certification

		tion for Temporary Employment Certif Form ETA-9142C – Appendix C U.S. Department of Labor	fication
	For Use in Filing A	oplications Under the CW-1 Prog	gram <u>ONLY</u>
I her	Attorney or Agent Declaration reby declare under penalty of perjury that I am an e I have been designated by that employer in accor	mployee of, or hired by, the employer liste dance with 20 CFR 655.403 and 655.40	ed in Section B of the Form ETA-9142C, and 4 to act on its behalf in connection with this
appli HE know on th of th	lication. If I am an agent and not an employee of the RREAY CERTIFY that I have provided to the employ wiedge the information contained herein is true and a he employer's behalf in connection with this applicati is form and any supplement hereto or to aid, abet, (18 U.S.C. 2, 1001, 1546, 1621).	employer, then I have attached an agency er Form ETA-9142C and all supporting do accurate, including the employer's declarati on. I understand that to knowingly furnish	r agreement. ocumentation for review and to the best of my ion regarding activities that I have undertaken materially false information in the preparation
_	Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4.	Firm/Business Name *	84	
5.	Signature *		6. Date Signed *
By vi	Employer Declaration intue of my signature below, I HEREBY CERTIFY my . The job opportunity is a bona fide, full-time tempor which are consistent with the normal and accep comparable occupations, in the Commonwealth contract.	vary position (of at least 35 hours per work ted qualifications and requirements impos	week), the qualifications and requirements for sed by non-CW-1 employers in the same or
Ву и 1. 2. 3. 4.	 wrue of my signature below, I HEREBY CERTIFY my The job opportunity is a bona fide, full-time tempory which are consistent with the normal and accep comparable occupations, in the Commonwealth contract. There is no strike or lockout at any of the emy requesting a CW-1 certification. The job opportunity was/is open to any qualified citizenship. U.S. workers who apply for the job of the employer will retain records of all rejections. The employer has not offered/will not offer terms, or to be offered to CW-1 workers. 	rary position (of at least 35 hours per work ted qualifications and requirements impos The employer has listed all qualification ployer's places of employment within the d U.S. worker regardless of race, color, n vill be hired, unless the employer has a lawf wages, and working conditions to U.S work ctions or obligations on U.S. workers that a orkers with at least the minimum benefits,	week), the qualifications and requirements for sed by non-CW-1 employers in the same or s and requirements in this application or work e Commonwealth for which the employer is ational origin, age, sex, religion, disability, or ful, job-related reason(s) for the rejection, and kers that are less favorable than those offered renot imposed on CW-1 workers. This does , wages, and working conditions that must be
Ву vi 1. 2. 3. 4.	where of my signature below, I HEREBY CERTIFY my The job opportunity is a bona fide, full-time tempo which are consistent with the normal and accept comparable occupations, in the Commonwealth contract. There is no strike or lockout at any of the emp requesting a CW-1 certification. The job opportunity was/is open to any qualifier citizenship. U.S. workers who apply for the job of the employer will retain records of all rejections. The employer has not offered/will not offer terms, or to be offered to CW-1 workers or impose restrin not relieve the employer from providing CW-1 workers.	rary position (of at least 35 hours per work ted qualifications and requirements impos The employer has listed all qualification ployer's places of employment within the d U.S. worker regardless of race, color, n will be hired, unless the employer has a lawf wages, and working conditions to U.S work ctions or obligations on U.S. workers that a orkers with at least the minimum benefits, at of the applicable Federal or Commonw by the Department to the employer, as refle contract, for the time period the work is p a negotiable instrument payable at par, du	week), the qualifications and requirements for sed by non-CW-1 employers in the same or s and requirements in this application or work e Commonwealth for which the employer is ational origin, age, sex, religion, disability, or ful, job-reliated reason(s) for the rejection, and kers that are less favorable than those offered re not imposed on CW-1 workers. This does , wages, and working conditions that must be realth minimum wage, or the prevailing wage cited on the employer's approved Application reformed. The employer will pay at least the
By vi 1. 2. 3. 4. 5.	 wrue of my signature below, I HEREBY CERTIFY my The job opportunity is a bona fide, full-time tempo which are consistent with the normal and accep comparable occupations, in the Commonwealth contract. There is no strike or lockout at any of the emprequesting a CW-1 certification. The job opportunity was/is open to any qualifier citizenship. U.S. workers who apply for the job the employer has not offered/will not offer terms, or to be offered to CW-1 workers or impose restring the effered to CW-1 workers. The effered to CW-1 workers. The offered wage equals or exceeds the higher determination for the occupation that is issued b for <i>Temporary Employment Certification</i> or work offered wage, free and clear, either in cash or in cash. 	rary position (of at least 35 hours per work ted qualifications and requirements impos The employer has listed all qualification ployer's places of employment within the d U.S. worker regardless of race, color, m ill be hired, unless the employer has a lawf wages, and working conditions to U.S work ctions or obligations on U.S. workers that a orkers with at least the minimum benefits, at of the applicable Federal or Commonwy y the Department to the employer, as refle contract, for the time period the work is p a negotiable instrument psyable at par, du dard for computing wages due. bonues, or other incentives, unless the ace. The employer quarantees to supple	week), the qualifications and requirements for sed by non-CW-1 employers in the same or s and requirements in this application or work e Commonwealth for which the employer is ational origin, age, sex, religion, disability, or ful, job-related reason(s) for the rejection, and ters that are less favorable than those offered re not imposed on CW-1 workers. This does , wages, and working conditions that must be eath minimum wage, or the prevailing wage cited on the employer's approved Application. The employer guarantees a wage earned every empt a piece rate wage if at the end of the
By vi 1. 2. 3. 4. 5.	 write of my signature below, I HEREBY CERTIFY my The job opportunity is a bona fide, full-time tempo which are consistent with the normal and accep comparable occupations, in the Commonwealth contract. There is no strike or lockout at any of the emy requesting a CW-1 certification. The job opportunity was/is open to any qualified citizenship. U.S. workers who apply for the job whe employer will retain records of all rejections. The employer has not offered/will not offer terms, or to be offered to CW-1 workers or impose restrination to the employer from providing CW-1 workers. The offered wage equals or exceeds the higher determination for the occupation frait is issued b for Temporary Employment Certification or work offered wage, free and clear, either in cash or in employer must use a single workweek as its stan. The offered wage is not based on commissions. 	rary position (of at least 35 hours per work ted qualifications and requirements impos The employer has listed all qualification ployer's places of employment within the d U.S. worker regardless of race, color, m ill be hired, unless the employer has a lawf wages, and working conditions to U.S work ctions or obligations on U.S. workers that a orkers with at least the minimum benefits, at of the applicable Federal or Commonw y the Department to the employer, as refle contract, for the time period the work is p a negotiable instrument payable at par, du dard for computing wages due. bonuese, or other incentives, unless the ge. The employer guarantees to supple be hourtly plece rate earnings during the work standards Act, 29 U.S.C. 201 et seq. 1	week), the qualifications and requirements for sed by non-CW-1 employers in the same or s and requirements in this application or work e Commonwealth for which the employer is ational origin, age, sex, religion, disability, or full, job-related reason(s) for the rejection, and ters that are less favorable than those offered re not imposed on CW-1 workers. This does , wages, and working conditions that must be eath minimum wage, or the prevailing wage acted on the employer's approved Application. The uring the entire period of this application. The employer guarantees a wage earned every memt a piece rate wage if a the end of the rkweek at least equal to the offered wage.