

Form ETA-9142C

CW-1 Application for Temporary Labor Certification

FOREIGN LABOR APPLICATION GATEWAY

HELP

vayuvegula.rekha@dol.gov

FLAG works optimally with Google Chrome
FLAG works optimally with Google Chrome, Mozilla Firefox, and Safari.

Choose an application

H-2B	H-2A	H-1B H-1B1 E-3	CW-1	PERM
Temporary Labor Certification for Non-agricultural Workers Learn more	Temporary Labor Certification for Agricultural Workers Learn more	Labor Condition Application (LCA) for Specialty Occupations Learn more	Transitional Worker Program in the Commonwealth of the Northern Mariana Islands Learn more	Permanent Employment Certification for Workers Learn more
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	Form 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



Form ETA-9142C
CW-1 Application for Temporary Employment
Certification

- A Nature of the CW-1 application**
- B Employer Information
- C Employer Point of Contact Information
- D Attorney or Agent Information (if applicable)
- E.a Occupational Classification and PWD
- 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
- E.e Recruitment Information

Nature of the CW-1 application

IMPORTANT: Employers and authorized preparers must read these instructions carefully before completing the Form ETA-9142C, CW-1 Application for Temporary Employment Certification and Appendices A to C. These instructions contain full explanations of the questions and attestations that make up the Form ETA-9142C and Appendices A to C. ***In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. Those items marked with an asterisk (*) are required and must be completed. Items marked with a section symbol (§) are conditional and must be completed if applicable.***

[Read more](#)

Type of Application

1: Type of Application (Choose only one) * ⓘ


- New employment
- Renewal of approved employment

Long-Term Worker

3: 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

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

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- E.c Place of Employment and Wage Information
- E.d Other Material Terms and Conditions of the Job Offer
- E.e Recruitment Information
- F Destination of Employer

4: 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

Emergency Situation

5: 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

Completed Form ETA-9141C

A completed Form ETA-9141C, Application for Prevailing Wage Determination, is attached to this application. * [?](#)

[PWD Case Lookup](#)


i If you are filing in an emergency situation, you will need a relevant Prevailing Wage submitted case number, which begins with P-500. If you do not have one, please **electronically complete a 9141C form from the dashboard** and return to this form once it has been submitted.

You must link a prevailing wage determination to this case.

Save & Quit

Continue

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

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- E.e Recruitment Information

4: 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

Emergency Situation

5: 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

Completed Form ETA-9141C

A completed Form ETA-9141C, Application for Prevailing Wage Determination, is attached to this application. * ?

P-500-21111-323709 [Clear](#)

! If you are filing in an emergency situation, you will need a relevant Prevailing Wage submitted case number, which begins with P-500. If you do not have one, please electronically complete a 9141C form from the dashboard and return to this form once it has been submitted.

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



Form ETA-9142C
CW-1 Application for Temporary Employment
Certification

Nature of the CW-1 application

B Employer Information

C Employer Point of Contact
Information

D Attorney or Agent Information
(if applicable)

E.a Occupational Classification
and PWD

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

E.e Recruitment Information

F Declaration of Employer
and Attorney/Agent

G Preparer

**APX
A** Appendix A -
Employer Client Application

Employer Information

Employer Name(s)

1: Legal Business Name * [?](#)

PHOTON Builders Inc.

2: Trade name/Doing Business As (DBA), if applicable [?](#)

Employer Address

3: Address 1 * [?](#)

1111 Winds Lane

4: Address 2 (apartment/suite/floor and number) [?](#)

5: City * [?](#)

salpan

6: State * [?](#)

NORTHERN MARIANA ISLANDS

7: Postal Code * [?](#)

990755


8: Country * [?](#)

UNITED STATES OF AMERICA

9: Province [?](#)

NORTHERN MARIANA ISLANDS

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

- ✔ Nature of the CW-1 application
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- E.a Occupational Classification and PWD
- 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
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer
- APX A Appendix A - Employer Client Application

UNITED STATES OF AMERICA

9: Province ?

NORTHERN MARIANA ISLANDS

Employer Contact Information

10: Telephone Number * ?

+1 717 555 1212

11: Extension ?

Employer Identifiers

12: Federal Employer Identification Number (FEIN from IRS) * ?

98-4567891

13: NAICS Code * ?

236220 - Commercial building construction general contractors

Type of Employer

14: Choose only one * ?

Individual Employer


Job Contractor - Joint Employer

Save & Quit

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



Form ETA-0142C
CW-1 Application for Temporary Employment Certification

- ✔ Nature of the CW-1 application
- ✔ Employer Information
- C Employer Point of Contact Information**
- D Attorney or Agent Information (if applicable)
- E.a Occupational Classification and PWD
- 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
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer
- APA Appendix A - Employer Client Application

Employer Point of Contact Information

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 must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

Employer Point of Contact Name & Title

1: Contact's Last (family) Name * ?

2: First (given) Name * ?

3: Middle Name(s) ?

4: Contact's Job Title * ?


Employer Point of Contact Address

5: Address 1 * ?

6: Address 2 (apartment/suite/floor and number) ?

7: City * ?

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

- ✔ Nature of the CW-1 application
- ✔ Employer information
- C Employer Point of Contact Information**
- D Attorney or Agent Information (if applicable)
- E.a Occupational Classification and FWD
- 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
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer
- APPENDIX A Appendix A - Employer Client Application

7: City * ?

8: State * ?

9: Postal Code * ?

10: Country * ?

11: Province ?

Employer Point of Contact - Contact Information

12: Telephone Number * ?

13: Extension ?


14: Business Email Address * ?

Save & Quit

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

- Nature of the CW-1 application
- Employer Information
- Employer Point of Contact Information
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- E.a Occupational Classification and PWD
- 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

Attorney or Agent Information (if applicable)

Type of Representation

1: Indicate the type of representation for the employer in the filing of this application. * [?](#)

Attorney
 Agent
 None

Attorney / Agent Name

2: Attorney or Agent's Last (family) Name * [?](#)

3: First (given) Name * [?](#)

4: Middle Name(s) [?](#)

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


 Form ETA-9142C
 CW-1 Application for Temporary Employment
 Certification

- ✔ Nature of the CW-1 application
- ✔ Employer Information
- ✔ Employer Point of Contact Information
- D **Attorney or Agent Information (if applicable)**
- E.a Occupational Classification and PWD
- 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
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer
- APX
A Appendix A - Employer Client Application

Attorney / Agent Address

5: Address 1 * ?

123 Destiny Drive

6: Address 2 ?

7: City * ?

Mclean

8: State * ?

VIRGINIA ▾

9: Postal Code * ?

22101


10: Country * ?

UNITED STATES OF AMERICA ▾

11: Province ?


N/A


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



Form ETA-9142C
CW-1 Application for Temporary Employment
Certification

- Nature of the CW-1 application
- Employer Information
- Employer Point of Contact Information
- Attorney or Agent Information (if applicable)**
- Occupational Classification

Attorney / Agent Contact Information


12: Telephone Number * 

13: Extension 

14: Business Email Address * 

Attorney / Agent Information

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



Form ETA-9142C
CW-1 Application for Temporary Employment
Certification

- ✔ Nature of the CW-1 application
- ✔ Employer Information
- ✔ Employer Point of Contact Information
- D **Attorney or Agent Information (if applicable)**
- E.a Occupational Classification and PWD
- 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
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer

Attorney / Agent Identifiers

15. Law Firm/Business Name * ?

16. Law Firm/Business FEIN * ?

17. State Bar Number(s) ?

18. State of highest state court where the attorney is in good standing. * ?

19. Name of the highest state court where attorney is in good standing. * ?

Save & Quit

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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

- ✓ Nature of the CW-1 application
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- ✓ Attorney or Agent Information (if applicable)
- E.a Occupational Classification and PWD**
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- E.c Place of Employment and Wage Information
- E.d Other Material Terms and Conditions of the Job Offer


Occupational Classification and PWD

1 & 2: SOC Code and Occupation Title * ?

3: If "No" is marked in A.5, enter the PWD case number... * ?

[Save & Quit](#) [Back](#) [Continue](#)

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

- Nature of the CW-1 application
- Employer Information
- Employer Point of Contact Information
- Attorney or Agent Information (if applicable)
- Occupational Classification and PWD
- 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
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer
- APX A Appendix A - Employer Client Application

Job Offer and Minimum Requirements

1: Job Title * ?

Architect

2: Workers Needed * ?

6

3: Begin Date * ?

09/20/2021 x

4: End Date * ?

04/01/2022 x

5: Job Duties - Description of the specific services or labor to be performed.
* ?

all duties assigned


19 / 4000 character limit

Anticipated days and hours of work per week ?

6: (an entry is required for each box below) *

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
	7	7	7	7	7		Total: 35 hours

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

- ✓ Nature of the CW-1 application
- ✓ Employer Information
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- ✓ Attorney or Agent Information (if applicable)
- ✓ Occupational Classification and PWD
- E.b **Job Offer and Minimum Requirements**
- E.c Place of Employment and Wage Information

Hourly work schedule ?

*(an entry is required for each box below) **

7a: Begin Time *

08:00 AM
x

7b: End Time *

05:00 PM
x

Education & Training

8: Education: minimum U.S. diploma/degree required? * ?

BACHELOR'S
↓


9: Training: number of months required * ?

6

10: Work Experience: number of months required * ?

60

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

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- 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
- E.e Recruitment Information

9: Training: number of months required * ?

10: Work Experience: number of months required * ?

11: Supervision: does this position supervise the work of other employees? * ?
 Yes
 No

11a: If 'Yes' to question 11, enter the number of employees the worker will supervise. ?

12: Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * ?

all licenses & certificates req'd

33 / 4000 character limit

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

- ✔ Employer Point of Contact Information
- ✔ Attorney or Agent Information (if applicable)
- ✔ Occupational Classification and PWD
- ✔ Job Offer and Minimum Requirements
- E.c
Place of Employment and Wage Information- E.d Other Material Terms and Conditions of the Job Offer
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer
- APX A Appendix A - Employer Client Application
- APX B Appendix B - Additional Worksites
- 📁 Application Documents

Place of Employment and Wage Information

Place of Employment

1: Worksite Address * ?

2: Worksite Address (apartment/suite/floor and number) ?

3: City * ?

4: State * ?

NORTHERN MARIANA ISLANDS
▾

5: Postal Code * ?

Wage Information

6: Basic Wage Rate Paid * ?

From To

6a: Overtime Wage Rate Paid ?

From To

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

- Employer Point of Contact Information
- Attorney or Agent Information (if applicable)
- Occupational Classification and PWD
- Job Offer and Minimum Requirements
- E.c Place of Employment and Wage Information**
- E.d Other Material Terms and Conditions of the Job Offer
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer
- APX A Appendix A - Employer Client Application
- APX B Appendix B - Additional Worksites
- Application Documents
- Review & Submit

7: Per (Choose only one) * ?

Hour

Week

Bi-week

Month

Year

Piece Rate

7a: Additional conditions about the wage rate to be paid. ?

8: Frequency of Pay. * ?

Daily

Weekly

Bi-Weekly

Other

9: Will work be performed at worksite locations other than the one identified above? * ?

Yes

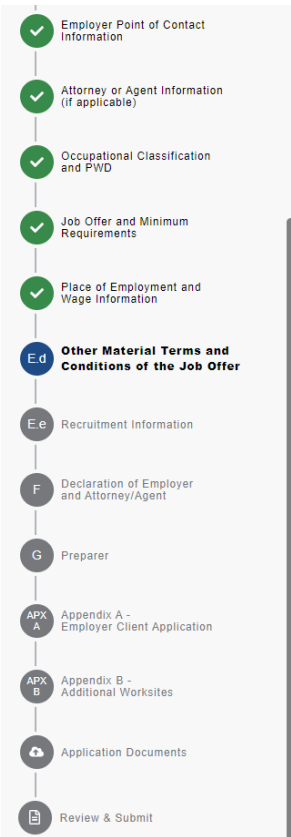
No

10: If "Yes" is marked in question E. c.9, a completed Appendix B is attached to this application. ?

Yes

No

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



Other Material Terms and Conditions of the Job Offer

1: I **have read and agree** to provide the following terms and conditions with this job offer as fully explained in the Form ETA-9142-C - General Instructions and at 20 CFR 655, Subpart E.*

■ **Three-Fourths Guarantee:** Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.

■ **Transportation and Subsistence:** If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved.* ?

- Yes
 No

Daily Transportation

2: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations.* ?


- Yes
 N/A

Overtime Available

3: Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application.* ?

- Yes
 N/A

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

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- Place of Employment and Wage Information
- E.d** **Other Material Terms and Conditions of the Job Offer**
- E.e Recruitment Information
- F Declaration of Employer and Attorney/Agent
- G Preparer

On-the-Job Training Available

4: Workers will be provided with on-the-job training to perform the duties assigned. * ?

Yes
 N/A

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. * ?

Yes
 N/A

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. * ?

Yes
 N/A

Deduction From Pay

7: State all deduction(s) from pay and, if known, the amount(s). * ?

N/A

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

- ✓ Employer Information
- ✓ Employer Point of Contact Information
- ✓ Attorney or Agent Information (if applicable)
- ✓ Occupational Classification and PWD
- ✓ Job Offer and Minimum Requirements
- ✓ Place of Employment and Wage Information
- ✓ Other Material Terms and Conditions of the Job Offer
- E.e **Recruitment Information**
- F Declaration of Employer and Attorney/Agent
- G Preparer
- APX A Appendix A - Employer Client Application
- ⚠ Appendix B - Additional Worksites

Recruitment 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 applicants can apply for the job. * [?](#)

Test Data

9 / 880 character limit

Recruitment Information
*(two of three entries required) **

2: Telephone Number to Apply [?](#)

USA

3: Email Address to Apply [?](#)


4: Website Address (URL) to Apply [?](#)

Save & Quit

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



Form ETA-9142C
CW-1 Application for Temporary Employment Certification

- ✓ Nature of the CW-1 application
- ✓ Employer Information
- ✓ Employer Point of Contact Information
- ✓ Attorney or Agent Information (if applicable)
- ✓ Occupational Classification and PWD
- ✓ Job Offer and Minimum Requirements
- ✓ Place of Employment and Wage Information
- ✓ Other Material Terms and Conditions of the Job Offer
- ✓ Recruitment Information
- F** Declaration of Employer and Attorney/Agent
- G Preparer

Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.

Document Upload - Appendix C

NOTE: Employer must be sure to use the most current version of Appendix C, which is available [here](#).

Step 1: Download Appendix C PDF
Step 2: Review and Sign
Step 3: Upload below

Only .pdf, .doc, .docx, .txt, .xls, .xlsx files under 30 MB can be uploaded. *

Drop files here or [Browse](#)


0_FORM_ETA_9142C_AppendixA_AppendixB_AppendixC.docx [Clear](#)

Save & Quit

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



Form ETA-9142C
CW-1 Application for Temporary Employment
Certification

- Nature of the CW-1 application
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- Attorney or Agent Information (if applicable)
- Occupational Classification and PWD
- Job Offer and Minimum Requirements
- Place of Employment and Wage Information
- Other Material Terms and Conditions of the Job Offer
- Recruitment Information
- Declaration of Employer and Attorney/Agent
- G Preparer**

Preparer

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.

1: Last (family) name ?

2: First (given) name ?

3: Middle Initial ?

4: Law Firm/Business FEIN ?

5: Law Firm/Business Name ?

6: Law Firm/Business Email Address ?

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

Form ETA-9142C
CW-1 Application for Temporary Employment Certification

- ✓ Nature of the CW-1 application
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- ✓ Attorney or Agent Information (if applicable)
- ✓ Occupational Classification and PWD
- ✓ Job Offer and Minimum Requirements
- ✓ Place of Employment and Wage Information
- ✓ Other Material Terms and Conditions of the Job Offer
- ✓ Recruitment Information
- ✓ Declaration of Employer and Attorney/Agent
- ✓ Preparer
- APX A Appendix A - Employer Client Application**

Appendix A - Employer Client Application

✓ Section complete
Because you are filing as an Individual Employer per Field B.14, no Appendix A is necessary for this application.

[Save & Quit](#) [Back](#) [Continue](#)

Figure 24: Appendix A – Employer Client Application

Employer Point of Contact Information

Attorney or Agent Information (if applicable)

Occupational Classification and PWD

Job Offer and Minimum Requirements

Place of Employment and Wage Information

Other Material Terms and Conditions of the Job Offer

Recruitment Information

Declaration of Employer and Attorney/Agent

Preparer

Appendix A - Employer Client Application

APX B Appendix B - Additional Worksites

Application Documents

Review & Submit

Appendix B - Additional Worksites

Section complete
Because work is only being performed at one worksite per Field E. c.9, no Appendix B is necessary for this application.

Save & Quit

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Figure 25: Appendix B - Additional worksites

- ✓ Employer Point of Contact Information
- ✓ Attorney or Agent Information (if applicable)
- ✓ Occupational Classification and PWD
- ✓ Job Offer and Minimum Requirements
- ✓ Place of Employment and Wage Information
- ✓ 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

Application Documents

Below, you will find a summary of documents that you have uploaded to this application throughout the form. You may also add and categorize additional supplemental documents below.

Add Document

3 Additional Documents

i You can modify documents which were added in previous application sections by returning to those sections.

Document Name	Category	Actions
0_TEST.docx	Job Contractor Agreement	...
0_TEST Document.docx	Appendix C	...
0_TEST.docx	Appendix C - Employer-Client	...

Save & Quit

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Figure 26: Application Documents

Employer Point of Contact Information

Attorney or Agent Information (if applicable)

Occupational Classification and PWD

Job Offer and Minimum Requirements

Place of Employment and Wage Information

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

Review & Submit

Generate PDF Preview

Save & Quit

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Submit

Figure 26: Review and Submit

Case PDF (Page 1 of 5)
Case Prep Generated PDF View:

OMB Approval: 1205-0534
Expiration Date: 10/31/2021

CW-1 Application for Temporary Employment Certification
Form ETA-9142C
U.S. Department of Labor



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142C. A copy of the instructions can be found at <http://www.foreignlaborcert.dol.gov/>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Nature of CW-1 Application

1. Type of Application (choose only one) *	<input checked="" type="checkbox"/> New employment	<input type="checkbox"/> 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. §		
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? *	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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? *	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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? *	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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? §	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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. §	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

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 *	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		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
98-4567891	236220	
14. Type of Employer (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer	<input type="checkbox"/> 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. §	<input type="checkbox"/>	
16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application is attached. §	<input type="checkbox"/>	

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C. Employer Point of Contact Information

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 must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name *		2. First (given) Name *		3. Middle Name(s) §	
SABIAN		JOSEPH			
4. Contact's Job Title *					
SITE MGR.					
5. Address 1 *					
1111 CALM SEAS					
6. Address 2 (apartment/suite/floor and number) §					
7. City *			8. State *		9. Postal Code *
SAIPAN			MP		990755
10. Country *			11. Province §		
UNITED STATES OF AMERICA					
12. Telephone Number *		13. Extension §	14. Business Email Address *		
17178987654			BODRICK.LEONARD@DOL.GOV		

D. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.			<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None		
2. Attorney or Agent's Last (family) Name §		3. First (given) Name §		4. Middle Name(s) §	
TEST LAST		TEST FIRST NAME		N/A	
5. Address 1 §					
123 DESTINY DRIVE					
6. Address 2 (apartment/suite/floor and number) §					
7. City §			8. State §		9. Postal Code §
MCLEAN			VA		22101
10. Country §			11. Province §		
UNITED STATES OF AMERICA			N/A		
12. Telephone Number §		13. Extension §	14. Law Firm/Business Email Address §		
+15715674543			TEST123@GMAIL.COM		
15. Law Firm/Business Name §			16. Law Firm/Business FEIN §		
CROSS-TEAM LLC			12-1234567		
FOR ATTORNEY USE ONLY					
If "Attorney" is marked in question D.1, complete questions 17 – 19 below.					
17. State Bar Number(s) §			18. State of highest state court where attorney is in good standing §		
N/A			VA		
19. Name of the highest state court where attorney is in good standing §					
FAIRFAX HIGH COURT					
FOR AGENT USE ONLY					
If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.					
20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. §					<input type="checkbox"/>

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E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code * 15-1143.01	2. SOC Occupation Title * TELECOMMUNICATIONS ENGINEERING SPECIALISTS
3. If "No" is marked to question A.5, enter the PWD case number obtained from the U.S. Department of Labor for this job opportunity. *	
P-500-21111-323709	

b. Job Offer and Minimum Requirements

1. Job Title * ARCHITECT				
2. Workers Needed * 6	Period of Intended Employment			
3. Begin Date: * 09/20/2021	4. End Date: * 04/01/2022			
5. Job Duties – Description of the specific services or labor to be performed. * (All job duties must be disclosed on this form. The response must begin in the form space. One separate attachment will be accepted to fully complete the response.) all duties assigned				
6. Anticipated days and hours of work per week (an entry is required for each box below) *				
a. Total Hours 7	c. Monday 7	e. Wednesday 7	g. Friday	a. 8 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
b. Sunday 7	d. Tuesday 7	f. Thursday	h. Saturday	b. 5 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
8. Education: minimum U.S. diploma/degree required. *				
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)				
9. Training: number of months required. *		10. Work Experience: number of months required. *		
6		60		
11. Supervision: does this position supervise the work of other employees? *		11a. If "Yes" to question 11, enter the number of employees worker will supervise. \$		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2		
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * all licenses & certificates req'd				

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c. Place of Employment and Wage Information

1. Worksite Address *		
1111 ISLAND PKWY		
2. Worksite Address § (apartment/suite/floor and number)		
3. City *	4. State *	5. Postal Code *
SAIPAN	MP	990755
6. Basic Wage Rate Paid *		6a. Overtime Wage Rate Paid §
From: \$ 25 . 00 * To: \$ 35 . 00		From: \$ 35 . 00 To: \$ 45 . 00
7. Per (Choose only one) *		
<input checked="" 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		
7a. Additional conditions about the wage rate to be paid. §		
8. Frequency of Pay. * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify): _____		
9. Will work be performed at worksite locations other than the one identified above? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. If "Yes" is marked in question E.c.9, a completed Appendix B is attached to this application. §		<input type="checkbox"/>

d. Other Material Terms and Conditions of the Job Offer

1. I have read and agree to provide the following terms and conditions with this job offer as fully explained in Form ETA-9142C – General Instructions and at 20 CFR 655, Subpart E. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
▪ Three-Fourths Guarantee: Workers will be offered employment for a total number of work hours equal to at least three-fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.	
▪ Transportation and Subsistence: If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved.	
2. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
3. Overtime Available: Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
4. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
5. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
6. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
7. Deductions from Pay: State all deduction(s) from pay and, if known, the amount(s). *	
N/A	

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e. Recruitment Information				
1. Explain <u>how</u> 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 applicants can apply for the job. * Test Data				
2. Telephone Number to Apply *		3. Email Address to Apply *		
+14562345634		TEST890@GMAIL.COM		
4. Website address (URL) to Apply *				
F. Declaration of Employer and Attorney/Agent				
In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.				
1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix C and have attached a signed and dated copy of Appendix C with this application. *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. Please confirm that the employer-client identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix C and has attached a separate signed and dated copy of Appendix C with this application. *		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
G. Preparer				
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.				
1. Last (family) Name §		2. First (given) Name §		3. Middle Initial §
TEST PREPARER		FIRST NAME PREPARER		
4. Law Firm/Business FEIN §	5. Law Firm/Business Name §			
12-1234567	IDENTITY LLC			
6. Law Firm/Business Email Address §				
IDENTITYTEST@GMAIL.COM				
Public Burden Statement (1205-0534)				
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 and 50 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142C - 45 minutes, Appendix A - 15 minutes, Appendix B - 20 minutes, Appendix C - 20 minutes, and recordkeeping - 10 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.QFLC.Forms@dol.gov . Please do not send the completed application to this address.				
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Form ETA-9142C - Appendix A

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A job contractor means a person, association, firm, or a corporation that meets the definition of an employer and that contracts services or labor on a temporary basis to one or more employers that are not an affiliate, branch, or subsidiary of the job contractor and where the job contractor will not exercise substantial, direct day-to-day supervision and control in the performance of the services or labor to be performed other than hiring, paying, and firing the workers. 20 CFR 655.402, 655.421. Pursuant to 20 CFR 655.421(a), a job contractor may only submit a CW-1 Application for Temporary Employment Certification, Form ETA-9142C, if it is filing as a joint employer with its employer-client. An employer-client means an employer that has entered into an agreement with a job contractor, as defined in 20 CFR 655.402. Pursuant to 20 CFR 655.421(d)(1), a job contractor that is filing as a joint employer with its employer-client must submit a completed CW-1 Application for Temporary Employment Certification, Form ETA-9142C, that clearly identifies the joint employers (the job contractor and its employer-client) and the employment relationship (including the actual place(s) of employment disclosed on the Form ETA-9142C). Please complete Sections A and B below and attach this form to the Form ETA-9142C that will be submitted to the Department for processing.

A. Employer-Client Information

1. Legal Business Name *		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
4. 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 (FEIN from IRS) *	13. NAICS Code *	

B. Employer-Client 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 § (apartment/suite/floor and number)		
7. City *	8. State *	9. Postal Code *
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address *

Public Burden Statement (1205-0534)

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 and 50 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142C - 45 minutes, Appendix A - 15 minutes, Appendix B - 20 minutes, Appendix C - 20 minutes, and recordkeeping - 10 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2010, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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Form ETA-9142C - Appendix B

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1. City *	2. Postal/ZIP Code *	3. Additional Place of Employment Information § (Address—e.g., street address, area, town, village, geographic identification)	4. Additional Work Itinerary Information §					
			Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate (in \$)	
						From:	To:	

Public Burden Statement (1205-0534)

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 and 50 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142C - 45 minutes, Appendix A - 15 minutes, Appendix B - 20 minutes, Appendix C - 20 minutes, and recordkeeping - 10 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

Form ETA-9142C -Appendix B

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Form ETA-9142C – Appendix C

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For Use in Filing Applications Under the CW-1 Program ONLY

A. Attorney or Agent Declaration

I hereby declare under penalty of perjury that I am an employee of, or hired by, the employer listed in Section B of the Form ETA-9142C, and that I have been designated by that employer in accordance with 20 CFR 655.403 and 655.404 to act on its behalf in connection with this application. If I am an agent and not an employee of the employer, then I have attached an agency agreement.

I HEREBY CERTIFY that I have provided to the employer Form ETA-9142C and all supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Firm/Business Name *		
5. Signature *		6. Date Signed *

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY my knowledge of and compliance with the following conditions of employment:

- The job opportunity is a bona fide, full-time temporary position (of at least 35 hours per workweek), the qualifications and requirements for which are consistent with the normal and accepted qualifications and requirements imposed by non-CW-1 employers in the same or comparable occupations, in the Commonwealth. The employer has listed all qualifications and requirements in this application or work contract.
- There is no strike or lockout at any of the employer's places of employment within the Commonwealth for which the employer is requesting a CW-1 certification.
- The job opportunity was/is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, disability, or citizenship. U.S. workers who apply for the job will be hired, unless the employer has a lawful, job-related reason(s) for the rejection, and the employer will retain records of all rejections.
- The employer has not offered/will not offer terms, wages, and working conditions to U.S. workers that are less favorable than those offered or to be offered to CW-1 workers or impose restrictions or obligations on U.S. workers that are not imposed on CW-1 workers. This does not relieve the employer from providing CW-1 workers with at least the minimum benefits, wages, and working conditions that must be offered to U.S. workers.
- The offered wage equals or exceeds the highest of the applicable Federal or Commonwealth minimum wage, or the prevailing wage determination for the occupation that is issued by the Department to the employer, as reflected on the employer's approved Application for Temporary Employment Certification or work contract, for the time period the work is performed. The employer will pay at least the offered wage, free and clear, either in cash or in a negotiable instrument payable at par, during the entire period of this application. The employer must use a single workweek as its standard for computing wages due.
- The offered wage is not based on commissions, bonuses, or other incentives, unless the employer guarantees a wage earned every workweek that equals or exceeds the offered wage. The employer guarantees to supplement a piece rate wage if at the end of the workweek, the piece rate does not result in average hourly piece rate earnings during the workweek at least equal to the offered wage.
- During the period of employment that is the subject of this application or work contract, the employer will comply with applicable Federal and Commonwealth employment-related laws and regulations, including, but not limited to, employment-related health and safety laws, and all applicable provisions of the Fair Labor Standards Act, 29 U.S.C. 201 et seq. In addition, the employer and its agents and attorneys are prohibited from holding or confiscating workers' passports, visas, or other immigration documents pursuant to 18 U.S.C. 1592(a).
- The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation and Commonwealth within the period beginning 270 days before the date of need through the end of the period of certification, unless the layoff is for lawful, job-related reasons and all CW-1 workers are laid off first.

