PWD Case Number:_

Application for Prevailing Wage Determination Form ETA-9141



U.S. Department of Labor

Please read and review the filing instructions carefully before completing the Form ETA-9141. A copy of the instructions can be found on the Office of Foreign Labor Certification website at https://www.dol.gov/agencies/eta/foreign-labor. For all submissions, either electronic or paper, ALL required fields/items containing an asterisk (*) must be completed as well as any applicable fields/items where a response is conditional as indicated by the section (§) symbol.

. Employment-Based Visa Information	n					
1. Indicate the type of visa classifi	cation supported by this app	plication (\	Write classificatio	n symbol): *		
	in this section is for an employ tion in this section must be diffe			of the employer in labor certification or labor t information listed in Section D, except whe		
. Contact's last (family) name *	2. First (given) name	e *		3. Middle name(s) (if applicable) §		
. Contact's job title *						
. Address 1 *						
5. Address 2						
7. City *			8. State §	9. Postal code *		
10. Country *	0. Country *			11. Province (if applicable) §		
12. Telephone number *	13. Extension (if app	olicable) §	§ 14. Business e-mail address *			
	l					
. Employer Information						
1. Legal business name *						
2. Trade name/Doing Business As (DBA	A), if applicable §					
3. Address 1 *						
4. Address 2						
5. City *		6. 5	State §	7. Postal code *		
B. Country * 9. I		9. Province (if applicable) §				
10. Telephone number * 11.		11. Extension (if applicable) §				
12. Federal Employer Identification Number (FEIN from IRS) * 13.		13. NAICS code *				
Attorney or Agent Information (if a	pplicable)					
1. Indicate the type of representation for If D.1 is "Attorney" or "Agent" the			ication *	☐ Attorney ☐ Agent ☐ None		
2. Attorney or agent's last (family) name § 3. First (given) name §			4. Middle name(s) §			
5. Address 1 §						
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6. Address 2 (apartment/suite/floor and number)						
(apartment/suite/floor and number) 7. City §		8. State §	9. Postal o	code §		
10. Country §		11. Province (if applicable) §				
12. Telephone number § 13. Extension §		14. Law firm/business e-mail address §				
15. Law firm/business name §		16. Law firm/business FE	IN §			
E. Wage Source Information Refer to instructions for all supporting	documents required in this section.					
1. Is the employer covered by ACW H-2B)	IA, as described in 20 CFR 656.40	(e)(1)? * (Not applicable for	☐ Yes	□ No	□ N/A	
a. If "Yes," identify which ACWL ☐ (i) Institution of higher educa ☐ (ii) Affiliated or related nonp	A provision the employer is covere ation profit entity connected or associated prization or Governmental research of	l with an institution of highe				
	been determined not covered under lieve that its status has changed? §	ACWIA, does the	☐ Yes	□ No	□ N/A	
2. Is the position covered by a profes		ations? §	☐ Yes	□ No		
3. Is the position covered by a Collect	ctive Bargaining Agreement (CBA)? §	☐ Yes	□ No	□ N/A	
4. Is the employer requesting a preva McNamara Service Contract Act (SC		con Act (DBA) or	☐ Yes	□No		
The turnary service somewer tee (se	511) (Crot applicable 15111 2 2).					
a. If "Yes," identify which wage source the employer is requesting: §						
□ DBA □ SCA						
5. Is the employer requesting consideration of a survey as a wage source in determining the prevailing wage? *						
If "Yes," 5.a and 5.b must be completed.						
a. Survey name or title: §						
b. Survey date of publication or, if not published, date of submission to DOL: §						
F. Job Offer Information						
a. Job Description						
1. Job title *						
2. Job duties: Description of the specific services or labor to be performed. * (All job duties must be disclosed. A description of the job duties MUST begin in this space. For mail-in applications, an addendum may be used to complete the response fully.)						
WOST begin in this space. For man-in a	ppiications, an addendum may be used	to complete the response runy.				
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3. Does this position supervise the work of other employees? * □ Yes □ No						
a. If "Yes," please indicate the SOC code(s) and SOC title(s) of the occupation(s) of the employees to be supervised: §						
b. Minimum Job Requirements						
1. Education: Minimum U.S. degree required *						
□ None □ High school/GED □ Associate's □ Bachelor's					etc.)	
a. If "Other degree" in question 1, specify the U.S. degree required <i>§</i>	b. Indicate the major(s) and/o (May list more than one related n			§		
2. Does the employer require a second U.S. degree? *			□ Ye	es 🗖	No	
a. If "Yes" in question 2, indicate the second U.S. degree and the	e major(s) and/or field(s) of stud	ly required §				
3. Is training for the job opportunity required? *			□ Ye	es 🗖	No	
a. If "Yes" in question 3, specify the number of months of training required §	b. Indicate the field(s)/name(s (May list more than one related fi					
4. Is employment experience required? *			□ Ye	es 🗆	No	
a. If "Yes" in question 4, specify the number of <u>months</u> of experience required <i>§</i>	b. Indicate the occupation requ	uired §				
5. Special skills or other requirements: Does the employer require any specific or other requirements? *			□ Ye	es 🗖	No	
a. If "Yes," check all that apply and specify the requirement(s):	§					
☐ (i) License/Certification:						
☐ (ii) Foreign language:						
☐ (iii) Residency/Fellowship:						
☐ (iv) Other special skills or requirements:						
 c. Alternative Job Requirements While an employer may specify alternative requirements, the substant be evaluated. (Not applicable for H-2B) 	tial equivalency of the alternative rec	quirements to mir	nimum requir	ements	will not	
 Are alternate sets of education, training, and/or experience accepted? § 			☐ Yes		No	
If c.1 is "Yes," c.2, c.3, and c.4 must be completed.						
2. Specify the alternate level of education: U.S. degree accepted §						
□ None □ High school/GED □ Associate's □ Bachelor's □	Master's Doctorate (Ph.D.)	☐ Other degr	ree (J.D., M	.D., etc	E.)	
a. If "Other degree" in question 2, specify the U.S. degree accepted §	b. Indicate the major(s) and/or more than one related major and r			§ (May	list	
3. Is alternate training for the job opportunity accepted? §			☐ Yes		No	
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a. If "Yes" in question 3, specify the numonths of alternate training accepted §	b. Indicate the field(s)/name(s) of training accepted § (May list more than one related field and more than one type)						
4. Is alternate employment experience acc			☐ Yes		No		
a. If "Yes" in question 4, specify the number of months of alternate experience accepted §							
5. Special skills or other requirements: Does the employer require any specific or other requirements? *						No	
a. If "Yes," check all that apply and spe	ecify the requirement(s)	§					
☐ (i) License/Certification:							
☐ (ii) Foreign language:							
☐ (iii) Residency/Fellowship:							
☐ (iv) Other special skills or requi	rements:						
d. Other Information							
1. Suggested SOC (O*NET/OEWS) code	*	a. Suggested SOC (O*NET/OEW	/S) occupation	n title *			
2. Job title of the official the employee wi	ll report to for this job o	ppportunity (if applicable) §					
3. Will travel be required in order to perform the job duties? * □ Yes □ No □ Yes □ No □ A. If "Yes," provide geographic location and frequency of the travel					l §		
e. Place of Employment Information							
1. Worksite address 1 *							
2. Address 2							
3. City * 4. State	<u>,</u> *	5. County *	6. Postal co	de *			
7. Will work be performed in any Bureau of Labor Statistics Area (Metropolitan or Non-Metropolitan Statistical Areas) other than the Bureau of Labor Statistics Area of the address listed above, or, in the case of Bureau of Labor Statistics areas with multiple county-level prevailing wage rates, in a county other than the county of the address listed above? * (If "Yes," a completed Appendix A is required)							

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G. Prevailing Wage Determination						
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1. PWD tracking number:	2. PW receipt date:					
3. SOC code:	a. SOC occupation title:					
While all prevailing wages are issued at the six-digit SOC code level O*NET eight-digit extension code is listed below.	, O*NET includes extended eight-digit occupations. If applicable, the					
b. O*NET code:	c. O*NET occupation title:					
When the job opportunity represents a combination of occupations, listed below are the other occupations.						
d. O*NET code:	e. O*NET occupation title:					
4. Prevailing wage: (based on the primary worksite location. See Item 6 be on the minimum job requirements for the position. \$	low for details). For H-1B, H-1B1, E-3, and PERM only, this wage is based					
a. Per: (Choose only one)	b. OEWS wage level:					
□ Hour □ Week □ Bi-Weekly □ Mont □ Year h	U I U III U II U OEWS U N/V mean A					
c. Prevailing wage source (Choose only one):	d. If "Survey" in question 4.c, specify the name of the survey:					
\square OEWS (All Industries) \square OEWS (ACWIA) \square CBA \square DBA						
☐ SCA ☐ Alternate survey ☐ Professional sports league rules or regulations						
5. Prevailing wage: (based on the primary worksite location. See Iter wage is based on the alternative job requirements for the position (de	m 6 below for details). For H-1B, H-1B1, E-3, and PERM only. This oes not apply to H-2B). \$					
a. Per: (Choose only one) □ Hour □ Week □ Bi-Weekly □ Month □ Year	b. OEWS wage level: I I I II I IV DOEWS mean N/A					
c. Prevailing wage source (Choose only one):	d. If "Survey" in question 5c, specify the name of the survey:					
□ OEWS (All Industries) □ OEWS (ACWIA) □ CBA □ DBA						
☐ SCA ☐ Alternative ☐ Professional sports league rules or regulations						
6. The wage is based on the following BLS area (Metropolitan or Non-Metropolitan Statistical Area):						
7. The highest PWD out of all H-2B worksites for which a prevailing wage determination was requested: \$ per hour.						
8. Additional notes regarding wage determination:						
9. Determination date:	10. Expiration date:					
For public burden statement information, please see the Form ETA-9141 General Instructions.						

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