Form ETA-9141C

CW 1 Application for Prevailing Wage Determination – New Application

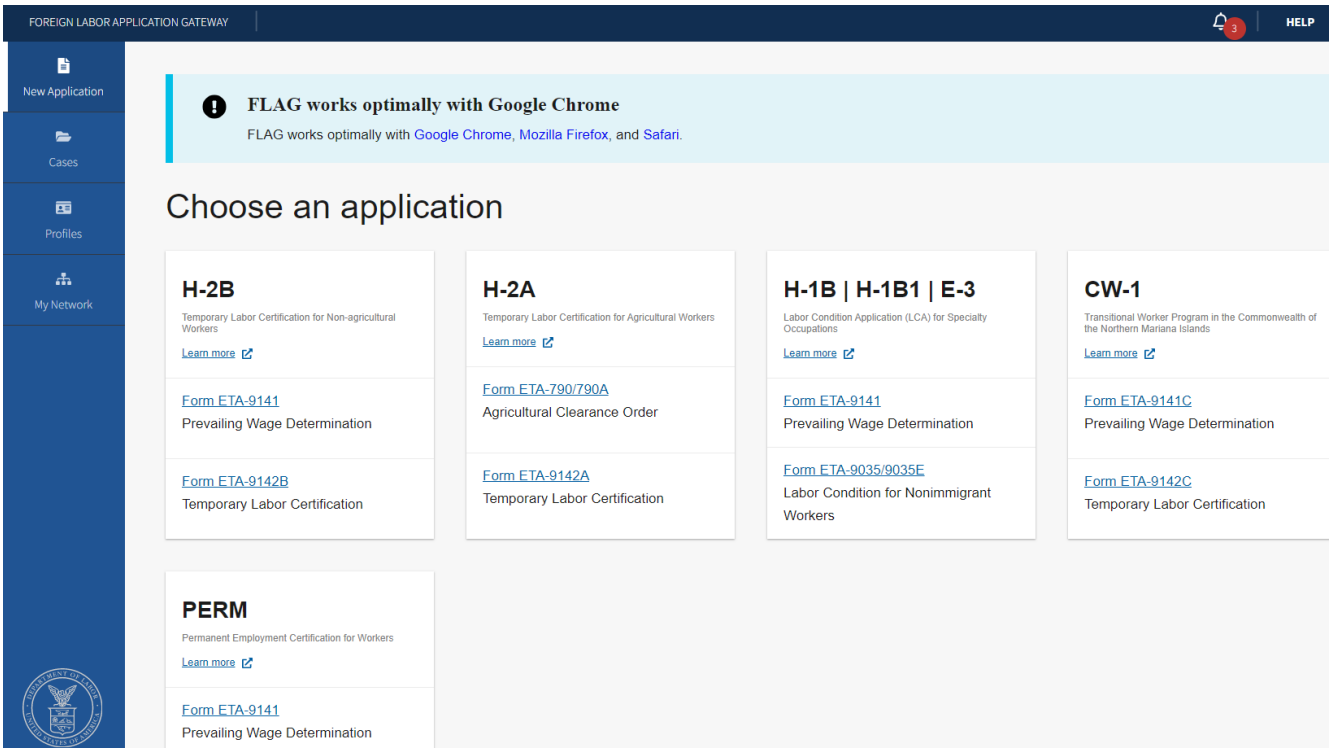

Figure 1: Home Screen to choose an application for CW-1 Form ETA-9141C

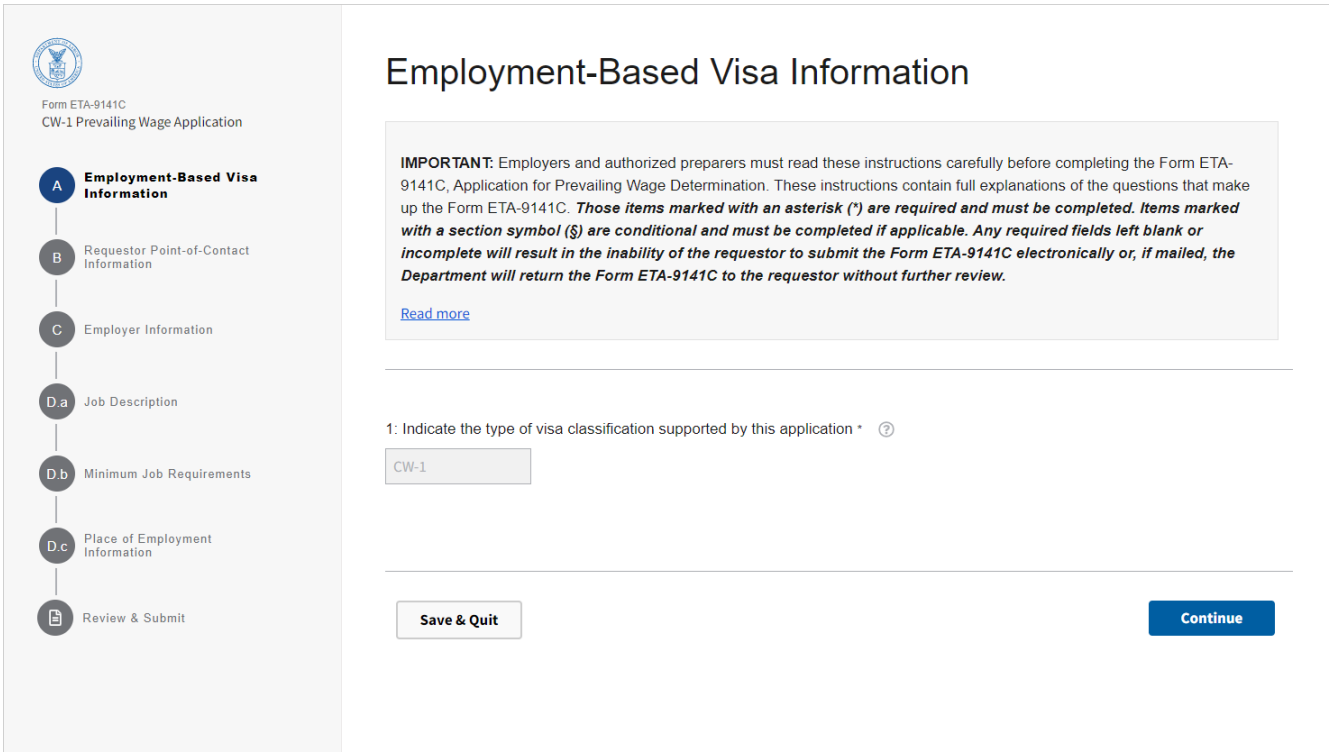

Figure 2: Section A: Employment-Based Visa Information

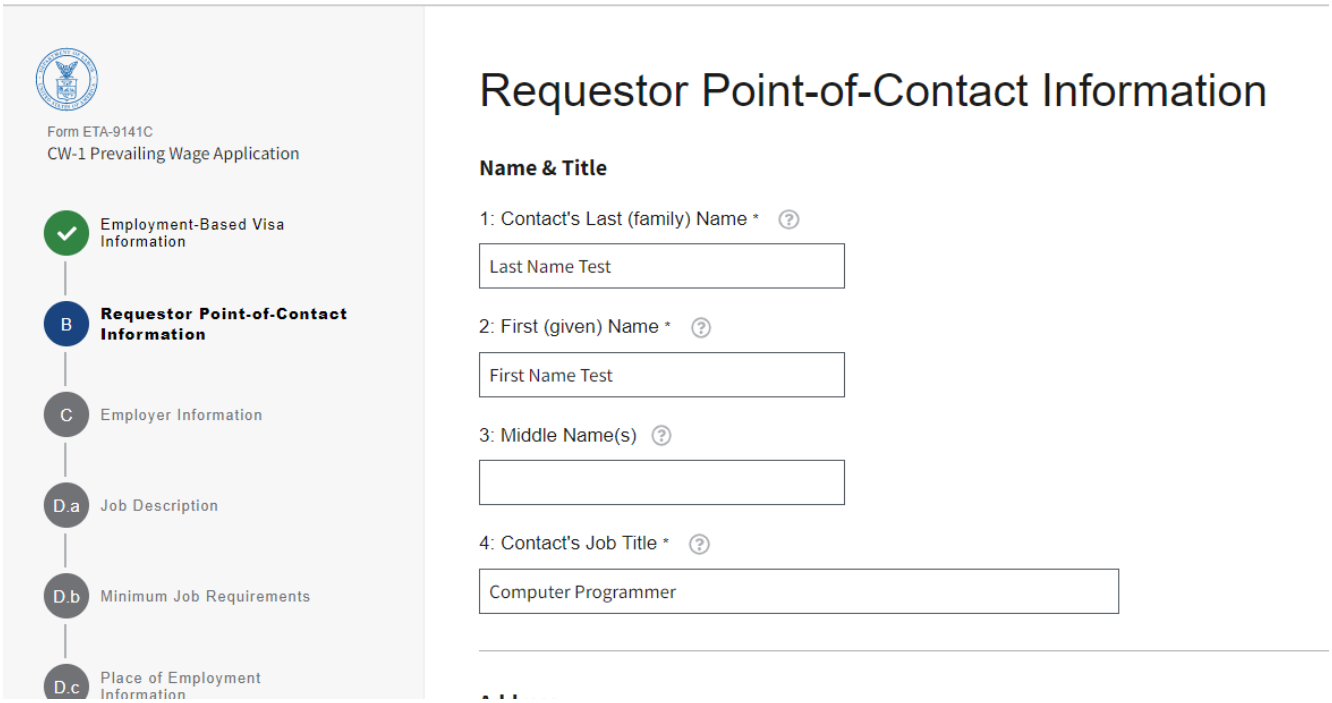

Figure 3: Section B: Requestor Point-of-Contact Information, Name and Title (B1 through B4)

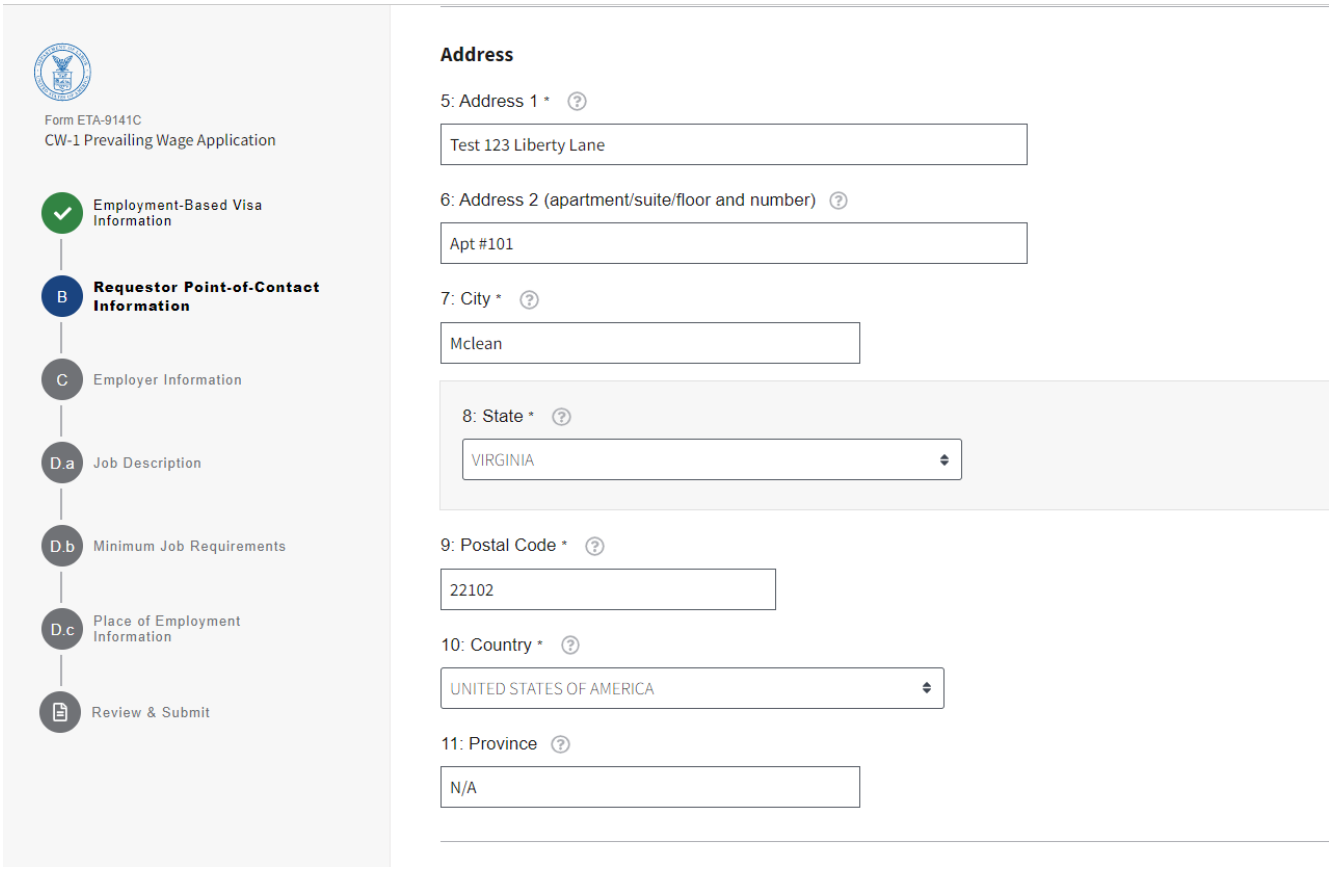

Figure 4: Section B: Requestor Point-of-Contact Information, Address (B5 through B11)

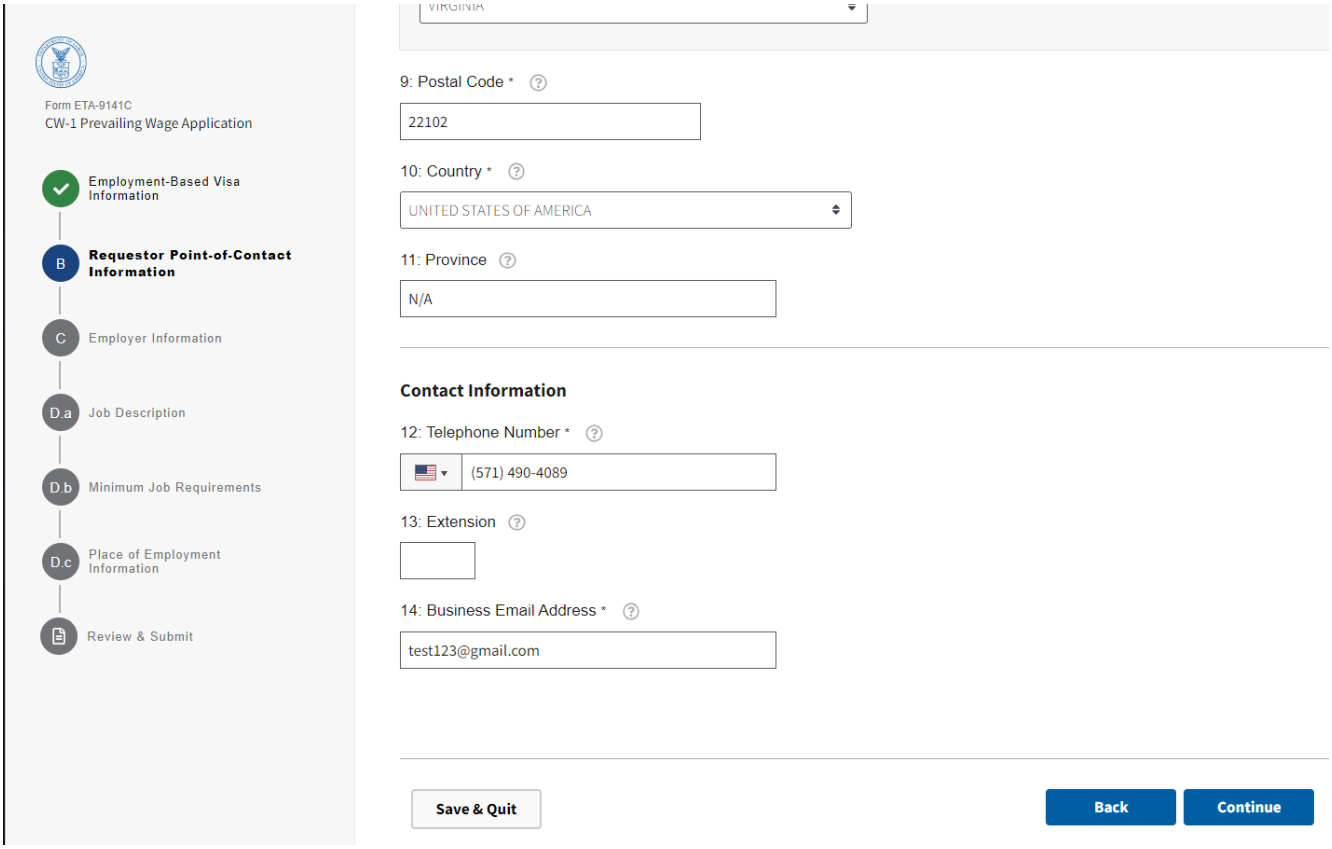

Figure 5: Section B: Requestor Point-of-Contact Information, Contact Information (B12 through B14)

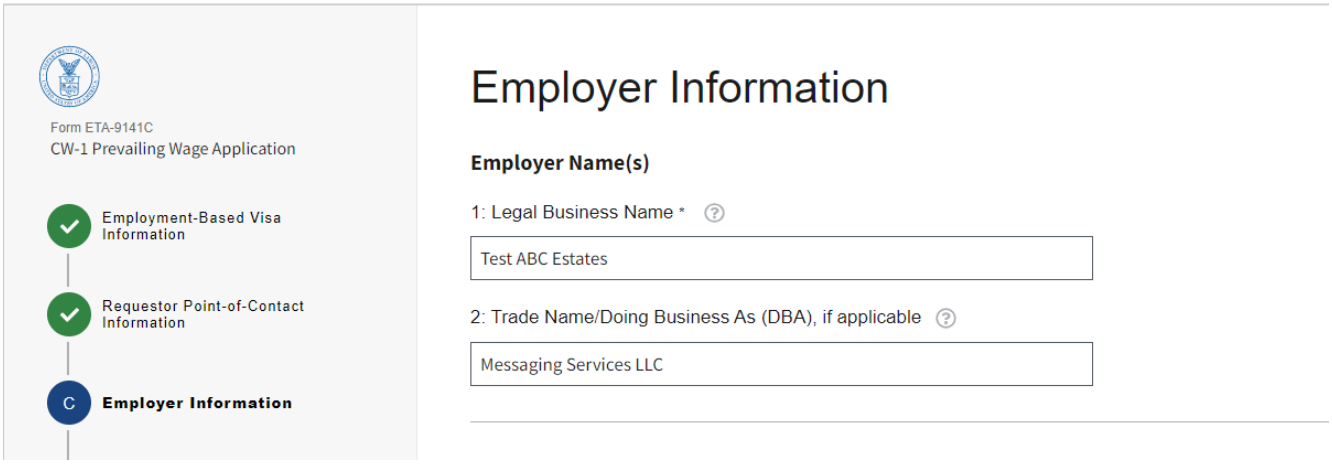

Figure 6: Section C: Employer Information, Employer Name (s) (C1 and C2)

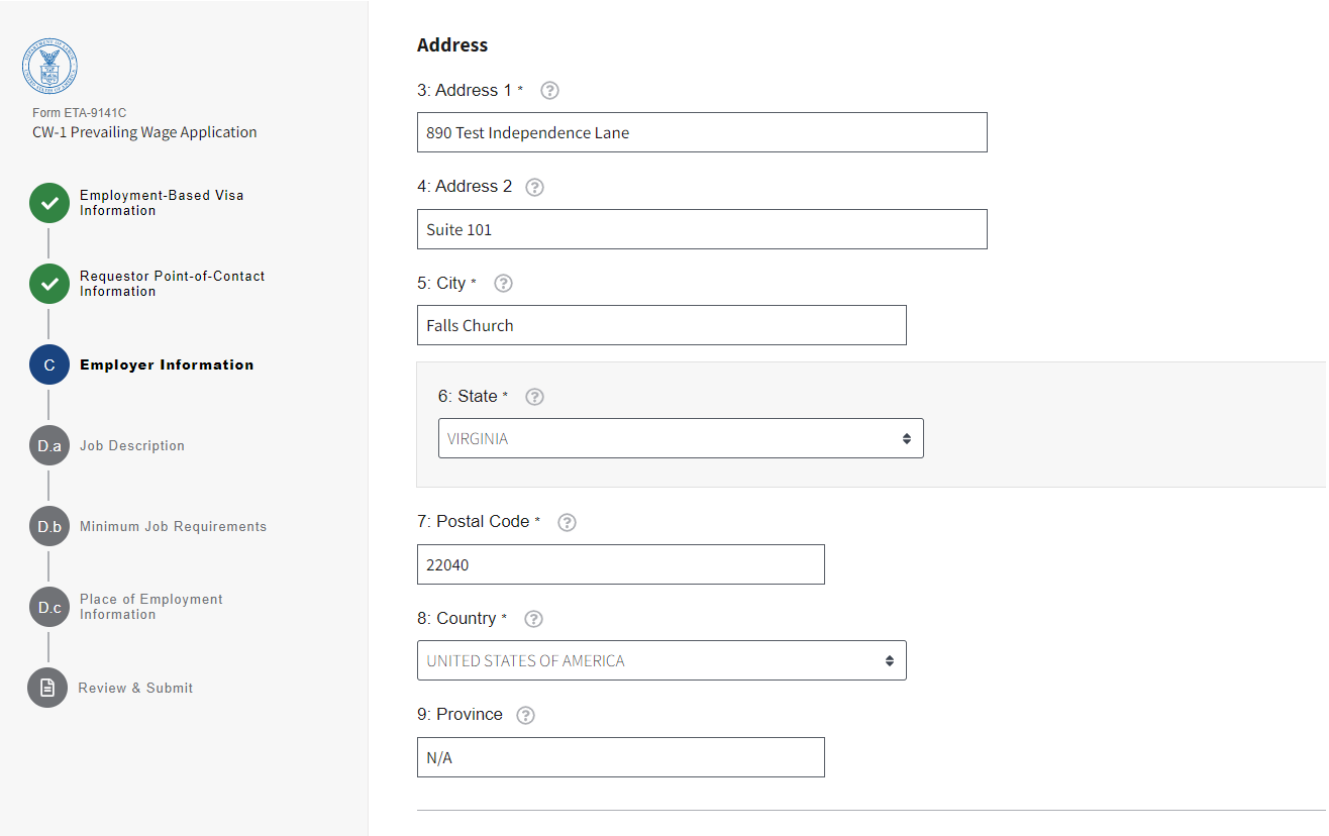

Figure 7: Section C: Address (C3 through C9)

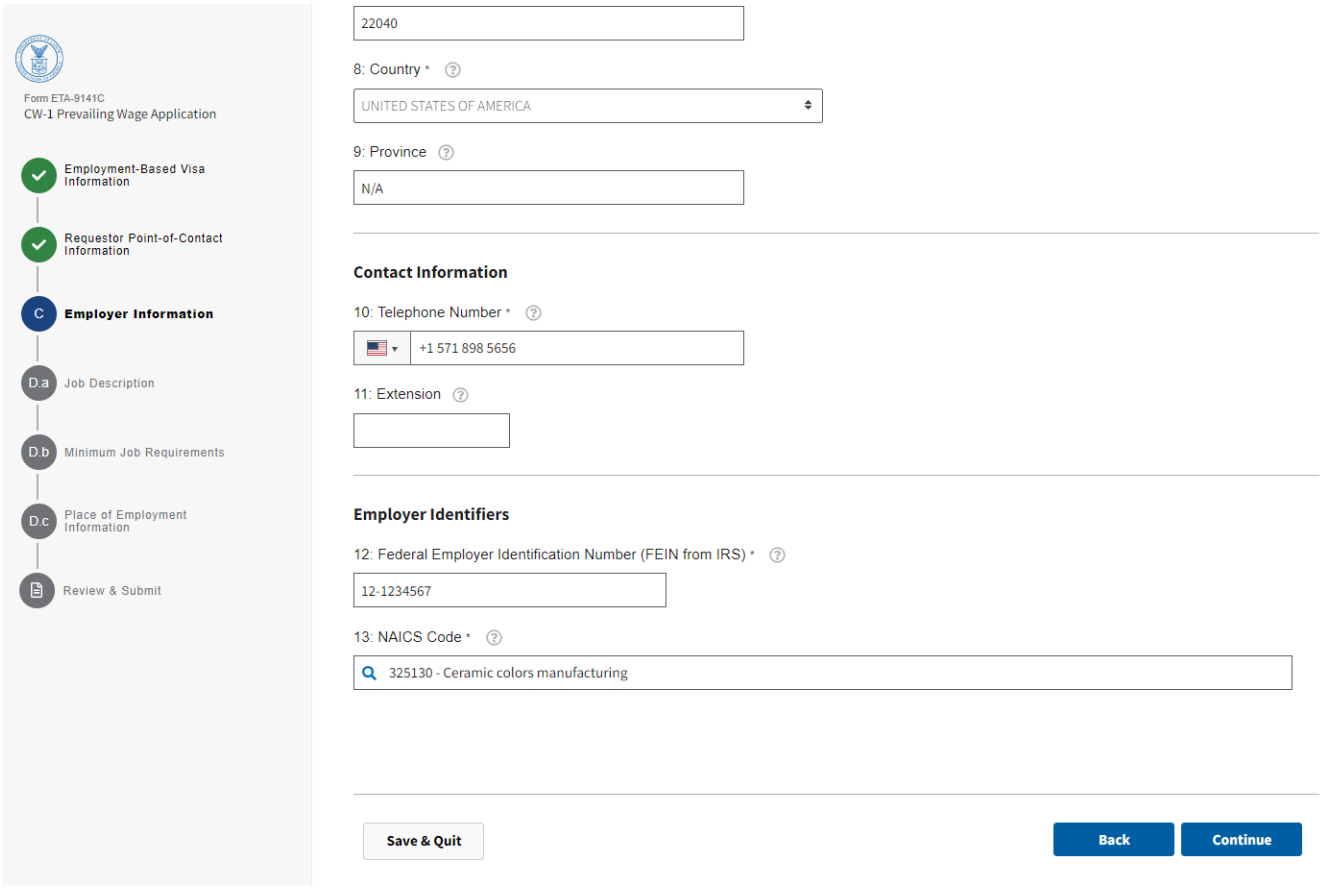

Figure 8: Section C: Contact Information (C10 and C11), Employer Identifiers (C12 and C13)

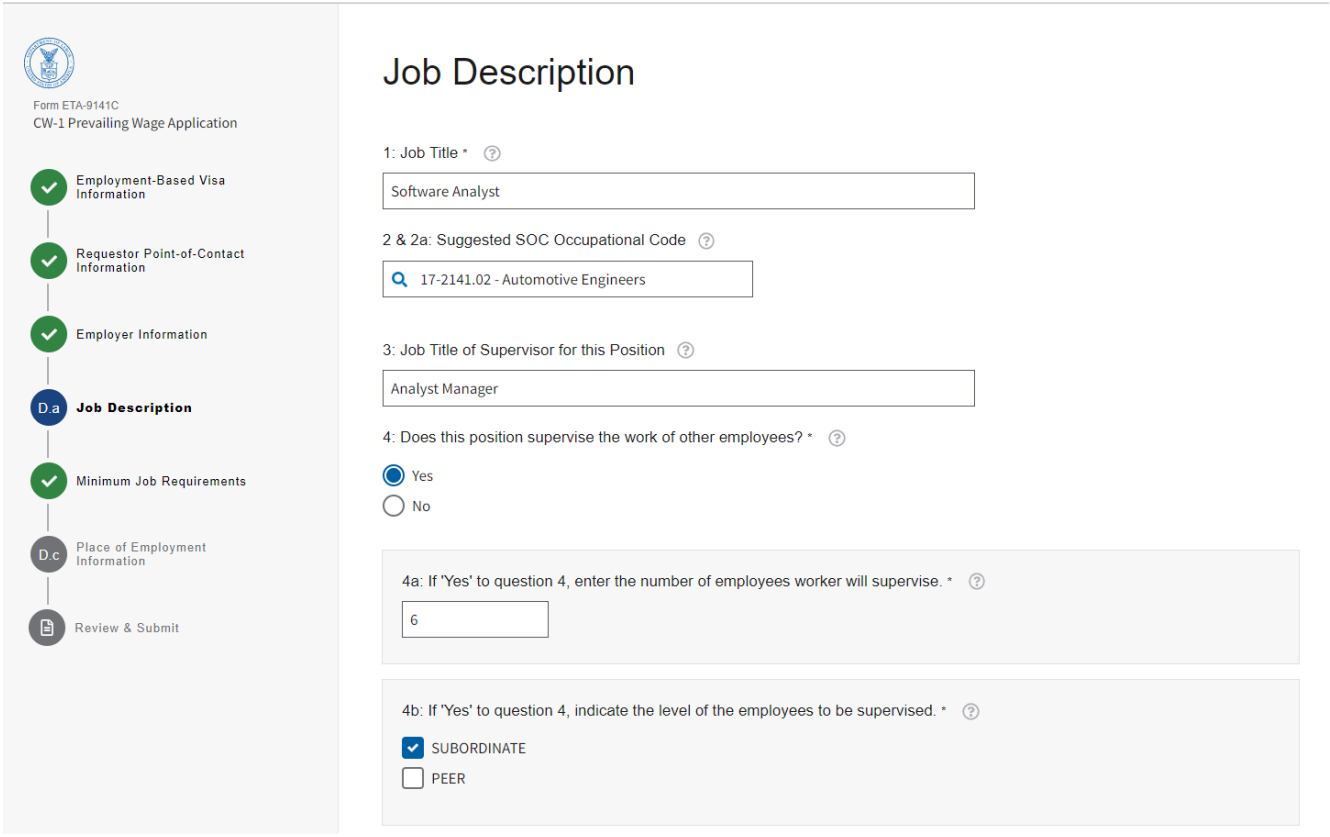

Figure 9: Section D.a: Job Description (D.a.1 through D.a.4b)

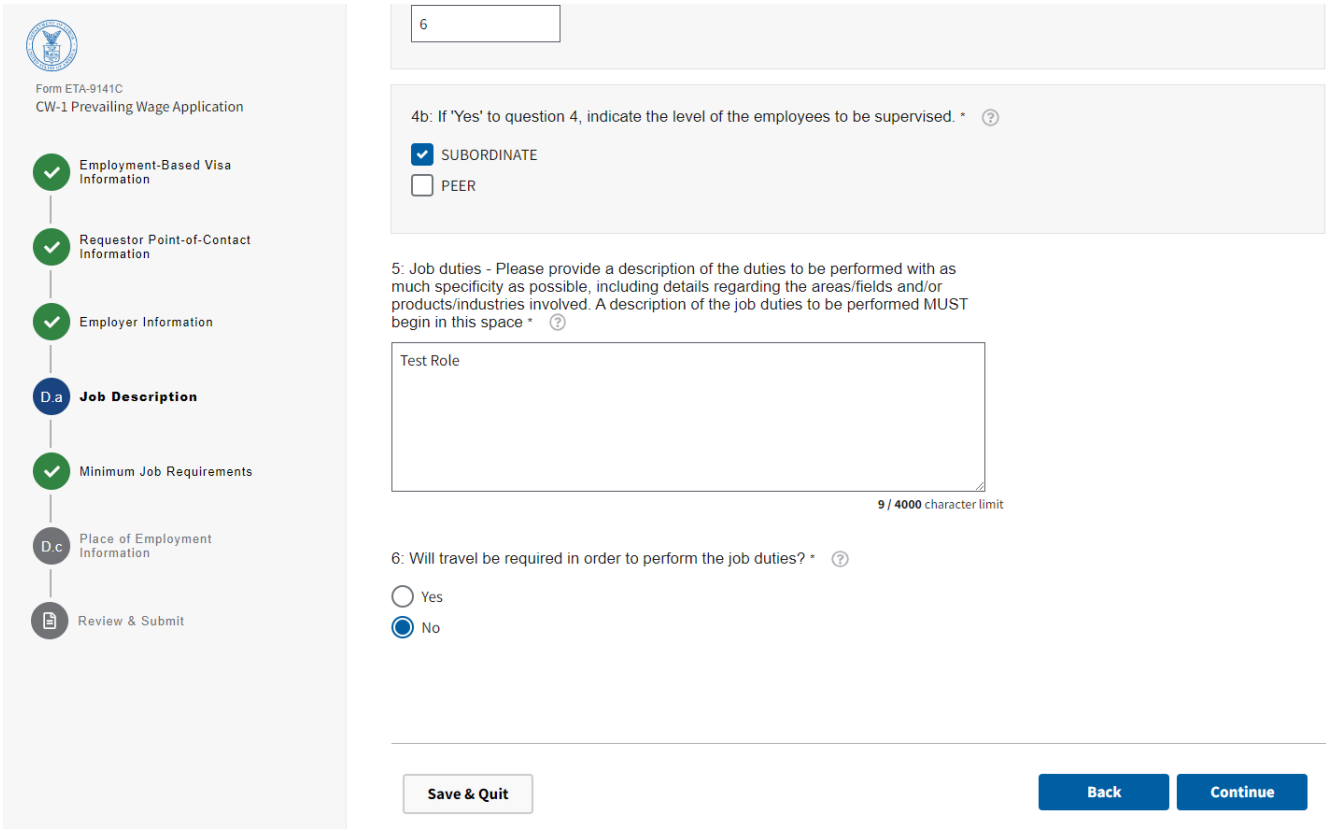

Figure 10: Section D.a: Job Description (D.a.5 and D.A.6)

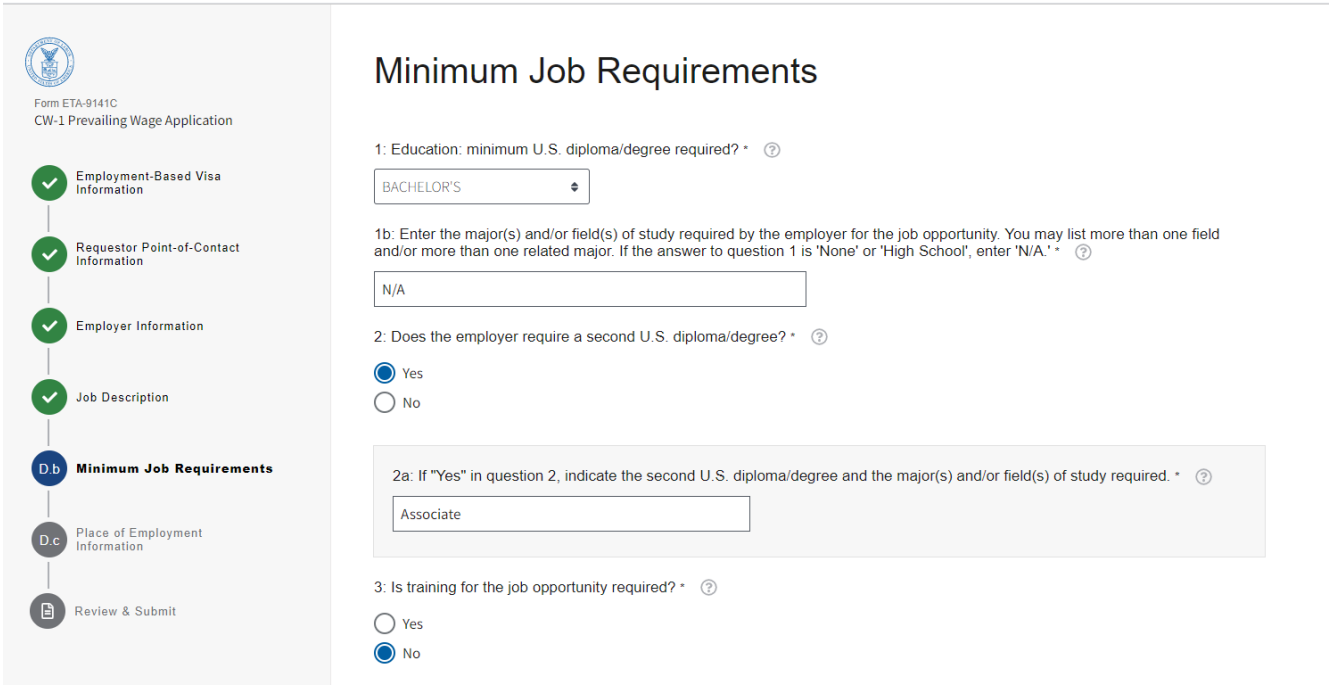

Figure 11: Section D.b: Minimum Job Requirements (D.b.1 through D.b.3)

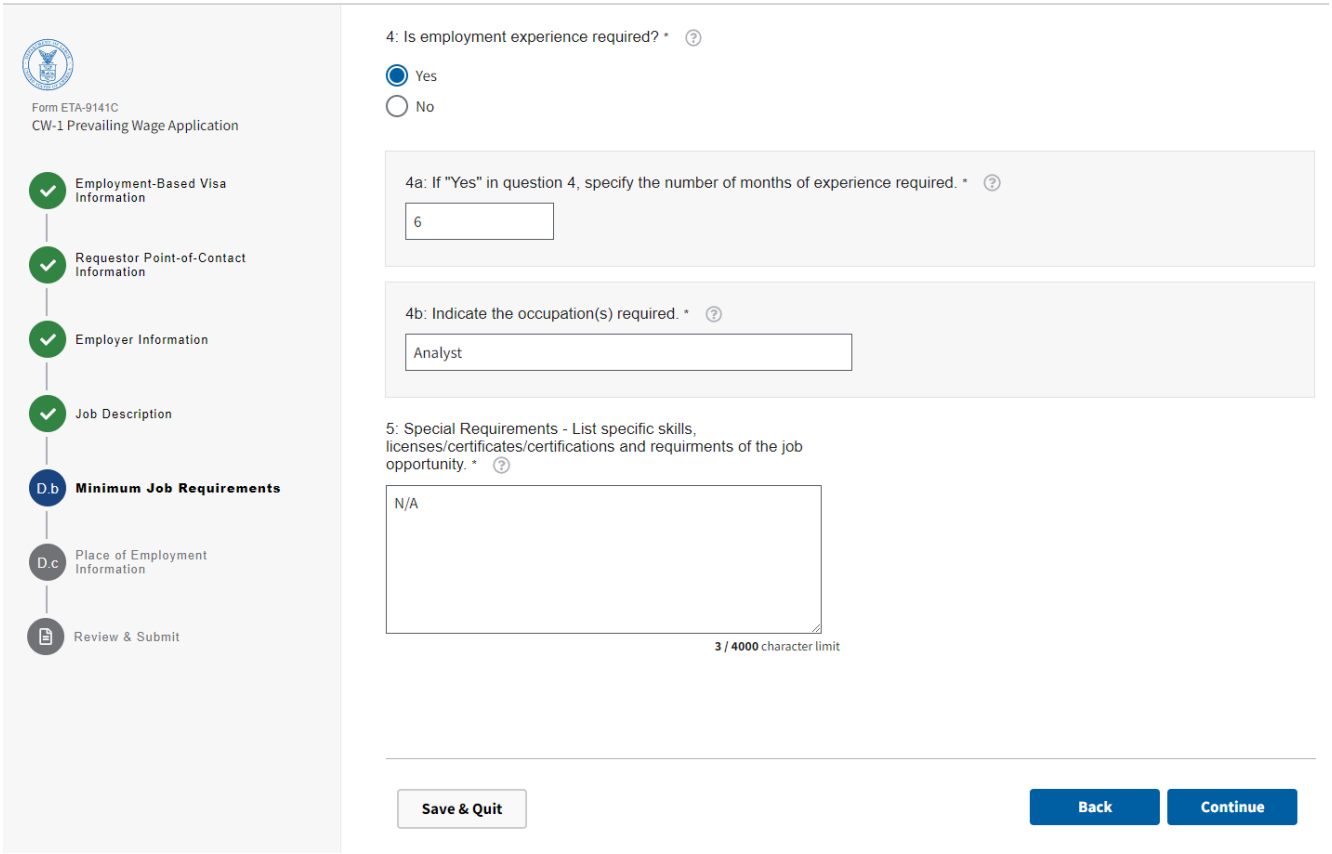

Figure 12: Section D.b: Minimum Job Requirements (D.b.4 and D.b.5)

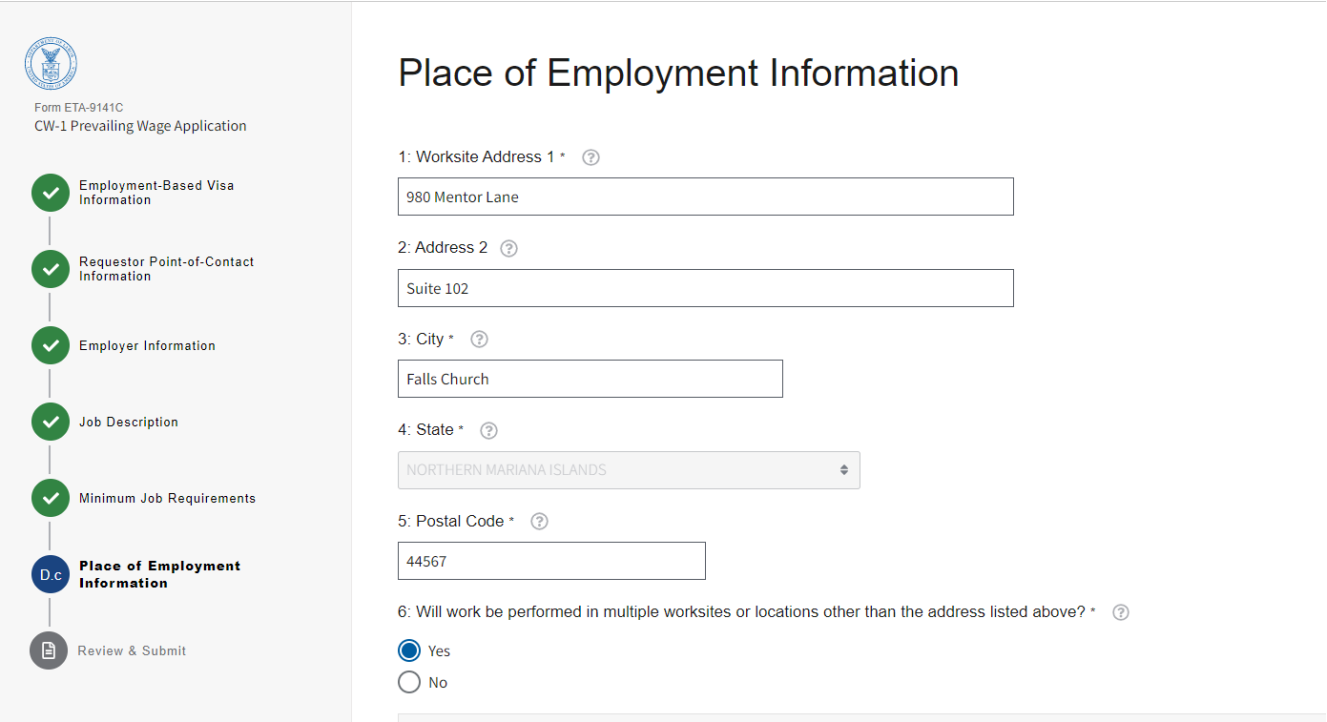

Figure 13: Section D.c: Place of Employment Information (D.c.1 through D.c.6)

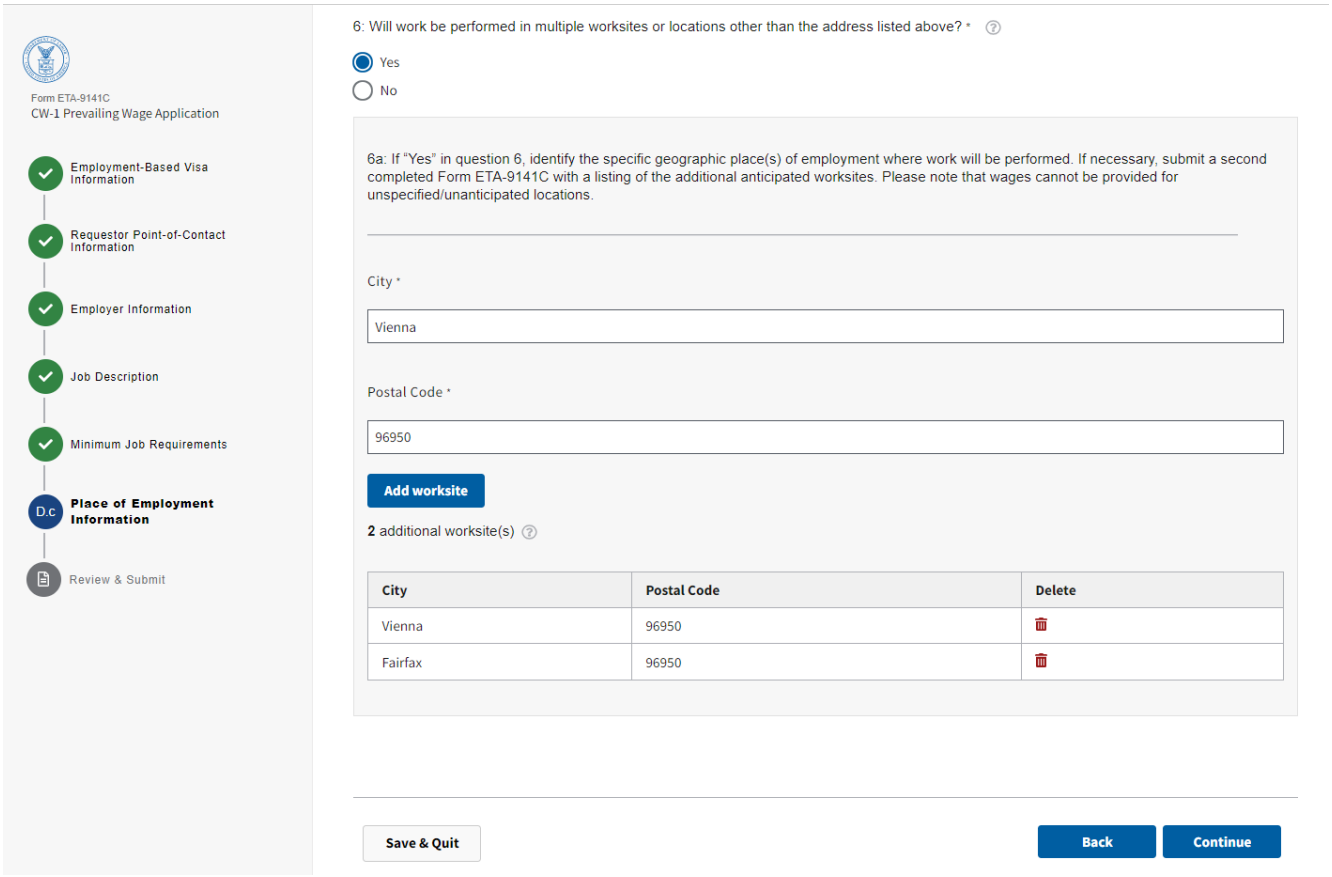

Figure 14: Section D.c: Place of Employment Information (D.c.6a)

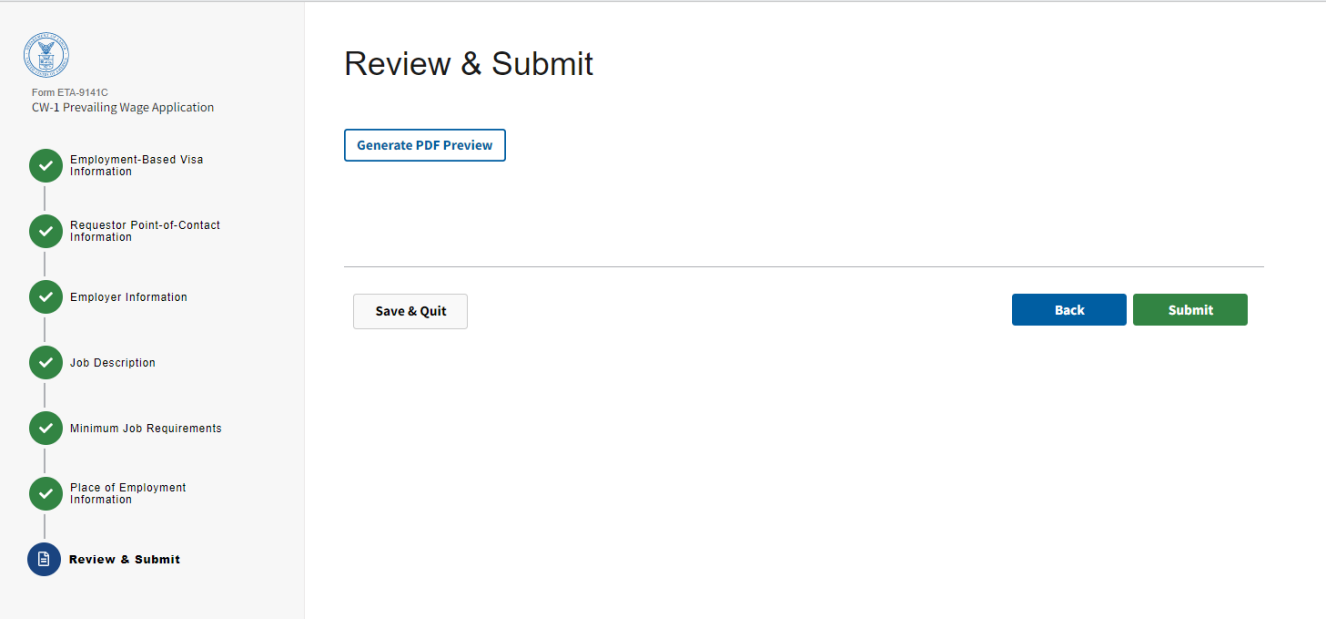

Figure 15: Review and Submit

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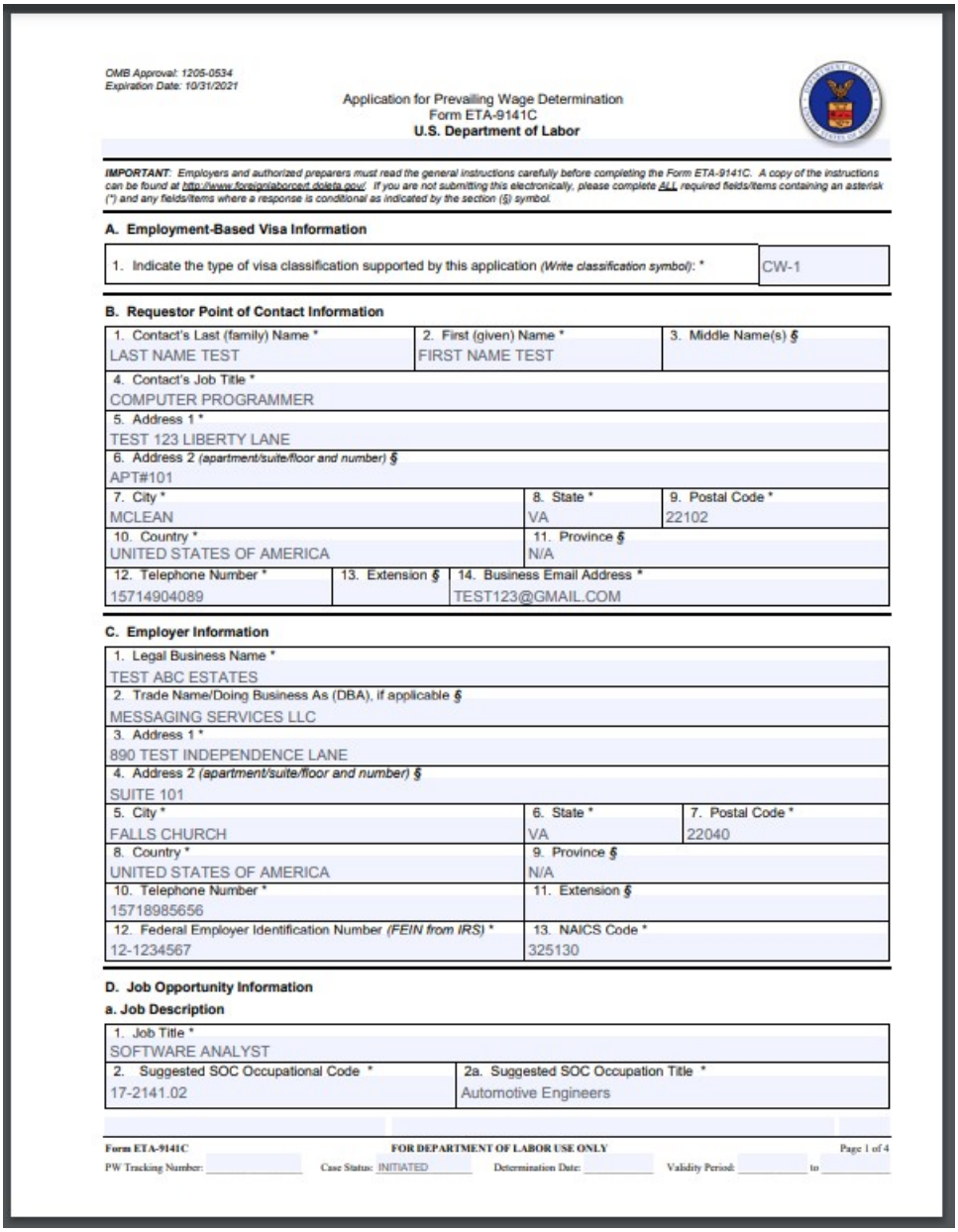

OMB Approval: 1205-0534
Expiration Date: 10/31/2021

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

IMPORTANT: *Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9141C. A copy of the instructions can be found at http://www.foreignlaborcert.doleta.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. Employment-Based Visa Information

1. Indicate the type of visa classification supported by this application *(Write classification symbol)*: *	CW-1

B. Requestor Point of Contact Information

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
LAST NAME TEST	FIRST NAME TEST	
4. Contact's Job Title *		
COMPUTER PROGRAMMER		
5. Address 1 *		
TEST 123 LIBERTY LANE		
6. Address 2 *(apartment/suite/floor and number)* §		
APT#101		
7. City *	8. State *	9. Postal Code *
MCLEAN	VA	22102
10. Country *	11. Province §	
UNITED STATES OF AMERICA	N/A	
12. Telephone Number *	13. Extension §	14. Business Email Address *
15714904089		TEST123@GMAIL.COM

C. Employer Information

1. Legal Business Name *		
TEST ABC ESTATES		
2. Trade Name/Doing Business As (DBA), if applicable §		
MESSAGING SERVICES LLC		
3. Address 1 *		
890 TEST INDEPENDENCE LANE		
4. Address 2 *(apartment/suite/floor and number)* §		
SUITE 101		
5. City *	6. State *	7. Postal Code *
FALLS CHURCH	VA	22040
8. Country *	9. Province §	
UNITED STATES OF AMERICA	N/A	
10. Telephone Number *	11. Extension §	
15718985656		
12. Federal Employer Identification Number *(FEIN from IRS)* *	13. NAICS Code *	
12-1234567	325130	

D. Job Opportunity Information

a. Job Description

1. Job Title *	
SOFTWARE ANALYST	
2. Suggested SOC Occupational Code *	2a. Suggested SOC Occupation Title *
17-2141.02	Automotive Engineers

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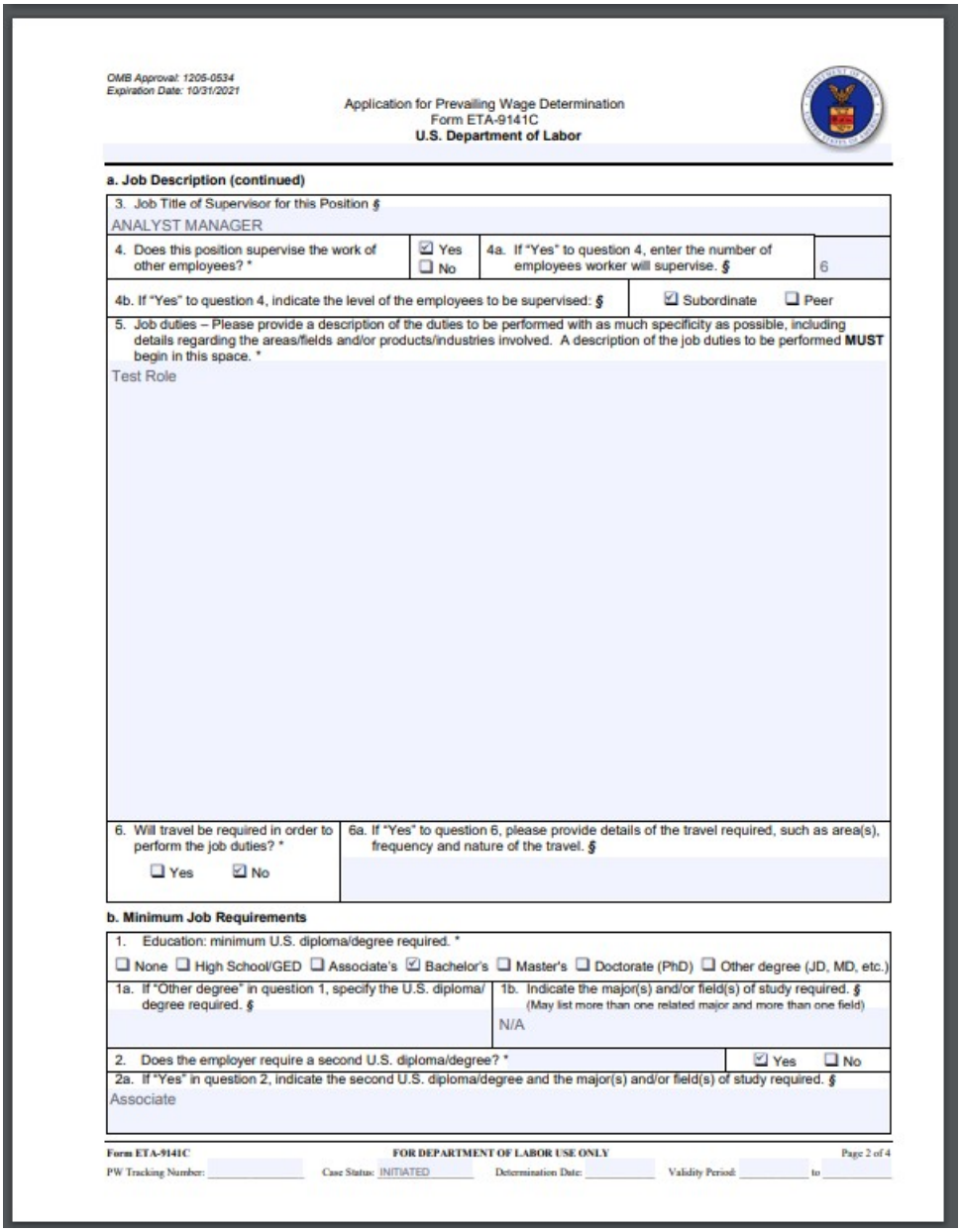

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Application for Prevailing Wage Determination
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a. Job Description (continued)

3. Job Title of Supervisor for this Position §
ANALYST MANAGER

4. Does this position supervise the work of other employees? * ☑ Yes ☐ No

4a. If "Yes" to question 4, enter the number of employees worker will supervise. § 6

4b. If "Yes" to question 4, indicate the level of the employees to be supervised: § ☑ Subordinate ☐ Peer

5. Job duties – Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed **MUST** begin in this space. *
Test Role

6. Will travel be required in order to perform the job duties? * ☐ Yes ☑ No

6a. If "Yes" to question 6, please provide details of the travel required, such as area(s), frequency and nature of the travel. §

b. Minimum Job Requirements

1. Education: minimum U.S. diploma/degree required. *
☐ None ☐ High School/GED ☐ Associate's ☑ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)

1a. If "Other degree" in question 1, specify the U.S. diploma/degree required. §

1b. Indicate the major(s) and/or field(s) of study required. § (May list more than one related major and more than one field)
N/A

2. Does the employer require a second U.S. diploma/degree? * ☑ Yes ☐ No

2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required. §
Associate

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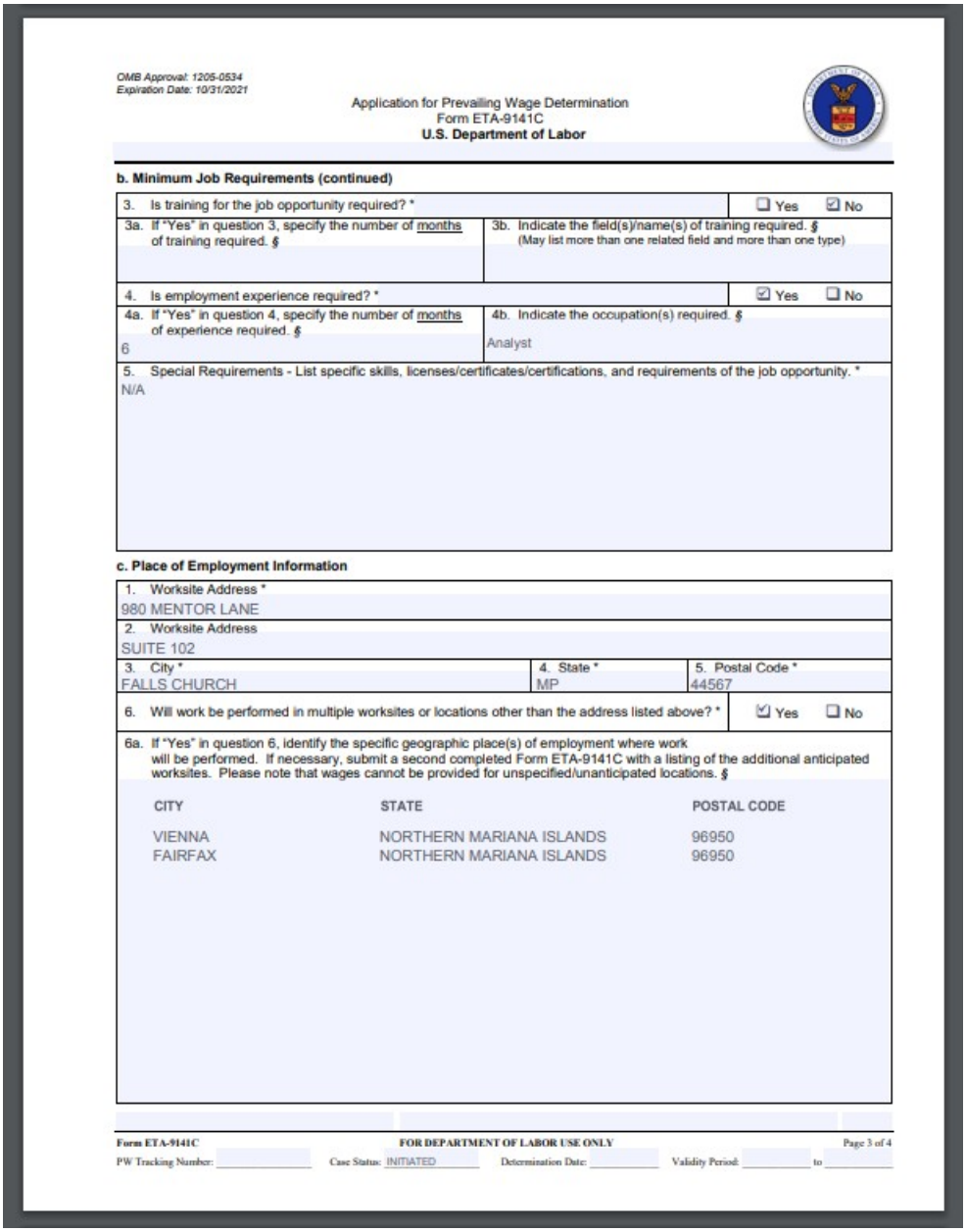

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Application for Prevailing Wage Determination
Form ETA-9141C
U.S. Department of Labor

b. Minimum Job Requirements (continued)

3. Is training for the job opportunity required? *		☐ Yes ☑ No
3a. If "Yes" in question 3, specify the number of months of training required. §	3b. Indicate the field(s)/name(s) of training required. § (May list more than one related field and more than one type)	
4. Is employment experience required? *		☑ Yes ☐ No
4a. If "Yes" in question 4, specify the number of months of experience required. §	4b. Indicate the occupation(s) required. §	
6	Analyst	
5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. *		
N/A		

c. Place of Employment Information

1. Worksite Address *		
980 MENTOR LANE		
2. Worksite Address		
SUITE 102		
3. City *	4. State *	5. Postal Code *
FALLS CHURCH	MP	44567
6. Will work be performed in multiple worksites or locations other than the address listed above? *		☑ Yes ☐ No

6a. If "Yes" in question 6, identify the specific geographic place(s) of employment where work will be performed. If necessary, submit a second completed Form ETA-9141C with a listing of the additional anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations. §

CITY	STATE	POSTAL CODE
VIENNA	NORTHERN MARIANA ISLANDS	96950
FAIRFAX	NORTHERN MARIANA ISLANDS	96950

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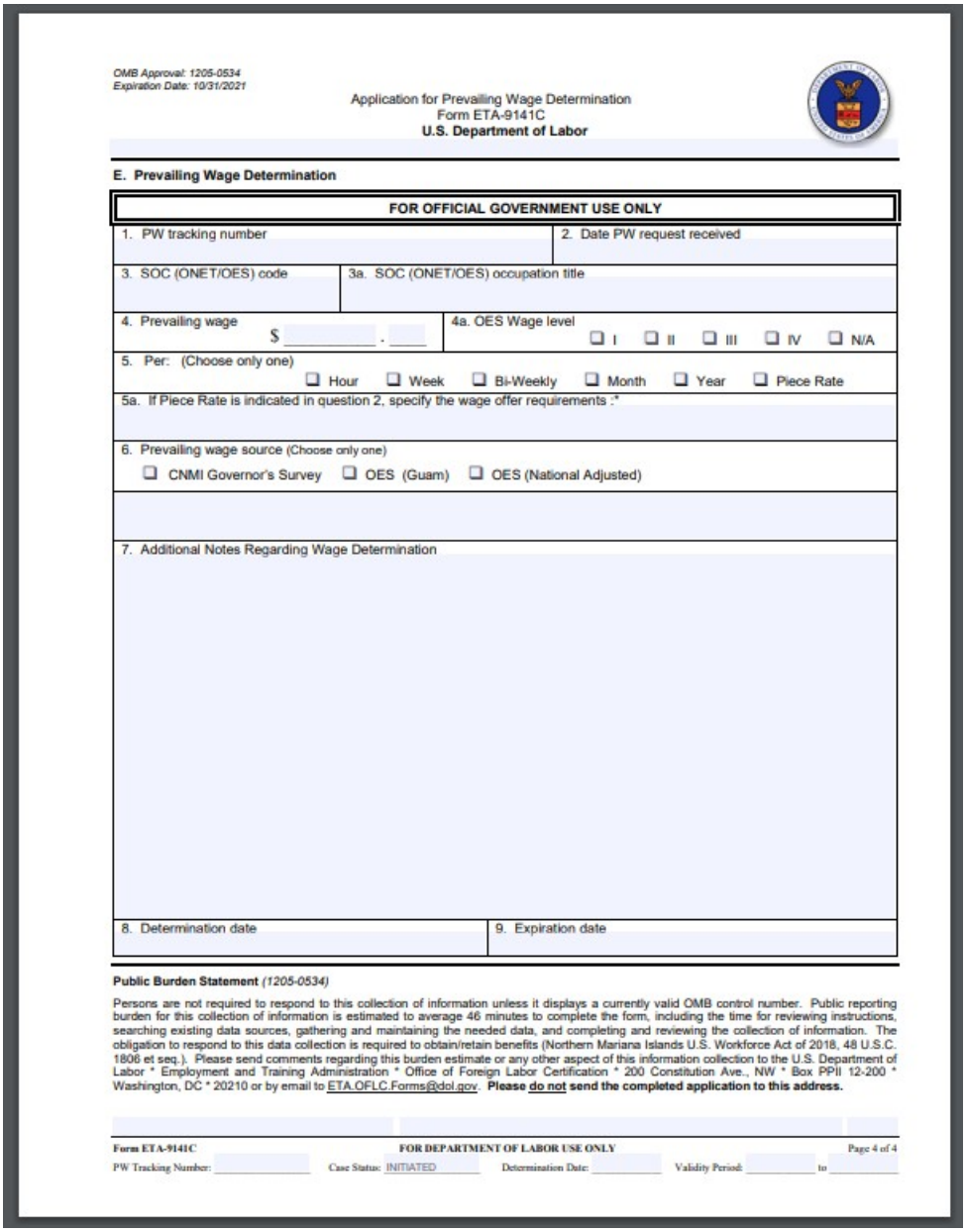

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Application for Prevailing Wage Determination
Form ETA-9141C
U.S. Department of Labor

E. Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY

1. PW tracking number	2. Date PW request received
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title
4. Prevailing wage $ ____ . ____	4a. OES Wage level ☐ I ☐ II ☐ III ☐ IV ☐ N/A
5. Per: (Choose only one) ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate	
5a. If Piece Rate is indicated in question 2, specify the wage offer requirements :*	
6. Prevailing wage source (Choose only one) ☐ CNMI Governor's Survey ☐ OES (Guam) ☐ OES (National Adjusted)	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date

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 46 minutes to complete the form, 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 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.**

PW Tracking Number: _____ Case Status: INITIATED Determination Date: _____ Validity Period: _____ to _____