

Form ETA-9141C

CW 1 Application for Prevailing Wage Determination – New Application

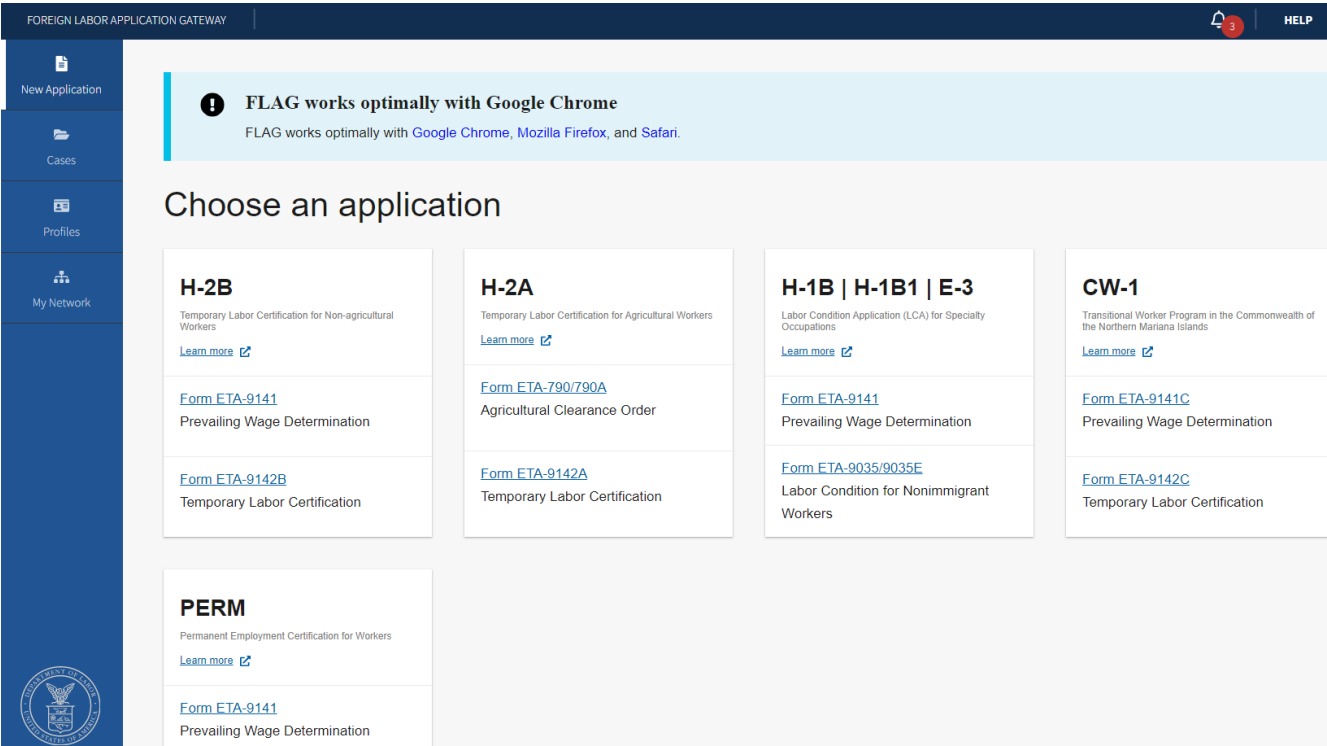


Figure 1: Home Screen to choose an application for CW-1 Form ETA-9141C



Form ETA-9141C
CW-1 Prevailing Wage Application

A

Employment-Based Visa Information

B

Requestor Point-of-Contact Information

C

Employer Information

D.a

Job Description

D.b

Minimum Job Requirements

D.c

Place of Employment Information



Review & Submit

Employment-Based Visa Information

IMPORTANT: Employers and authorized preparers must read these instructions carefully before completing the Form ETA-9141C, Application for Prevailing Wage Determination. These instructions contain full explanations of the questions that make up the Form ETA-9141C. *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. Any required fields left blank or incomplete will result in the inability of the requestor to submit the Form ETA-9141C electronically or, if mailed, the Department will return the Form ETA-9141C to the requestor without further review.*

[Read more](#)

1: Indicate the type of visa classification supported by this application * 

CW-1

Save & Quit

Continue

Figure 2: Section A: Employment-Based Visa Information



Form ETA-9141C
CW-1 Prevailing Wage Application

✓

Employment-Based Visa Information

B

Requestor Point-of-Contact Information

C

Employer Information

D.a

Job Description

D.b

Minimum Job Requirements

D.c

Place of Employment Information

Requestor Point-of-Contact Information

Name & Title

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

Last Name Test

2: First (given) Name * ?

First Name Test

3: Middle Name(s) ?

4: Contact's Job Title * ?

Computer Programmer

...

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓

Employment-Based Visa Information

B

Requestor Point-of-Contact Information

C

Employer Information

D.a

Job Description

D.b

Minimum Job Requirements

D.c

Place of Employment Information

Review & Submit

Address

5: Address 1 *

Test 123 Liberty Lane

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

Apt #101

7: City *

Mclean

8: State *

VIRGINIA

9: Postal Code *

22102

10: Country *

UNITED STATES OF AMERICA

11: Province

N/A

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓

Employment-Based Visa Information

B

Requestor Point-of-Contact Information

C

Employer Information

D.a

Job Description

D.b

Minimum Job Requirements

D.c

Place of Employment Information



Review & Submit

VIRGINIA

9: Postal Code * 

22102

10: Country * 

UNITED STATES OF AMERICA

11: Province 

N/A

Contact Information

12: Telephone Number * 



(571) 490-4089

13: Extension 

14: Business Email Address * 

test123@gmail.com

Save & Quit

Back

Continue

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓

Employment-Based Visa Information

✓

Requestor Point-of-Contact Information

C

Employer Information

Employer Information

Employer Name(s)

1: Legal Business Name * 

Test ABC Estates

2: Trade Name/Doing Business As (DBA), if applicable 

Messaging Services LLC

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓

Employment-Based Visa Information

✓

Requestor Point-of-Contact Information

C

Employer Information

D.a

Job Description

D.b

Minimum Job Requirements

D.c

Place of Employment Information



Review & Submit

Address

3: Address 1 * 

890 Test Independence Lane

4: Address 2 

Suite 101

5: City * 

Falls Church

6: State * 

VIRGINIA

7: Postal Code * 

22040

8: Country * 

UNITED STATES OF AMERICA

9: Province 

N/A

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓ Employment-Based Visa Information

✓ Requestor Point-of-Contact Information

C Employer Information

D.a Job Description

D.b Minimum Job Requirements

D.c Place of Employment Information

 Review & Submit

22040

8: Country * 

UNITED STATES OF AMERICA 

9: Province 

N/A

Contact Information

10: Telephone Number * 

 +1 571 898 5656

11: Extension 

Employer Identifiers

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

12-1234567

13: NAICS Code * 

 325130 - Ceramic colors manufacturing

Save & Quit

Back

Continue

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓ Employment-Based Visa Information

✓ Requestor Point-of-Contact Information

✓ Employer Information

D.a Job Description

✓ Minimum Job Requirements

D.c Place of Employment Information

Review & Submit

Job Description

1: Job Title * 

Software Analyst

2 & 2a: Suggested SOC Occupational Code 

 17-2141.02 - Automotive Engineers

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

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓ Employment-Based Visa Information

✓ Requestor Point-of-Contact Information

✓ Employer Information

D.a Job Description

✓ Minimum Job Requirements

D.c Place of Employment Information

Review & Submit

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

9 / 4000 character limit

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

Save & Quit

BackContinue

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

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Form ETA-9141C
CW-1 Prevailing Wage Application

Employment-Based Visa Information

Requestor Point-of-Contact Information

Employer Information

Job Description

D.b Minimum Job Requirements

D.c Place of Employment Information

Review & Submit

Minimum Job Requirements

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

BACHELOR'S 

1b: Enter the major(s) and/or field(s) of study required by the employer for the job opportunity. You may list more than one field and/or more than one related major. If the answer to question 1 is 'None' or 'High School', enter 'N/A.' * 

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

3: Is training for the job opportunity required? * 

☐ Yes
☒ No

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

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Form ETA-9141C
CW-1 Prevailing Wage Application

✓ Employment-Based Visa Information

✓ Requestor Point-of-Contact Information

✓ Employer Information

✓ Job Description

D.b Minimum Job Requirements

D.c Place of Employment Information

Review & Submit

4: Is employment experience required? * 

☒ Yes
☐ No

4a: If "Yes" in question 4, specify the number of months of experience required. * 

6

4b: Indicate the occupation(s) required. * 

Analyst

5: Special Requirements - List specific skills, licenses/certificates/certifications and requirements of the job opportunity. * 

N/A

3 / 4000 character limit

Save & Quit

Back

Continue

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓

Employment-Based Visa Information

✓

Requestor Point-of-Contact Information

✓

Employer Information

✓

Job Description

✓

Minimum Job Requirements

D.c

Place of Employment Information



Review & Submit

Place of Employment Information

1: Worksite Address 1 * 

980 Mentor Lane

2: Address 2 

Suite 102

3: City * 

Falls Church

4: State * 

NORTHERN MARIANA ISLANDS 

5: Postal Code * 

44567

6: Will work be performed in multiple worksites or locations other than the address listed above? * 

☒ Yes

☐ No

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓ Employment-Based Visa Information

✓ Requester Point-of-Contact Information

✓ Employer Information

✓ Job Description

✓ Minimum Job Requirements

D.c Place of Employment Information

Review & Submit

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 *

Vienna

Postal Code *

96950

Add worksite

2 additional worksite(s) 

City	Postal Code	Delete
Vienna	96950	
Fairfax	96950	

Save & Quit **Back** **Continue**

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



Form ETA-9141C
CW-1 Prevailing Wage Application

✓

Employment-Based Visa Information

↓

✓

Requester Point-of-Contact Information

↓

✓

Employer Information

↓

✓

Job Description

↓

✓

Minimum Job Requirements

↓

✓

Place of Employment Information

↓



Review & Submit

Review & Submit

Generate PDF Preview

Save & Quit

Back

Submit

Figure 15: Review and Submit

PDF Form (Page 1 of 4)

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.dhs.gov/e-verify/docs/eta9141c.pdf>. 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

Form ETA-9141C

FOR DEPARTMENT OF LABOR USE ONLY

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

17

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

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. §
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 *

FALLS CHURCH

4. State *

MP

5. Postal Code *

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

Form ETA-9141C

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PW Tracking Number:

Case Status: INITIATED

Determination Date:

Validity Period: to

PDF Form (Page 4 of 4)

OMB Approval: 1205-0534 Expiration Date: 10/31/2021		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.					
Form ETA-9141C					
FOR DEPARTMENT OF LABOR USE ONLY					
PW Tracking Number: _____		Case Status: INITIATED		Determination Date: _____ Validity Period: _____ to _____	
Page 4 of 4					