

# 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<br><a href="#">Learn more</a> | Temporary Labor Certification for Agricultural Workers<br><a href="#">Learn more</a> | Labor Condition Application (LCA) for Specialty Occupations<br><a href="#">Learn more</a> | Transitional Worker Program in the Commonwealth of the Northern Mariana Islands<br><a href="#">Learn more</a> | Permanent Employment Certification for Workers<br><a href="#">Learn more</a> |
| <a href="#">Form ETA-9141</a><br>Prevailing Wage Determination                           | <a href="#">Form ETA-790/790A</a><br>Agricultural Clearance Order                    | <a href="#">Form ETA-9141</a><br>Prevailing Wage Determination                            | <a href="#">Form ETA-9141C</a><br>Prevailing Wage Determination   | <a href="#">Form ETA-9141</a><br>Prevailing Wage Determination               |
| <a href="#">Form ETA-9142B</a><br>Temporary Labor Certification                          | <a href="#">Form ETA-9142A</a><br>Temporary Labor Certification                      | <a href="#">Form ETA-9035/9035E</a><br>Labor Condition for Nonimmigrant Workers           | <a href="#">Form ETA-9142C</a><br>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

- A 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 Destination of Employees

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

- A Nature of the CW-1 application**
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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

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

UNITED STATES OF AMERICA

9: Province ?

NORTHERN MARIANA ISLANDS

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**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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Continue

- ✔ 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

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
- Appendix A 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
- 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

## 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  
 **D 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
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- 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
- ✓ Employer Information
- ✓ Employer Point of Contact Information
- ✓ 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

## Occupational Classification and PWD

1 & 2: SOC Code and Occupation Title \* ?

Q 15-1143.01 - Telecommunications Engineering Specialists

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

P-500-21111-323709


---

Save & Quit

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**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 \* ?

2: Workers Needed \* ?

3: Begin Date \* ?  
 X

4: End Date \* ?  
 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 | Total: 35 hours |
|--------|--------|---------|-----------|----------|--------|----------|-----------------|
|        | 7      | 7       | 7         | 7        | 7      |          |                 |

**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
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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 \*

7b: End Time \*



---

### Education & Training

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

9: Training: number of months required \* ?

10: Work Experience: number of months required \* ?

**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

- ✓ Nature of the CW-1 application
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- ✓ 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

9. Training: number of months required \* ?  
6

10: Work Experience: number of months required \* ?  
60

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. ?  
2

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

Save & Quit      Back      Continue

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

- ✔ Employer Point of Contact Information
- ✔ 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. ?

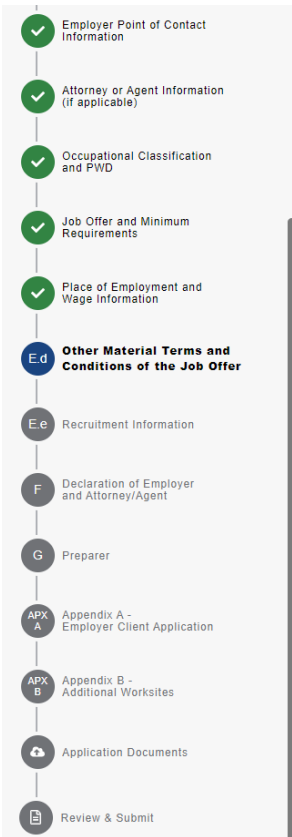
Yes

No

Save & Quit

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**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

- Nature of the CW-1 application
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- Occupational Classification and PWD
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- 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

(456) 234-5634

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

test890@gmail.com


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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- Employer Point of Contact Information
- Attorney or Agent Information (if applicable)
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- 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

✓ 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

✓ 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

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.

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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

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

Back

Continue

**Figure 26: Application Documents**

The screenshot displays a 'Review & Submit' interface. On the left, a vertical sidebar contains a list of 14 steps, each with a green checkmark icon, indicating completion. The steps are: 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, and Review & Submit (highlighted with a blue icon). The main content area features the title 'Review & Submit' at the top. Below the title is a 'Generate PDF Preview' button. A horizontal line separates this section from the bottom area, which contains a 'Save & Quit' button on the left and 'Back' and 'Submit' buttons on the right.

Figure 26: Review and Submit

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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. <b>CW-1 Permit Renewal:</b> 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. <b>Long-Term Worker:</b> 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. <b>Cap-Exempt Worker:</b> 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. <b>Emergency Situation:</b> 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                              |
| <b>FOR EMERGENCY SITUATIONS ONLY</b><br>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 |
| <b>FOR JOB CONTRACTORS ONLY</b><br>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. *<br>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  |                          |
| <b>FOR ATTORNEY USE ONLY</b>   |  |                         |   |   |                          |
| 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   |  |                         |   |   |                          |
| <b>FOR AGENT USE ONLY</b>  |  |                         |   |   |                          |
| 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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FOR DEPARTMENT OF LABOR USE ONLY

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**E. Job Opportunity Information**

**a. Occupational Classification and PWD**

|  |   |
|--|---|
| 1. SOC Occupational Code *<br>15-1143.01   | 2. SOC Occupation Title *<br>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 *<br>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. *<br>(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.)<br>all duties assigned            |                               |   |             |   |
| 6. Anticipated days and hours of work per week (an entry is required for each box below) *   |                               |   |             |   |
| a. Total Hours<br>7  | c. Monday<br>7                | e. Wednesday<br>7   | g. Friday   | a. 8 : 00 <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM |
| b. Sunday<br>7   | d. Tuesday<br>7               | f. Thursday   | h. Saturday | b. 5 : 00 <input type="checkbox"/> AM<br><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<br><input type="checkbox"/> No   |                               | 2   |             |   |
| 12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. *<br>all licenses & certificates req'd  |                               |   |             |   |

Form ETA-9142C

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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<br><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. <b>I have read and agree to provide</b> 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  |
| <ul style="list-style-type: none"> <li>▪ <b>Three-Fourths Guarantee:</b> 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.</li> <li>▪ <b>Transportation and Subsistence:</b> 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.</li> </ul> |  |
| 2. <b>Daily Transportation:</b> 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. <b>Overtime Available:</b> 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. <b>On-the-Job Training Available:</b> 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. <b>Employer-Provided Tools and Equipment:</b> 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. <b>Board, Lodging, or Other Facilities:</b> 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. <b>Deductions from Pay:</b> State all deduction(s) from pay and, if known, the amount(s). *  |  |
| N/A   |  |

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**e. 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

---

2. Telephone Number to Apply \*  
+14562345634

3. Email Address to Apply \*  
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 <b>Appendix C</b> 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 <b>Appendix C</b> 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 §<br>TEST PREPARER                       | 2. First (given) Name §<br>FIRST NAME PREPARER | 3. Middle Initial § |
| 4. Law Firm/Business FEIN §<br>12-1234567                      | 5. Law Firm/Business Name §<br>IDENTITY LLC    |                     |
| 6. Law Firm/Business Email Address §<br>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](mailto:ETA.QFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

Form ETA-9142C

FOR DEPARTMENT OF LABOR USE ONLY

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# Form ETA-9142C - Appendix A

## CW-1 Application for Temporary Employment Certification

OMB Approval: 1205-0534  
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CW-1 Application for Temporary Employment Certification  
Form ETA-9142C - Appendix A  
U.S. Department of Labor



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 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](mailto:ETA.OFLC.Forms@dol.gov). Please do not send the completed application to this address.

Form ETA-9142C, Appendix A

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# Form ETA-9142C – Appendix C

## CW-1 Application for Temporary Employment Certification

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



**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.

