

Form ETA-9141C

CW 1 Application for Prevailing Wage Determination – New Application

FOREIGN LABOR APPLICATION GATEWAY HELP

FLAG works optimally with Google Chrome
FLAG works optimally with [Google Chrome](#), [Mozilla Firefox](#), and [Safari](#).

Choose an application

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Prevailing Wage Determination

[Form ETA-9142B](#)
Temporary Labor Certification

H-2A

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Agricultural Clearance Order

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Temporary Labor Certification

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Prevailing Wage Determination

[Form ETA-9035/9035E](#)
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CW-1

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Prevailing Wage Determination

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Temporary Labor Certification

PERM

Permanent Employment Certification for Workers

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[Form ETA-9141](#)
Prevailing Wage Determination

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



Requestor Point-of-Contact Information



Employer Information



Job Description



Minimum Job Requirements



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 * ?

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

7: City * ?


8: State * ?

9: Postal Code * ?

10: Country * ?

11: Province ?

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 * ?

10: Country * ?

11: Province ?

Contact Information

12: Telephone Number * ?

13: Extension ?

14: Business Email Address * ?

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




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



Employer Information



Job Description



Minimum Job Requirements



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



Job Description



Minimum Job Requirements



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

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

Back

Continue

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



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)

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



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 *

Postal Code *

[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/eta9141c>. 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

PDF Form (Page 2 of 4)

OMB Approval: 1205-0534 Expiration Date: 10/31/2021		Application for Prevailing Wage Determination Form ETA-9141C U.S. Department of Labor		
a. Job Description (continued)				
3. Job Title of Supervisor for this Position §				
ANALYST MANAGER				
4. Does this position supervise the work of other employees? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: §			<input checked="" type="checkbox"/> Subordinate <input type="checkbox"/> 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? *		6a. If "Yes" to question 6, please provide details of the travel required, such as area(s), frequency and nature of the travel. §		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
b. Minimum Job Requirements				
1. 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.)				
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? *			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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				
Form ETA-9141C		FOR DEPARTMENT OF LABOR USE ONLY		Page 2 of 4
PW Tracking Number: _____		Case Status: INITIATED	Determination Date: _____	Validity Period: _____ to _____

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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



b. Minimum Job Requirements (continued)

3. Is training for the job opportunity required? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3a. If "Yes" in question 3, specify the number of <u>months</u> 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? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4a. If "Yes" in question 4, specify the number of <u>months</u> 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 *	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? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

FOR DEPARTMENT OF LABOR USE ONLY

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

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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 <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A
5. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate	
5a. If Piece Rate is indicated in question 2, specify the wage offer requirements :*	
6. Prevailing wage source (Choose only one) <input type="checkbox"/> CNMI Governor's Survey <input type="checkbox"/> OES (Guam) <input type="checkbox"/> 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

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