Application for Prevailing Wage Determination ETA Form 9141



U.S. Department of Labor

Please read and review the instructions carefully before completing this form and print legibly. A copy of the instructions can be found at http://www.foreignlaborcert.doleta.gov/.

A. Employment-Based Visa Information							
1. Indicate the type of visa classification supported by this application (Write classification symbol): *							
B. Requestor Point-of-Contact Information							
1. Contact's last (family) name *	2. First (given) n	ame *	3. Middle name(s) *				
4. Contact's job title *							
5. Address 1*							
6. Address 2							
7. City *		8. State *	9. Postal code *				
10. Country *		11. Province					
12. Telephone number *	13. Extension	14. Fax Number					
15. E-Mail Address							
C. Employer Information							
1. Legal business name *							
2. Trade name/Doing Business As (DBA), if applicab	le §						
3. Address 1 *							
4. Address 2							
		Lo out t	17 D (1) (1)				
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 (must be at least 4-digits) *							
D. Job Offer Information a. Job Description:							
1. Job Title *							
2. Suggested SOC (ONET/OES) code * 2a. 3	Suggested SOC (O	NET/OES) occupation title	e *				
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a. Job Description (continued)

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3. Number of hours of work per week *	3a. Hourly Work Schedule *				
Basic: Overtime*:		A.M. (h:mm)	:: P.M.	(h:mm)::	
4. Job Title of Supervisor for the Workers (if app	olicable) §				
5. Does this position supervise the work of oth		□ Yes □ No	5a. If yes, numbe will supervise (r of employees worker if applicable)	§
6. Job duties – A description of the job duties to continue and complete description. *	to be performed _ U	IST begin in this	space. If necessary	, add attachment	
7. Will travel be required in order to	7a. If "Yes", please e	avnlain, the travel	requirements:	§	
perform the job duties? *	ra. II Tes , piedse e	Apiaiii tile traver	requirements.	3	
□ Yes □ No					
8. Are there any other working conditions that affect the rate of pay? *	8a. If "Yes", please	specify the worki	ng conditions.	§	
□ Yes □ No					
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b. Minimum Job Requirement	S:
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1. Education: minimum U.S. diplo	oma/degree required *			
□None □High School/GED	□IAssociate's □Bachelor'	s ⊏Master's ⊏Doctora	ite (PhD) ⊏Юthei	r degree (JD, MD, etc.)
1a. If "Other degree" in question degree required §	1, specify the diploma/	1b. Indicate the major(s (May list more than one rela		
2. Does the employer require a s	econd U.S. diploma/degree? *	1		☐ Yes ☐ No
2a. If "Yes" in question 2, indicate	the second U.S. diploma/deg	gree and the major(s) and/o	or field(s) of study re	equired §
3. Is training for the job opportu	nity required? *			☐ Yes ☐ No
3a. If "Yes" in question 3, specify months of training required §	the number of	3b. Indicate the field(s)/i (May list more than one rela		
4. Is employment experience rec	uired?*	1		☐ Yes ☐ No
4a. If "Yes" in question 4, specify months of experience required		4b. Indicate the occupa	tion required §	
5. Special Requirements - List spe job opportunity. *	cific skills, licenses/certificates	c/certifications , and require	ements of the	
c. Place of Employment Inf	ormation:			
1. Worksite address 1 *				
2. Address 2				
3. City *			4. County *	
5. State/District/Territory *			6. Postal code *	
7. Will work be performed in mu employment or a location(s) other	er than the address listed abov	re? *	□ Yes □ No	
7a. If Yes in question 7, identify t submit an attachment to continu				If necessary,
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E. Prevailing wage Determ	iinatio)f1									
FOR OFFICIAL GOVERNMENT USE ONLY											
1. PW tracking number						2	Date F	W reques	t received	<u> </u>	
3. SOC (ONET/OES) code	3a. SOC (ONET/OES) occupation title										
4. Prevailing wage \$		·_		4a. V	Vage leve	el				□IIV	□IN/A
5. Per: (Choose only one)											
5a. If Piece Rate is indicated in								□Year	□Piece	Rate	
		, - [-	, ,	3							
6. Prevailing wage source (C	Choose o	only one)									
		OES		СВА		DBA		3 SCA		Other/Alte	rnate Survey
6a. If "Other/Alternate Survey"	' in que	stion 6,	specify								
7. Additional Notes Regarding	Wage	Determi	nation								
							_				
8. Determination date					9. Exp	iration	date				
					1						
F. OMB Paperwork Reduction		•	-								
Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's											

reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101). Public reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW * Washington, DC * 20210.

Do NOT send the completed application to this address.

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