



Sample Revised PW 9141 Wire Frames



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Form 9141 – Step 1 of 7 Case PW-400-12345-123456 (STATUS)  

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A. Employment-Based Visa Information

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

B. Requestor 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

7. City *

8. State *

9. Postal code *

10. Country *

11. Province (if applicable)

12. Telephone number *

13. Extension *

14. Fax Number *

15. E-Mail Address *



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C. Employment Information

1. Legal business name	*	<input type="text"/>	?
2. Trade name/Doing Business As (DBA), if applicable	§	<input type="text"/>	?
3. Address 1	*	<input type="text"/>	?
4. Address 2	*	<input type="text"/>	?
5. City	*	<input type="text"/>	?
6. State	*	<input style="border-bottom: 1px solid black; border-right: 1px solid black; border-left: 1px solid black; border-top: 1px solid black; width: 100%;" type="text"/> ▾	?
7. Postal code	*	<input type="text"/>	?
8. Country	*	<input style="border-bottom: 1px solid black; border-right: 1px solid black; border-left: 1px solid black; border-top: 1px solid black; width: 100%;" type="text"/> ▾	?
9. Province (if applicable)	*	<input type="text"/>	?
10. Telephone number	*	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	?
11. Extension	*	<input style="width: 30px;" type="text"/>	?
12. Federal Employer Identification Number (FEIN from IRS)	*	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	?
13. NAICS code (must be at least 4-digits)	*	<input type="text"/>	?

[Search NAICS Code](#)



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D. Wage Processing Information

1. Is the employer covered by ACWIA?*

* Yes No

2. Is the position covered by a Collective Bargaining Agreement (CBA)?*

* Yes No

3. Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Acts?*

* Yes DBA SCA

4. Is the employer requesting consideration of a survey in determining the prevailing wage?*

* Yes No

4a. Survey Name: * \$

4b. Survey Date of Publication: * \$



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E. Job Offer Information

a. Job Description

1. Job Title * 📄

2. SOC (ONET/OES) Code * 📄

2 a. SOC (ONET/OES) Occupation Title * 📄

3. Job Title of Supervisor for this position (if applicable) § 📄

4. Does this position supervise The work of other employees? * Yes No

4a. If "Yes", number of employees worker will supervise (if applicable) § 📄

4b. If "Yes", please 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. If necessary, add attachment to continue and complete description. * 📄

6. Will travel be required in order To perform the job duties? * Yes No 📄

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

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E. Job Offer Information (cont.):

b. Minimum Job Requirements

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

1 a. If "Other degree", specify the diploma/degree required §

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

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

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

3. Is training for the job opportunity required? * Yes No

3 a. If "Yes", specify the number of months of training required §

3 b. 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

4 a. If "Yes", specify the number of months of experience required §

4 b. Indicate the occupation required §

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



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E. Job Offer Information (cont.)

c. Place of Employment Information

1. Worksite address 1 * ?

2. Address 2 ?

3. City * ?

4. County * ?

5. State/District/Territory * ?

6. Postal code * ?

7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above?
 Yes No ?

7 a. If Yes, identify the geographic place(s) of employment indicating each metropolitan statistical area (MSA) or the independent city(ies)/township(s)/county(ies)/borough(s)/parish(es) and the correspondence state(s) where work will be performed. If necessary, submit an attachment to continue and complete a listing of all anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations. §

Select a State/Territory ?

County/Township ?

BLS Areas ?

Other ?

<input type="checkbox"/>	State	Area Basis	Area
0 Row(s)			

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Attachments

Select Browse to search for files. Click Upload to complete uploading the files. Only (.pdf), (.doc), and (.txt) files are supported.

Select Document Type

Browse...

Upload

Note: Document can't be deleted once it has been submitted in the system.

Attachment(s)

<input type="checkbox"/>	File Name	Document Type	Document
1 Row(s)			

Delete Selected Attachment

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Generated Section F of the Form 9141



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"/> 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"/> OES (All Industries) <input type="checkbox"/> OES (ACWIA – Higher Education) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/Alternate Survey	
6a. If "Other/Alternate Survey" in question 7, specify	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date