

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.foreignlaborcert.doleta.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. Employment-Based Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *

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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 (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 *		

C. Employer 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 *		

D. Job Opportunity Information

a. Job Description

1. Job Title *	
2. SOC Occupational Code (suggested)	2a. SOC Occupation Title (suggested)

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a. Job Description (continued)

3. Job Title of Supervisor for this Position §			
4. Does this position supervise the work of other employees? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	4a. If "Yes" to question 4, enter the number of employees worker will supervise. §	
4b. If "Yes" to question 4, indicate the level of the employees to be supervised: §		<input 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. *			
6. Will travel be required in order to perform the job duties? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	6a. If "Yes" to question 6, please provide details of the travel required, such as area(s), frequency and nature of the travel. §	

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 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 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)
2. Does the employer require a second U.S. diploma/degree? *	
<input 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. §	

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b. Minimum Job Requirements (continued)

3. Is training for the job opportunity required? *		<input type="checkbox"/> Yes <input 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 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. §	
5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. *		

c. Place of Employment Information

1. Worksite Address *		
2. Worksite Address § (apartment/suite/floor and number)		
3. City *	4. State *	5. Postal Code *
6. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *		<input type="checkbox"/> Yes <input type="checkbox"/> No
6a. If "Yes" in question 6, 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 corresponding state(s) 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. §		

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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"/> 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 6, specify	
7. Additional Notes Regarding Wage Determination	
8. Determination date	9. Expiration date

Public Burden Statement (1205-053X)

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.**