Application for Prevailing Wage Determination
Form ETA-9141 – General Instructions
U.S. Department of Labor

IMPORTANT: Please read these instructions carefully before completing the Form ETA-9141 –Application for Prevailing Wage Determination. These instructions contain full explanations of the questions that make up the Form ETA-9141.

Anyone, who knowingly and willingly furnishes any false information in the preparation of Form ETA-9141 and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fine or imprisonment up to five years or both (18 U.S.C. §§ 2, 1001). Other penalties apply as well to fraud or misuse of this immigration document and to perjury with respect to this form (18 U.S.C. §§ 1546, 1621).

Symbol Legend: ***** means that the information requested is mandatory.
§ means the information requested is mandatory if the previous question was answered in the affirmative or in the manner specified in the marked question

ANY MANDATORY FIELD LEFT BLANK OR INCOMPLETE WILL RESULT IN THE APPLICATION NOT ABLE TO BE SUBMITTED IN iCERT OR BEING VOIDED AND RETURNED TO THE REQUESTOR IF MAILED.

Section A
Employment - Based Nonimmigrant Visa Information

1. Enter the following classification symbol to indicate the type of visa supported by this application: "**H-2B**", "**H-1B**", "**H-1B1 Chile**", "**H-1B1 Singapore**", "**E-3 Australian**", "**PERM**"

Section B
Requestor Point-of-Contact Information

1. Enter the last (family) name of the requestor's point of contact.

2. Enter the first (given) name of the requestor's point of contact.

3. Enter the middle name of the requestor's point of contact.

4. Enter the job title of the requestor's point of contact.

5. Enter the business street address for the requestor's point of contact.

6. If additional space is needed for the street address, use this line to complete the street address.

7. Enter the city of the requestor's point of contact. If the city and country are the same, the name <u>must</u> still be entered in <u>both</u> fields.

8. Enter the state of the requestor's point of contact.

9. Enter the postal (zip) code of the requestor's point of contact.

10. Enter the country of the requestor's point of contact. If the city and country are the same, the name <u>must</u> still be entered in <u>both</u> fields.

11. Enter the province of the requestor's point of contact, if applicable.

Section B (cont.)
Requestor Point-of-Contact Information (cont.)

12. Enter the area code and business telephone number of the requestor's point of contact. Include country code, if applicable.

13. Enter the extension of the telephone number of the requestor's point of contact, if applicable.

14. Enter the business fax number, if applicable.

15. Enter the business e-mail address of the requestor's point of contact in the format name@emailaddress.top-level domain, if applicable.

Section C
Employer Information

1. Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer filing this application. The employer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service.

2. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization, i.e., the employer filing this application.

3. Enter the street address of the employer's principal place of business.

4. If additional space is needed for the street address, use this line to complete the employer's street address.

5. Enter the city of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.

6. Enter the state of the employer's principal place of business.

7. Enter the postal (zip) code of the employer's principal place of business.

8. Enter the country of the employer's principal place of business. If the city and country are the same, the name must still be entered in both fields.

9. Enter the province of the employer's principal place of business, if applicable.

10. Enter the area code and telephone number for the employer's principal place of business. Include country code, if applicable.

11. Enter the extension of the telephone number for the employer's principal place of business, if applicable.

12. Enter the nine-digit Federal Employer identification Number (FEIN) as assigned by the IRS. Do not enter a social security number.

    Note: All employers, including private households, MUST obtain an FEIN from the IRS before completing this application. Information on obtaining an FEIN can be found at www.IRS.gov.

13. Enter the four to six-digit North American Industry Classification System (NAICS) code that best describes the employer's business, not the foreign worker's job. A listing of NAICS codes can be found at http://www.census.gov/epcd/www/naics.html

Section D
Wage Processing Information

1. Mark "Yes" or "No" as to whether the employer is covered by the American Competitiveness and Workforce Improvement Act (ACWIA) pursuant to 20 CFR §656.40(e) as either an institution of higher education (20 CFR 656.40(e)(1)(i)), an affiliated or related nonprofit entity (20 CFR 656.40(e)(1)(ii)), or a nonprofit research or Governmental research organization (20 CFR 656.40(e)(1)(iii)).

2. Mark "Yes" or "No" as to whether the position offered is covered by a Collective Bargaining Agreement (CBA).

3. Mark "Yes" or "No" as to whether the employer is requesting a prevailing wage determination pursuant to the Davis-Bacon Act (DBA) or the McNamara Service Contract Act (SCA). Indicate under which Act the employer is requesting a determination (DBA or SCA).

4. Mark "Yes" or "No" as to whether the employer is requesting a prevailing wage determination pursuant to an alternate survey.

4a. If "Yes" in question 4, provide the name of the survey under which the employer is requesting a determination.

4b. If "Yes" in question 4, provide the date of publication of the survey under which the employer is requesting a determination.

Section E
Job Offer Information

a. Job Description

1. Enter the title of the job opportunity.

2. Enter the suggested six or eight-digit Standard Occupational Classification (SOC)/Occupational Network (O*NET) code for the occupation, which most clearly describes the work to be performed. The suggested SOC may be used as a tool in the determination process; however, the SOC issued with the determination may differ. SOC/O*Net Search Wizard

2a. Enter the suggested occupational title associated with the SOC/O*NET (OES) code. The suggested occupational title may be used as a tool in the determination process; however, the SOC and occupational title issued with the determination may differ. SOC/O*Net Search Wizard

3. Identify the title of the supervisor who will be supervising the work of the foreign worker(s), if applicable.

4. Mark "Yes" or "No" as to whether the job opportunity supervises the work of other employees.

4a. If "Yes" in question 4, enter the total number of employees the job opportunity will supervise.

4b. If "Yes" in question 4, indicate the level of the employee(s) to be supervised as either subordinate, and/or peer. If the employee supervises other individuals in a lower level occupation (e.g., a Software Engineer supervising Programmers), those employees would be subordinates. However, if any employee supervises other individuals in the same or equivalent occupation (e.g., a Software Engineer supervising other Software Engineers), those employees would be peers.

5. Describe the job duties, in detail, to be performed by any worker filling the job opportunity. Specify the field(s) and/or product(s)/industry(ies) involved, any equipment to be used, and pertinent working conditions. The duties provided must be specific enough to be classified under a relevant SOC pursuant to the O*Net publication. All job duties must be submitted on the form.

6. Mark "Yes" or "No" as to whether the job requires any travel.

Section E (cont.)
Job Offer Information (cont.)

a.   Job Description (cont.)

6a. If "Yes" in question 6, provide details as to the area(s) of travel required, the frequency of the travel required, and the nature of the travel (e.g., whether relocation is/will be required). Note that a prevailing wage cannot be provided for unanticipated worksites.

b.   Minimum Requirements

1.   Identify whether the minimum U.S. diploma or degree required by the employer for the job opportunity is none, high school/GED, Associates, Bachelor's, Master's, Doctorate, or Other. Only mark one box.

1a. If "Other" in question 1, enter the specific U.S. diploma or degree required. (Example: JD, MD, DDS, etc.). If the answer to question 1 is <u>not</u> "Other," enter "N/A."

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."

2.   If the employer requires a second U.S. diploma or degree for the job opportunity, mark "Yes." Otherwise, mark "No."

2a. If "Yes" in question 2, enter the specific second U.S. diploma or degree required. If the answer to question 2 is "No", enter "N/A."

3.   If the employer requires training for the job opportunity, mark "Yes." Otherwise, mark "No." Training may include, but is not limited to: programs, coursework, or training experience (other than employment). When answering this question, do not duplicate requirements – the training required should not be counted as education or experience required.

3a. If "Yes" in question 3, enter the number of <u>months</u> of training required by the employer for the job opportunity. If the answer to question 3 is "No", enter "0" (zero). When answering this question, do not duplicate time requirements – the training time required should not be counted as (added to) education or experience time required.

3b. If "Yes" in question 3, enter the field(s) and/or name(s) of the training required by the employer for the job opportunity. You may list more than one field and/or more than one name. If the answer to question 3 is "No", enter "N/A."

4.   If the employer requires employment experience, mark "Yes." Otherwise, mark "No."

4a. If "Yes" in question 4, enter the number of <u>months</u> of experience required by the employer. If the answer to question 4 is "No", enter "0" (zero).

4b. If "Yes" in question 4, enter the occupation in which experience is required by the employer for the job opportunity. If the answer to question 4 is "No," enter "N/A."

5.   Enter the job related special requirements. Examples are shorthand and typing speeds, specific foreign language proficiency, test results. Document business necessity for a foreign language requirement.

c.   Place of Employment

It is important for the employer to define the area of intended employment with as much geographic specificity as possible. This information is used for purposes of reviewing and verifying regulatory compliance with advertising, positive recruitment requirements, and prevailing wage determinations.

1.   Enter the street address of the worksite location identified in question1, where work will be performed. The worksite address must be a physical location and cannot be a P.O. Box.

2.   If additional space is needed for the street address, use this line. If no additional space is needed, enter "N/A."

3.   Enter the city of the worksite location.

Section E (cont.)
Job Offer Information (cont.)

c. Place of Employment (cont.)

4. Enter the county of the worksite location. Indicate the township, borough or parish if applicable. When the city and the county or equitant have the same name, enter the name in both fields.

5. Enter the state/district/territory of the worksite location.

6. Enter the postal (zip) code of the worksite location.

7. If work will be performed in location(s) in addition to the address listed in questions 1-6 above, mark "Yes" and complete question 7-A. If work will not be performed in location(s) other than the address listed in questions 1-6 above, mark "No."

7a. If "Yes" in question 7, identify the geographic place(s) of employment indicating each Metropolitan Statistical Areas (MSAs) or the independent city(ies)/township(s)/county(ies) (borough(s)/parish(es)) and the corresponding state(s) where work will be performed. The employer must provide enough geographic detail to cover all the known worksite locations of intended employment. If the number of known worksite locations exceeds our system limits, you will be required to submit more than one application.   Please note that wages cannot be provided for unspecified/unanticipated locations.

Section F

Prevailing Wage Determination – DO NOT FILL OUT THIS SECTION – FOR GOVERNMENT USE ONLY.

This section will be filled out by the government and returned to you with the appropriate prevailing wage.

Section G

OMB Notice – Please read.