For Use in Filing Prevailing Wage Requests Under the CW-1 Program <u>ONLY</u>

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.***

SPECIAL FILING INSTRUCTIONS: Employers that are unable to file electronically, either due to lack of internet access or physical disability precluding electronic filing, may file the application by mail in accordance with 20 CFR 655.410(c). The mailed application must include a statement explaining why the employer qualifies to file by mail. There is no specific format for the statement but it must accompany the application at the time of filing. **The NPC will return, without review, any application received by mail that does not include a statement indicating the need to file by mail.** Employers may use the following address: U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * National Prevailing Wage Center * 200 Constitution Avenue, NW- Box #N-5311 * Washington, D.C. 20210 * Attn: CW-1 PWD

Anyone who knowingly and willingly furnishes any false information in the preparation of Form ETA-9141C and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense, punishable by fines, imprisonment or both (18 U.S.C. 2, 1001, 1546, 1621).

Public Burden Statement

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 <u>do not</u> send the completed application to this address.**

Section A
Employment-Based Visa Information

1.   Enter the following classification system to indicate the type of visa supported by this application: **"CW-1"**

Section B
Requestor Point of Contact Information

Important Note: A requestor point of contact is an employee of, or hired by, the employer listed in Section C of this application, and designated by that employer to act on its behalf in requesting a prevailing wage from the Department. The requestor point of contact should be the individual most familiar with the contents of this application to provide information and supporting documentation and to communicate with the Department on behalf of the employer.

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(s) of the requestor's point of contact, if applicable. Enter "N/A" if not applicable.

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. The address must be a physical location. Since the address conventions in the CNMI do not always follow the formats generally for the continental United States, see the Address Note for CNMI at the end of these general instructions.

6.   This field should contain the CNMI Island, as applicable. If additional space is needed for the address or entry of a Post

Office (P.O.) Box, use this field to complete the address.   If no additional space is needed, enter "N/A."

7. Enter the city of the requestor's point of contact.

8. Enter the State, District, or Territory 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.

11. Enter the province of the requestor's point of contact, if applicable. Enter "N/A" if not applicable.

12. Enter the area code and business telephone number of the requestor's point of contact. Include country code, if the point of contact is located outside of the United States.

13. Enter the extension of the telephone number of the requestor's point of contact, if applicable. Enter "N/A" if not applicable.

14. Enter the business email address of the requestor's point of contact in the format name@emailaddress.top-leveldomain. The email entered in this field must be the same as the one regularly used by the requestor's point of contact for its business operations and capable of sending and receiving electronic communications from the Department with respect to the processing of this application. This field must contain a business email address, unless the employer qualifies to file by mail, as provided in the above **Special Filing Instructions**. In which case, an employer filing by mail may enter "N/A" for this field on the paper filing.

Section C
Employer Information

Important Note: The information entered in this section must be the same as the employer information for the job opportunity on the Form ETA-9142C, *Application for Temporary Employment Certification*.

1. Enter the full name of the individual employer, joint employer, job contractor, partnership, corporation, i.e., the employer filing this application. The employer's full legal business name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS).

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 business street address for the employer's principal place of business. The address must be a physical location. Since the address conventions in the CNMI do not always follow the entry formats generally for the continental United States, see the Address Note for CNMI at the end of these general instructions.

4. This field should contain the specific CNMI Island, as applicable. If additional space is needed for the address or entry of a P.O. Box, use this field to complete the employer's address. If no additional space is needed, enter "N/A."

5. Enter the city of the employer's principal place of business.

6. Enter the State, District, or Territory 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.

9. Enter the province of the employer's principal place of business, if applicable. Enter "N/A" if not applicable.

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

11. Enter the extension of the telephone number for the employer's principal place of business, if applicable. Enter "N/A" if not applicable.

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

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

13. Enter the four- to six- digit eight North American Industry Classification System (NAICS) code that best describes the employer's business, not the CW-1 job opportunity. A listing of NAICS codes can be found at <u>www.census.gov/eos/www/naics/</u>.

Section D
Job Opportunity Information

a. Job Description

1. Enter the title of the job opportunity for which a prevailing wage determination is being sought by the employer.

2. Enter a suggested six or eight-digit Standard Occupational Classification (SOC)/ Occupational Information Network (O*NET) code for the occupation, which most clearly describes the work to be performed. For example, the eight or six-digit SOC code for a fruit or vegetable harvester or orchard worker is 39-9011.01 (Nannies). The suggested SOC may be used as a tool in the wage determination process. However, the SOC issued by the Department with the wage determination may differ.

2a. Enter a suggested occupational title associated with the SOC/O*NET (Occupational Employment Statistics) code. For example, the occupational title associated with SOC/O*NET code 39.9011.01 is "Nannies." The suggested SOC may be used as a tool in the wage determination process. However, the SOC issued by the Department with the wage determination may differ

3. Identify the title of the supervisor who will be supervising the work of the 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, including any equipment to be used, any supervisory responsibilities, and other pertinent work tasks. The duties provided must be specific enough to be classified under a relevant SOC pursuant to the O*Net publication. The entry in this field must be the same as the job duties disclosed on the Form ETA-9142C, *Application for Temporary Employment Certification*.

All job duties must be disclosed in the space allotted on the form. The employer may include one separate attachment where the space allotted is insufficient to fully respond to this collection item. For employers filing electronically, the Department's electronic filing system will automatically provide the employer with an addendum if the entry exceeds the allotted space on the form. For employers filing applications by mail, the employer must begin its description of the job duties in the allotted space on the form and include one separate attachment, if necessary, to fully respond to this collection item.

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

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. Please note that CW-1 workers may only travel within CNMI.

b. Minimum Job 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 <u>one</u> 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, and test results.

c. Place of Employment Information

<u>**Important Note:**</u> It is important for the employer to define the area of intended employment with <u>as much geographic specificity as possible</u>.   This information is used for purposes of reviewing and verifying regulatory compliance with advertising, positive recruitment requirements, and prevailing wages when used in connection with a request for temporary labor certification.

1. Enter the business street address for the requestor's point of contact. The address must be a physical location. Since the address conventions in the CNMI do not always follow the format normally used in the continental United States, see the Address Note for CNMI at the end of these general instructions.

2. Enter the specific CNMI Island. If additional space is needed for the street address or entry of a P.O. Box, use this field. If no additional space is needed, enter "N/A."

3. Enter the city of the worksite location.

4. Enter the State, District, or Territory of the worksite location.

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

6. 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 <u>not</u> be performed in location(s) other than the address listed in questions 1-6 above, mark "No."

6a. If "Yes" in question 6, identify the specific geographic place(s) of employment indicating each city 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. **CW-1 applications are limited to worksites in the CNMI.**

Section E
Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY – DO NOT FILL OUT THIS SECTION

Public Burden Statement *Control Number 1205-0534*

Please read this disclosure. No entries are required.

ADDITIONAL GENERAL INSTRUCTIONS – ADDRESS ENTRIES FOR THE CNMI

The collection of address information on the Form ETA-9141C requires the disclosure of a physical location. Since employers operating in the CNMI have different methods of expressing the physical location(s) of their establishments where work is performed, the Form ETA-9141C should be filled out in accordance with the examples provided below. Please note that each example has some address information, other than a P.O. Box, identifying the physical location where a person would need to report for or otherwise perform work.

For the CNMI, the Address 1 field must be used to identify the street name and, if available, street number (e.g., 1338 Asension Drive) where the employer's establishment is located. The Address 2 field may be used to provide additional details on the physical location, including an office suite or floor number. This field may be used to identify a combination of the P.O Box and island (e.g., Saipan) on which the employer's establishment is located. The City field must be used to identify the name of the nearest city, town or village on the island in which the employer's establishment is located, and the State field must be recorded as "MP" where located within the CNMI. Each major island in the CNMI has its own United States Postal Code as follows: 96950 (Saipan), 96951 (Rota), and 96952 (Tinian).

Form ETA-9141C Field Name	Example Entry
Address 1	Palm Avenue, Beach Road
Address 2 *(apartment/suite/floor and number)*	Saipan
City	Garapan
State	MP
Postal Code	96950

Form ETA-9141C Field Name	Example Entry
Address 1	Lots 00r50, 005r52, 005r47
Address 2 *(apartment/suite/floor and number)*	Rota
City	Songsong Village
State	MP
Postal Code	96951

Form ETA-9141C Field Name	Example Entry
Address 1	8th Avenue
Address 2 *(apartment/suite/floor and number)*	P.O. Box 520790, Tinian
City	San Jose Village
State	MP
Postal Code	96952