OMB Approval: 1205-0534
Expiration Date: 10/31/2021

CW-1 Application for Temporary Employment Certification
Form ETA-9142C General Instructions
U.S. Department of Labor

IMPORTANT: Employers and authorized preparers must read these instructions carefully before completing the Form ETA-9142C, *CW-1 Application for Temporary Employment Certification* and Appendices A to C. These instructions contain full explanations of the questions and attestations that make up the Form ETA-9142C and Appendices A to C. ***In accordance with Federal regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. 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.***

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 655.420(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 National Processing Center (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 * Chicago National Processing Center * 11 West Quincy Court * Chicago, IL 60604-2105 * Attn: CW-1 Application.

Anyone, who knowingly and willingly furnishes any materially false information in the preparation of Form ETA-9142C and any supporting documentation, or aids, abets, or counsels another to do so is committing a federal offense punishable by fine, imprisonment, 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).

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 1 hour and 50 minutes to complete the form and its appendices, 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 burden estimate is as follows: Form ETA-9142C - 45 minutes; Appendix A - 15 minutes; Appendix B - 20 minutes; Appendix C - 20 minutes; and recordkeeping - 10 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, amending 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.**

For the purpose of this form and its accompanying appendices, where a "State" entry is requested, "State" includes the entry of U.S. territories and the Commonwealth of the Northern Mariana Islands (CNMI or Commonwealth).

Section A
Nature of CW-1 Application

1. As a CW-1 employer, enter whether this application is for "New employment" or for a "Renewal of approved employment."

2. If this application is for "Renewal of approved employment," enter the date(s) which the CW-1 visa classification status will expire for the nonimmigrant worker(s) to be employed under this labor certification. Use a month/day/full year (MM/DD/YYYY) format.

3. Enter whether the employer is seeking to employ a long-term worker previously granted a CW-1 visa or CW-1 status as defined by 20 CFR 655.402 by indicating "Yes" or "No."

4. Enter whether any CW-1 workers employed under this application will be exempt from the statutory numerical limit on the total number of foreign nationals who may be issued a CW-1 visa by indicating "Yes" or "No." For more information on exemptions to the CW-1 visa "cap," please go to www.uscis.gov.

5. Enter whether the employer is requesting an emergency exemption to waive the requirement set forth in 20 CFR 655.422, to obtain a valid Prevailing Wage Determination (PWD) prior to the filing of the CW-1 Application for Temporary Employment Certification, by indicating "Yes" or "No." **Please note:** if "Yes" is marked, sections A.6 and A.7 must be completed.

6. If the employer has indicated in A.5 that it is seeking an emergency exemption, it **must** mark the "Yes" box and attach a statement justifying the employer's emergency situation.

7. If the employer has indicated in A.5 that it is seeking an emergency exemption, please mark the "Yes" box and attach a completed (unprocessed) Form ETA-9141C, *Application for Prevailing Wage Determination* (PWD application), to this CW-1

application. In an instance where the employer is seeking an emergency exemption and it has submitted a Form ETA-9141C PWD application to the Department of Labor (DOL or Department) for a PWD and has received a DOL PWD case number (or PWD tracking number), please mark the "No" box and enter the PWD case number in E.3.

Section B
Employer Information

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 legal business name required by this question 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 street address of 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. If additional space is needed for the address or entry of a Post Office (P.O.) Box, use this line to complete the employer's 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, 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. 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. 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 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.

    Important 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 national's job classification. A listing of NAICS codes can be found at http://www.census.gov/epcd/www/naics.html.

14. Mark the appropriate box to indicate the type of application being filed for temporary employment certification by indicating whether the application is for an "Individual Employer" or a "Job Contractor-Joint Employer." Only one application type may be selected.

15. If B.14 is marked "Job Contractor – Joint Employer," please complete *Appendix A* of the Form ETA-9142C.

16. If B.14 is marked "Job Contractor – Joint Employer," provide the contract or other agreement establishing a *bona fide* relationship to the workers sought under this application between the job contractor and the employer-client.

Section C
Employer Point of Contact Information

An employer point of contact is an employee of the employer whose position authorizes that employee to provide information and supporting documentation concerning this Application for Temporary Employment Certification and to communicate with DOL on behalf of the employer. The employer point of contact should be the individual most familiar with the content of this application and the circumstances of the foreign worker's employment.

Important Note: The employer point of contact information in this Section, specifically the name, telephone number, and email address, must be different from the attorney/agent information listed in Section D, unless the attorney is an employee of the employer.

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

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

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

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

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

6. If additional space is needed for the address or entry of a P.O. Box, use this line to complete the address.

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

8. Enter the State, District, or Territory of the employer's point of contact.

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

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

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

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

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

14. Enter the business email address, if applicable. 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 D
Attorney or Agent Information (If applicable)

Important Note: The attorney/agent information in this Section, specifically the name, telephone number, and email address, must be different from the employer's point of contact information in Section C, unless the attorney is an employee of the employer.

1. Identify whether the employer is represented by an attorney or agent in the filing of this application. Only mark one box. If you mark "Attorney" or "Agent," complete the remainder of Section D. If you mark "None," in question 1, skip questions 2 to 20 and continue to Section E.

2. Enter the last (family) name of the attorney/agent.

3. Enter the first (given) name of the attorney/agent.

4. Enter the middle name of the attorney/agent.

5. Enter the street address of the attorney/agent. Enter the business street address for the attorney or agent's place of business.

6. If additional space is needed for the address or entry of a P.O. Box, use this line to complete the attorney/agent's address.

7. Enter the city of the attorney/agent. If the city and country are the same, the name must still be entered in both fields.

8. Enter the state of the attorney/agent.

9. Enter the postal (zip) code of the attorney/agent.

10. Enter the country of the attorney/agent. If the city and country are the same, the name must still be entered in both fields.

11. Enter the province of the attorney/agent, if applicable.

12. Enter the area code and telephone number of the attorney/agent. Include country code, if applicable.

13. Enter the extension of the telephone number of the attorney/agent, if applicable.

14. Enter the email address of the attorney/agent in the format name@emailaddress.top-level domain.

15. Enter the attorney/agent's law firm or business name.

16. Enter the attorney/agent's law firm or business nine-digit FEIN assigned by the IRS.

17. Enter the attorney's state bar identification number. If the attorney is licensed in more than one state, enter only one state bar identification number. If submitting this form electronically and the attorney is licensed in a state where the bar association does not issue identification numbers, leave the field blank and once confirmed it will be automatically pre-populated with "N/A."

    Important Note: The answers to questions 18 and 19 below should correspond to the same state for which a bar number was provided in question 17, if any.

18. Enter the state of the highest state court where the attorney is in good standing.

19. Enter the name of the highest state court where the attorney is in good standing.

20. If "Agent" is marked in question D.1, an agreement or other document must be attached to the Form ETA-9142C demonstrating the agent's authority to represent the employer.

Section E
Job Opportunity

a. Occupational Classification and PWD

1. Enter the 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 six-digit SOC code for a fruit or vegetable harvester or orchard worker is 45-2092.02 (Farmworkers and Laborers, Crop). 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.

2. Enter the occupational title associated with the SOC/O*NET (Occupational Employment Statistics) code. For example, the occupational title associated with SOC/O*NET code 45-2092.02 is "Farmworkers and Laborers, Crop." 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. If "No" is marked to question A.5, enter the PWD case number (or PWD tracking number) obtained from the Department for this job opportunity.

b. Job Offer and Minimum Requirements.

1. Enter the title of the job opportunity for which temporary employment certification is being sought by the employer.

2. Enter the number of workers requested in the application for temporary employment certification.

3. Enter the beginning date for the worker's period of employment. Use a month/day/full year (MM/DD/YYYY) format.

4. Enter the end date for the worker's period of employment. Use a month/day/full year (MM/DD/YYYY) format.

5. Describe the job duties, in detail, to be performed by any worker filling the job opportunity. Specify any equipment to be used and pertinent working conditions. Use this space also to provide any additional details on shift work or other schedules needed to fully complete Items E.b6 and E.b7.

   The employer may include one attachment where the allotted space 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 entry in the allotted space and include one clearly-marked and easy-to-locate separate attachment, if necessary, to fully respond to this collection item.

6. Use Items 6a through 6h to identify the anticipated days and hours of work per day and per week. Use a numerical (99.99) format for each item below. <u>An entry is required for each box listed in this field</u>. If space is needed to explain shift work, use the space provided in E.b5.

   a. Enter the total hours of work that will normally be offered to workers per week. The entry in this field must be at least 35.00 hours per week and cannot be less than the sum of the entries in Items 5b through 5h.

   b. Enter the total hours of work that will normally be offered to workers on Sunday.

   c. Enter the total hours of work that will normally be offered to workers on Monday.

   d. Enter the total hours of work that will normally be offered to workers on Tuesday.

   e. Enter the total hours of work that will normally be offered to workers on Wednesday.

   f. Enter the total hours of work that will normally be offered to workers on Thursday.

   g. Enter the total hours of work that will normally be offered to workers on Friday.

   h. Enter the total hours of work that will normally be offered to workers on Saturday.

7. Use Items 7a and 7b to identify the normal daily work schedule for the job opportunity using the standard time in the area where the work is expected to be performed (e.g., 9 a.m. to 5 p.m., 7 a.m. to 11 a.m., or 4 p.m. to 8 p.m.).

   a. Enter the start time of the day that work will normally begin and select a checkbox to indicate whether the expected start time of work is "AM" or "PM".

   b. Enter the end time of the day that work will normally end and select a checkbox to indicate whether the expected end time of work is "AM" or "PM".

8. 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.

9. Enter the number of <u>months</u> of training required by the employer for the job opportunity. 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.

10. Enter the number of months of experience required by the employer. If the answer to question b.9 is "None", enter "0" (zero).

11. Use Items 11 and 11a to identify whether the worker(s) employed under the job opportunity will be required to perform supervision of other employees.

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

11a. If "Yes" is marked in question 11, enter the total number of employees the job opportunity will supervise.

12. Enter the job related special requirements. Examples are shorthand and typing speeds, specific foreign language proficiency, and test results. Document business necessity for a foreign language requirement. If there are no job related special requirements or skills, enter "None" or "N/A".

c. Place of Employment and Wage Information

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. 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.**

Important Note: For job contractors filing under the CW-1 visa programs where multiple worksites are involved, submit a separate attachment identifying, by business name and address, all physical locations where the services or labor is expected to be performed. Enter the address of the first worksite location on the form using questions c.1 through c.5. If "Yes," is marked in E.c.9, *Appendix B* must be completed.

1. Enter the street address of the worksite location where work will be performed. The worksite address must be a physical location and cannot be a P.O. Box. If there is no street address, provide a geographically specific description of the work location.

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.

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

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

6. Enter the rate of pay to be paid to worker(s). If the wage offer is expressed as a range, enter the bottom of the wage range to be paid on the "From:" line and enter the top of the wage range on the "To:" line.

6a. Enter the rate of overtime pay, if applicable, to be paid to worker(s). If the wage offer is expressed as a range, enter the bottom of the wage range to be paid on the "From:" line and enter the top of the wage range on the "To:" line. If no overtime is offered, leave this section blank.

7. Indicate whether the rate of pay is per hour, week, bi-weekly, or "Other" (e.g., month, year) by selecting the corresponding box. Make only one selection.

7a. Briefly describe any conditions about the wage rate to be paid. For example, if the answer to question 7 is "Piece Rate," enter the units that govern how the piece rate is paid (e.g., 5/8 bushel, 90 pound bag or box, 10 box bin). Please also describe here any bonuses, fringe benefits, subsidized housing or meals, or any other benefits associated with this job opportunity. Enter "N/A" or "None" if there are no additional conditions about the wage rate to be paid.

8. Enter whether wages are paid daily, weekly, every two weeks, or over a different period. Mark only one box.

9. If work will not be performed in location(s) other than the address listed in questions c.1-c.5, mark "No."

10. If "Yes," is marked in E.c.9, *Appendix B* must be completed. Identify the geographic place(s) of employment with as much specificity as possible, such as the city, state, and postal code where work will be performed. The employer must provide enough geographic detail to cover all the worksite locations of intended employment.

d. Other Material Terms and Conditions of the Job

1. Mark "Yes" or "No" to indicate whether the employer has read and agrees to provide each of the following terms and conditions of employment as fully explained in these General Instructions and at 20 CFR 655, Subpart E.

Three Fourths Guarantee (20 CFR 655.423(f)):

(1) *Offer to Worker*. The employer must guarantee to offer the worker employment for a total number of work hours equal to at least three-fourths of the workdays of the total period of employment specified in the work contract, beginning with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ending on the expiration date specified in the work contract or in its extensions, if any. See the exception in 20 CFR 655.423(v).

(i) A workday means the number of hours in a workday as stated in the work contract and excludes the worker's Sabbath and Federal holidays. The employer must offer a total number of hours to ensure the provision of sufficient work to reach the three-fourths guarantee. The work hours must be offered during the work period specified in the work contract, or during any modified work contract period to which the worker and employer have mutually agreed and that has been approved by the CO.

(ii) In the event the worker begins working later than the specified beginning date, the guarantee period begins with the first workday after the arrival of the worker at the place of employment, and continues until the last day during which the work contract and all extensions thereof are in effect.

(iii) Therefore, if, for example, a work contract is for a 10-week period, during which a normal workweek is specified as 6 days a week, 8 hours per day, the worker would have to be guaranteed employment for at least 360 hours (10 weeks × 48 hours/week = 480 hours × 75 percent = 360). If a Federal holiday occurred during the 10-week period, the 8 hours would be deducted from the total hours for the work contract, before the guarantee is calculated. Continuing with the above example, the worker would have to be guaranteed employment for 354 hours (10 weeks × 48 hours/week = 480 hours − 8 hours (Federal holiday) = 472 hours × 75 percent = 354 hours).

(iv) A worker may be offered more than the specified hours of work on a single workday. For purposes of meeting the guarantee, however, the worker will not be required to work for more than the number of hours specified in the work contract for a workday, or on the worker's Sabbath or Federal holidays. However, all hours of work actually performed may be counted by the employer in calculating whether the period of guaranteed employment has been met. If during the total work contract period the employer affords the U.S. or CW-1 worker less employment than that required under this paragraph, the employer must pay such worker the amount the worker would have earned had the worker, in fact, worked for the guaranteed number of days. An employer will not be considered to have met the work guarantee if the employer has merely offered work on three-fourths of the workdays of the work contract period if each workday did not consist of a full number of hours of work time as specified in the work contract.

(2) *Guarantee for piece rate paid worker.* If the worker is paid on a piece rate basis, the employer must use the worker's average hourly piece rate earnings or the offered wage, whichever is higher, to calculate the amount due under the guarantee in accordance with paragraph (1) above.

(3) *Failure to work.* Any hours the worker fails to work, up to a maximum of the number of hours specified in the work contract for a workday, when the worker has been offered an opportunity to work in accordance with paragraph (1) above, and all hours of work actually performed (including voluntary work over 8 hours in a workday or on the worker's Sabbath or Federal holidays), may be counted by the employer in calculating whether the period of guaranteed employment has been met. An employer seeking to calculate whether the guaranteed number of hours has been met must maintain the payroll records in accordance with 20 CFR 655, subpart E.

Transportation and Subsistence (20 CFR 655.423(j)(1)):

(i) *Transportation to the place of employment.* The employer must provide or reimburse the worker for transportation and subsistence from the place from which the worker has come to work for the employer, whether in the U.S., including another part of the Commonwealth, or abroad, to the place of employment if the worker completes 50 percent of the period of employment covered by the work contract (not counting any extensions). The employer may arrange and pay for the transportation and subsistence directly, advance at a minimum the most economical and reasonable common carrier cost of the transportation and subsistence to the worker before the worker's departure, or pay the worker for the reasonable costs incurred by the worker. When it is the prevailing practice of non-CW-1 employers in the occupation and in the Commonwealth to do so or when the employer extends such benefits to similarly situated CW-1 workers, the employer must advance the required transportation and subsistence costs (or otherwise provide them) to workers in corresponding employment who are traveling to the employer's place of employment. The amount of the transportation payment must be no less (and is not required to be more) than the most economical and reasonable common carrier transportation charges for the distances involved. The amount of the daily subsistence must be at least the amount permitted in § 655.173. Where the employer will reimburse the reasonable costs incurred by the worker, it must keep

accurate and adequate records of: The costs of transportation and subsistence incurred by the worker; the amount reimbursed; and the date(s) of reimbursement. Note that the FLSA applies independently of the CW-1 requirements and imposes obligations on employers regarding payment of wages.

(ii) *Transportation from the place of employment.* If the worker completes the period of employment covered by the work contract (not counting any extensions), or if the worker is dismissed from employment for any reason by the employer before the end of the period, and the worker has no immediate subsequent CW-1 employment, the employer must provide or pay at the time of departure for the worker's cost of return transportation and daily subsistence from the place of employment to the place from which the worker, disregarding intervening employment, departed to work for the employer. If the worker has contracted with a subsequent employer that has not agreed in the work contract to provide or pay for the worker's transportation from the former employer's place of employment to such subsequent employer's place of employment, the former employer must provide or pay for that transportation and subsistence. If the worker has contracted with a subsequent employer that has agreed in the work contract to provide or pay for the worker's transportation from the former employer's place of employment to such subsequent employer's place of employment, the subsequent employer must provide or pay for such expenses.

2. **Daily Transportation**: Enter "Yes" if the employer agrees to provide workers with daily transportation to and from the worksite in accordance with applicable Federal and Commonwealth laws and regulations. Otherwise, enter "N/A."

3. **Overtime Available**: Enter "Yes" if overtime will be made available to workers. Otherwise, enter "N/A." The employer will keep a record of workers' earnings and provide the workers with the required earnings statements on or before each payday, which must be at least every 2 weeks or according to the prevailing practice in the area of intended employment, whichever is more frequent.

4. **On-the-Job Training Available**: Enter "Yes" if this position involves on-the-job training. Otherwise, enter "N/A."

5. **Employer-Provided Tools and Equipment:** Enter "Yes" if the employer agrees to provide to workers, without charge or deposit, all tools, supplies, and equipment required to perform the duties assigned. Otherwise, enter "N/A."

6. **Board, Lodging, or Other Facilities**: Enter "Yes" if the employer agrees to either provide workers with board, lodging, or other facilities and/or to assist workers in securing board, lodging, or other facilities. Otherwise, enter "N/A."

7. State all deduction(s) from pay not required by law and, if known, the amount(s). If no deductions other than those required by law will be made from the workers' pay, enter "N/A" or "None" in the space provided.

e. Recruitment Information

1. Enter verifiable methods by which prospective U.S. workers can contact the employer and apply for the job opportunity. These methods must be identified and entries ARE REQUIRED for submission of this application. Include the days and hours which applicants may apply for the job opportunity listed in this application.

   Important Note: Enter at least two (2) verifiable methods by which prospective U.S. workers can contact the employer and apply for the job opportunity must be identified and entries ARE REQUIRED for submission of this application. "N/A" may be manually entered for either E.e.3 or E.e.4.

2. Enter the area code and telephone number by which prospective U.S. workers can contact the employer and apply for the job opportunity. For electronic filings, if a phone number is not available, leave this field BLANK and the system will insert "N/A" at submission of the application.

3. Enter the email address by which prospective U.S. workers can contact the employer and apply for the job opportunity. The format must be name@emailaddress.top-level domain. If an email address is not available, please enter "N/A".

4. Enter the website address by which prospective U.S. workers can contact the employer and apply for the job opportunity. The format must be **domain name.domain suffix**. Examples of valid suffixes include: .gov - Government agencies .edu - Educational institutions .org - Organizations (nonprofit) .mil - Military .com - commercial business .net - Network organizations. If a website address is not available, please enter "N/A".

Section F
Declaration of Employer and Attorney/Agent

1. Check the appropriate box to indicate if the employer and its attorney or agent (as applicable) have read and agree to all the terms, assurances, and obligations contained in the Appendix C (Declarations by the Employer and Attorney or Agent) and have attached a signed and dated copy of Appendix C to this application.

2. If this application is submitted by a job contractor, check the appropriate box to indicate whether or not the employer-client identified in Appendix A has read and agrees to all the terms, assurances, and obligations contained in Appendix C (Declarations by the Employer and Attorney or Agent) and has attached a signed and dated copy of Appendix C to this application. Select "N/A" if this application is not submitted by a job contractor.

Section G
Preparer

This section must be completed if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or Section D (attorney or agent) of this application.

1. Enter the last (family) name of the person preparing this application by or on behalf of the employer.

2. Enter the first (given) name of the person preparing this application by or on behalf of the employer.

3. If applicable, enter the middle initial of the person preparing this application by or on behalf of the employer. If the preparer does not have a middle name, enter "N/A."

4. Enter the FEIN, assigned by the IRS, for the firm or business submitting this application by or on behalf of the employer.

5. Enter the name of the firm or business that prepared this application by or on behalf of the employer.

6. Enter the business email address of the person that prepared this application by or on behalf of the employer. Format must be in the format name@emailaddress.top-level domain. The email entered in this field must be the one regularly used by the preparer to send and receive electronic communications from the Department with respect to the processing of this application. If the preparer does not possess a business email address, please enter "N/A."

Public Burden Statement *Control Number 1205-0534*

Please read this disclosure. No entries are required.

APPENDIX A – Job Contractor: Employer-Client Information Instructions

A job contractor means a person, association, firm, or a corporation that meets the definition of an employer and that contracts services or labor on a temporary basis to one or more employers that are not an affiliate, branch, or subsidiary of the job contractor and where the job contractor will not exercise substantial, direct day-to-day supervision and control in the performance of the services or labor to be performed other than hiring, paying, and firing the workers. 20 CFR 655.402, 655.421. Pursuant to 20 CFR 655.421(a), a job contractor may only submit a *CW-1 Application for Temporary Employment Certification*, Form ETA-9142C, if it is filing as a joint employer with its employer-client. An employer-client means an employer that has entered into an agreement with a job contractor, as defined in 20 CFR 655.402. Pursuant to 20 CFR 655.421(d)(1), a job contractor that is filing as a joint employer with its employer-client must submit a completed *CW-1 Application for Temporary Employment Certification*, Form ETA-9142C, that clearly identifies the joint employers (the job contractor and its employer-client) and the employment relationship (including the actual place(s) of employment disclosed on the Form ETA-9142C). Please complete Sections A and B below and attach this form to the Form ETA-9142C that will be submitted to the Department for processing.

Important Note: Employers are required to complete Appendix A when supplying information about the employer-client and its point of contact. Submission of this information in any other form or format will not be accepted and will result in the application being rejected for processing by the Department.

Section A: Employer-Client Information

1. Enter the full name of the individual employer-client. The employer-client's full legal business name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the IRS.

2. Enter the full trade name or "Doing Business As" (DBA) name of the employer-client, if applicable. Enter "N/A" if not applicable.

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

4. If additional space is needed for the street address or entry of a P.O. Box, use this field to complete the employer-client's address. If no additional space is needed, enter "N/A."

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

6. Enter the State, District, or Territory of the employer-client's principal place of business.

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

8. Enter the country of the employer-client's principal place of business.

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

10. Enter the area code and telephone number for the employer-client'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-client's principal place of business, if applicable. Enter "N/A" if not applicable.

12. Enter the nine-digit 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-digit NAICS code that best describes the employer's business, not the CW-1 job opportunity. A listing of NAICS codes can be found at www.census.gov/eos/www/naics/.

B. Employer-Client Point of Contact Information

1. Enter the last (family) name of the employer-client's point of contact.

2. Enter the first (given) name of the employer-client's point of contact.

3. Enter the middle name(s) of the employer-client's point of contact, if applicable. Enter "N/A" if not applicable.

4. Enter the job title of the employer-client's point of contact.

5. Enter the business street address for the employer-client's point of contact. Since the addressing the CNMI does not always follow the same entry format, see the Address Note for CNMI at the end of these general instructions.

6. If additional space is needed for the street address or the entry of a P.O. Box, use this field to complete the street address. If no additional space is needed, enter "N/A."

7. Enter the city of the employer-client's point of contact.

8. Enter the State, District, or Territory of the employer-client's point of contact.

9. Enter the postal (zip) code of the employer-client's point of contact.

10. Enter the country of the employer-client's point of contact.

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

12. Enter the area code and business telephone number of the employer-client'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 employer-client's point of contact, if applicable. Enter "N/A" if not applicable.

14. Enter the business email address of the employer-client's point of contact in the format name@emailaddress.top-level domain. The email entered in this field must be the same as the one regularly used by the employer-client'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. If the employer-client's point of contact does not possess a business email address, please enter "N/A."

APPENDIX B – Additional Place of Employment and Wage Information Instructions

Important Note: Employers are required to complete Appendix B when supplying information about additional worksites. Submission of additional worksite information in any other form or format will not be accepted. **Only** worksites entered on the Form ETA-9142C and Appendix B will be used in the processing of the employer's request for temporary labor certification.

Complete Items 1 through 5 below for each worksite location where the services or labor is expected to be performed, as applicable. If the employer intends for the workers sought to perform labor or services at more than ten (10) worksite locations, the employer must complete as many additional worksite location entries on the Appendix B as are necessary to list all intended worksite locations for this application.

1. Enter the city covering the worksite location. If the work to be performed is located outside a city or in a rural or isolated geographic area, enter the nearest city in the geographic area. If the work to be performed covers multiple cities and towns within the geographic area, enter "Multiple Cities and Towns". 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.**

2. Enter the Postal/Zip code of the worksite location.

3. Enter any additional details or information about the place of employment where work will be performed, if applicable and available. Enter information about the place of employment with geographic specificity. For example, enter the physical address, which may include the street address, area, town, and/or village.

4. Based on the requirements of the employer's work itinerary, use the following field to enter additional information about the job opportunity.

   - **Crew ID** – Enter a single-digit number or letter to identify each crew of workers, as applicable.
   - **Total Workers** – Whether associated with a distinct work crew or not, enter the total number of workers expected to perform work at the worksite location, as applicable.
   - **Begin Date** - Enter the expected start date for the period of employment at this worksite location, as applicable. Use a month/day/year (*mm/dd/yyyy*) format.
   - **End Date –** Enter the expected end date for the period of employment at this worksite location, as applicable. Use a month/day/year (*mm/dd/yyyy*) format.
   - **Basic Wage Rate** - Enter the basic rate of pay (in dollars) to be paid for the period of employment at this worksite location, if applicable. If the wage offer is expressed as a range, enter the bottom of the wage range to be paid on the "From:" line and enter the top of the wage range on the "To:" line.
   - **Per –** Enter the following two-letter designations for the unit of pay, as applicable: "**HR**" – hourly; "**WK**" – weekly; "**BW**" – biweekly; "**MH**" – monthly; "**YR**" year; or "**PR**" piece rate.

APPENDIX C – Employer and Attorney/Agent Declarations for CW-1 Employers Instructions

A. Attorney or Agent Declaration

1. Enter the last (family) name of the attorney/agent representing the employer in the filing of this application.

2. Enter the first (given) name of the attorney/agent representing the employer in the filing of this application.

3. Enter the middle initial of the attorney/agent representing the employer in the filing of this application, if applicable. Enter "N/A" if not applicable.

4. Enter the firm or business name of the attorney/agent representing the employer in the filing of this application. The firm or business name is the exact name that is reported to the IRS.

5. The attorney/agent must sign the application. Read the entire application and verify all contained information prior to signing.

6. The attorney/agent must date the application. Use a month/day/year (*mm/dd/yyyy*) format.

B. Employer Declaration

1. Enter the last (family) name of the person with authority to sign on behalf of the employer.

2. Enter the first (given) name of the person with authority to sign on behalf of the employer.

3. Enter the middle initial of the person with authority to sign on behalf of the employer, if applicable. Enter "N/A" if not applicable.

4. Enter the job title of the person with authority to sign on behalf of the employer.

5. The person with authority to sign on behalf of the employer must sign the application and provide his or her initials next to each condition of employment. Read the entire application, including each condition of employment, and verify all contained information prior to signing.

6. The person with authority to sign on behalf of the employer must date the application. Use a month/day/year (*mm/dd/yyyy*) format.

Important Note: ***The employer provides a copy of a signed and complete Appendix C with its application package to OFLC, retaining the original. Where the case is filed electronically, the form will be directly uploaded before submitting the application.***

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 U.S. Postal/Zip 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
Zip 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
Zip 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
Zip Code	96952