U.S. Department of Labor
Employment and Training Administration
Office of Foreign Labor Certification

Public Disclosure File: CW-1, Form ETA-9142C
Federal Fiscal Year: 2024
Reporting Period: *October 1, 2023 through December 31, 2023*

Important Note: This public disclosure file contains administrative data from employers' CW-1 Applications for Temporary Employment Certification (Form ETA-9142C) and the final determinations issued by the Department's Office of Foreign Labor Certification (OFLC), Employment and Training Administration (ETA), where the date of the determination was issued during the reporting period above.

The following form items are not included in the public disclosure file because they are Personally Identifiable Information (PII): Employer's Federal Employer Identification Number (FEIN), Attorney's FEIN and Attorney's State Bar Number. The following form item is not included in the public disclosure file because they are large open text fields: Job Duties; and Recruitment Information.

FIELD NAME	DESCRIPTION
CASE_NUMBER	Unique identifier assigned to each application submitted for processing to OFLC.
CASE_STATUS	Status associated with the last significant event or decision. Valid values include "Determination Issued – Certification", "Determination Issued – Denied", "Determination Issued – Partial Certification, "Determination Issued – Rejected", and "Withdrawn".
RECEIVED_DATE	Date the application was received at OFLC.
DECISION_DATE	Date on which the last significant event or determination was issued by OFLC.
TYPE_OF_APPLICATION	Category of requested employment. Valid values include "New employment" and "renewal of approved employment". Form ETA-9142C, Section A, Item 1.
CW-1_PERMIT_RENEWAL_DATE	If application is defined as Renewal of Approved Employment, date on which the CW-1 visa state will expire. Form ETA-9142C, Section A, Item 2.
LONG_TERM_WORKER	Y = Employer is seeking to employ a long-term worker previously granted a CW-1 visa; N = Employer is not seeking a long-term worker. Form ETA-9142C, Section A, Item 3.
CAP_EXEMPT_WORKER	Y = Workers will be exempt from the statutory cap; N = Workers will not be exempt from the statutory cap. Form ETA-9142C, Section A, Item 4.
EMERGENCY_SITUATION	Y = Employer is requesting to waive the requirement to obtain a valid PWD prior to filing the application; N = waiver is not being requested. Form ETA-9142C, Section A, Item 5.
LEGAL_BUSINESS_NAME	Legal business name of the employer requesting temporary labor certification. Form ETA-9142C, Section B, Item 1.
TRADE_NAME_DBA	Trade name or "Doing Business As" (DBA) name, if applicable. Form ETA-9142C, Section B, Item 2.

FIELD NAME	DESCRIPTION
EMPLOYER_ADDRESS1	Contact information of the Employer requesting temporary labor certification. Form ETA-9142C, Section B, Item 3 through 11.
EMPLOYER_ADDRESS2	
EMPLOYER_CITY	
EMPLOYER_STATE	
EMPLOYER_POSTAL_CODE	
EMPLOYER_COUNTRY	
EMPLOYER_PROVINCE	
EMPLOYER_PHONE	
EMPLOYER_PHONE_EXT	
NAICS_CODE	Industry code associated with the employer requesting temporary labor certification, as classified by the North American Industrial Classification System (NAICS). Form ETA-9142C, Section B, Item 13.
TYPE_OF_EMPLOYER	Valid values include "Individual Employer" and "Job Contractor – Joint Employer" Form ETA-9142C, Section B, Item 14.
APPENDIX_A_ATTACHED	If Employer identified as a Job Contractor, Y = a completed Appendix A is attached to the application; N = a completed Appendix A is not attached to the application. Form ETA-9142C, Section B, Item 15.
EMPLOYER_POC_LAST_NAME	Employer Point of Contact (POC) Name. Form ETA-9142C, Section C, Items 1 through 4.
EMPLOYER_POC_FIRST_NAME	
EMPLOYER_POC_MIDDLE_NAME	
EMPLOYER_POC_JOB_TITLE	
EMPLOYER_POC_ADDRESS1	Contact information of the Employer Point of Contact requesting temporary employment certification. Form ETA-9142C, Section C, Items 4 through 14.
EMPLOYER_POC_ADDRESS2	
EMPLOYER_POC_CITY	
EMPLOYER_POC_STATE	

FIELD NAME	DESCRIPTION
EMPLOYER_POC_POSTAL_CODE	
EMPLOYER_POC_COUNTRY	
EMPLOYER_POC_PROVINCE	
EMPLOYER_POC_PHONE	
EMPLOYER_POC_PHONE_EXT	
EMPLOYER_POC_EMAIL	
TYPE_OF_REPRESENTATION	Valid values include "Attorney", "Agent" or "None". Form ETA-9142C, Section D, Item 1.
ATTORNEY_AGENT_LAST_NAME	Attorney or Agent's last name. From ETA-9142C, Section D, Item 2.
ATTORNEY_AGENT_FIRST_NAME	Attorney or Agent's first name. Form ETA-9142C, Section D, Item 3.
ATTORNEY_AGENT_MIDDLE_NAME	Attorney or Agent's middle name. Form ETA-9142C, Section D, Item 4.
ATTORNEY_AGENT_ADDRESS1	
ATTORNEY_AGENT_ADDRESS2	
ATTORNEY_AGENT_CITY	
ATTORNEY_AGENT_STATE	
ATTORNEY_AGENT_POSTAL_CODE	Contact information of Agent or Attorney representing the Employer requesting temporary labor certification. Form ETA-9142C, Section D, Items 5 through Item 13.
ATTORNEY_AGENT_COUNTRY	
ATTORNEY_AGENT_PROVINCE	
ATTORNEY_AGENT_PHONE	
ATTORNEY_AGENT_PHONE_EXT	

FIELD NAME	DESCRIPTION
LAWFIRM_BUSINESS_EMAIL	Email address of the Agent or Attorney representing the Employer requesting temporary labor certification. Form ETA-9142C, Section D, Item 14.
LAWFIRM_NAME_BUSINESS_NAME	Name of the Law Firm or Business filing a CW-1 application on behalf of the employer. Form ETA-9142C, Section D, Item 15.
STATE_OF_HIGHEST_COURT	If Representation is defined as "Attorney, the state of the highest court where the attorney is in good standing. Form ETA-9142C, Section D, Item 18.
NAME_OF_HIGHEST_STATE_COURT	If Representation is defined as "Attorney", the name of the highest court where the attorney is in good standing. Form ETA-9142C, Section D, Item 19.
SOC_CODE	Occupational code associated with the job being requested for temporary labor certification, as classified by the Standard Occupational Classification (SOC) System. Form ETA-9142C, Section E.a, Item 1.
SOC_TITLE	Occupational title associated with the SOC/O*NET Code. Form ETA-9142C, Section E.a, Item 2.
PWD_CASE_NUMBER	Unique identifier assigned to the Prevailing Wage Determination associated with the job opportunity. Form ETA-9142C, Section E.a, Item 3.
JOB_TITLE	Title of the CW-1 job. Form ETA-9142C, Section E.b, Item 1.
TOTAL_WORKERS_REQUESTED	Total number of foreign workers requested by the Employer(s). Form ETA-9142C, Section E.b, Item 2.
TOTAL_WORKERS_CERTIFIED	Total number of foreign workers certified by OFLC.
REQUESTED_BEGIN_DATE	Beginning date of the period of employment. Form ETA-9142C, Section E.b, Item 3
REQUESTED_END_DATE	End date of the period of employment. Form ETA-9142C, Section E.b, Item 4
EMPLOYMENT_BEGIN_DATE	Beginning date of the period of employment for certified applications.
EMPLOYMENT_END_DATE	End date of the period of employment for certified applications.
ANTICIPATED_NUMBER_OF_HOURS	Total work hours anticipated each week. Form ETA-9142C, Section E.b, Item 6a.
SUNDAY_HOURS	Total work hours anticipated for Sunday. Form ETA-9142C, Section E.b, Item 6b.
MONDAY_HOURS	Total work hours anticipated for Monday. Form ETA-9142C, Section E.b, Item 6c.
TUESDAY_HOURS	Total work hours anticipated for Tuesday. Form ETA-9142C, Section E.b, Item 6d.
WEDNESDAY_HOURS	Total work hours anticipated for Wednesday. Form ETA-9142C, Section E.b, Item 6e.

FIELD NAME	DESCRIPTION
THURSDAY_HOURS	Total work hours anticipated for Thursday. Form ETA-9142C, Section E.b, Item 6f.
FRIDAY_HOURS	Total work hours anticipated for Friday. Form ETA-9142C, Section E.b, Item 6g.
SATURDAY_HOURS	Total work hours anticipated for Saturday. Form ETA-9142C, Section E.b, Item 6h.
HOURLY_SCHEDULE_BEGIN	Proposed Work Schedule Start Time. Form ETA-9142C, Section E.b, Item 7a.
HOURLY_SCHEDULE_END	Proposed Work Schedule End Time. Form ETA-9142C, Section E.b, Item 7b.
EDUCATION_LEVEL	The minimum U.S. diploma or degree required by the employer for the position. Variables include "None", "High School/GED", "Associate's", "Bachelor's", "Master's", "Doctorate (PhD)", or "Other Degree (JD, MD, etc.)." Form ETA-9142C, Section E.b, Item 8.
TRAINING_MONTHS	If Additional Training Required, number of months needed. Form ETA-9142C, Section E.b, Item 9.
WORK_EXPERIENCE	If work experience is required, number of months needed. Form ETA-9142C, Section E.b, Item 10.
SUPERVISE_OTHER_EMP	Y = Worker will supervise other employees; N = Worker will not supervise other employees. Form ETA-9142C, Section E.b, Item 11.
SUPERVISE_HOW_MANY	Number of Employees to Supervise (if applicable). Form ETA-9142C, Section E.b, Item 11a.
SPECIAL_REQUIREMENTS	Specific skills, licenses/certifications, field(s) of training, and requirements for the job. Form ETA-9142C, Section E.b, Item 12.
WORKSITE_ADDRESS1	Geographic Information for First Worksite Location. Form ETA-9142C, Section E.c, Items 1 through Item 5.
WORKSITE_ADDRESS2	
WORKSITE_CITY	
WORKSITE_STATE	
WORKSITE_POSTAL_CODE	
BASIC_WAGE_RATE_FROM	Wages paid to workers subject to temporary labor certification. Form ETA 9142C, Section E.c, Item 6.
BASIC_RATE_OF_PAY_TO	
OVERTIME_RATE_FROM	Overtime Rate Amount (if applicable). Form ETA-9142C, Section E.c, Item 6a.

FIELD NAME	DESCRIPTION
OVERTIME_RATE_TO	
PER	Unit of pay for basic and overtime wage rates. Valid values include "Hour," "Week", "Bi-Weekly", "Month", "Year", or "Piece Rate". Form ETA-9142C, Section E.c, Item 7.
ADDITIONAL_WAGE_CONDITIONS	Additional conditions about the wage rate to be paid. Form ETA-9142C, Section E.c, Item 7a.
FREQUENCY_OF_PAY	Frequency of pay. Valid values include "Daily", "Weekly", Biweekly", and "Other". Form ETA-9142C, Section E.c, Item 8.
FREQUENCY_OF_PAY_OTHER	"Other" type of Frequency of Pay (if applicable). Form ETA-9142C, Section E.c, Item 8.
OTHER_WORKSITE_LOCATION	Y = Additional Worksite Locations; N = No additional Worksite Locations. Form ETA-9142C, Section E.c, Item 9.
AGREED_TO_TERMS_AND_CONDITIONS	Y= Applicant has read and agreed to provide the following terms and conditions with this job offer as fully explained in the Form ETA-9142C – General Instructions at 20 CFR 655, Subpart E. N = Applicant has not read nor agreed to provide the following terms and conditions with this job offer as fully explained in the Form ETA-9142C – General Instructions at 20 CFR 655, Subpart E. Form ETA-9142C, Section E.d, Item 1.
DAILY_TRANSPORTATION	Y = Workers will be provided with daily transportation to and from the worksite; N/A = Not applicable. Form ETA-9142C, Section E.d, Item 2.
OVERTIME_AVAILABLE	Y = Overtime hours will be available to the worker; N/A = Not applicable Form ETA-9142C, Section E.d, Item 3.
ON_THE_JOB_TRAINING_AVAILABLE	Yes = Workers will be provided on-the-job training; N/A = Not applicable Form ETA-9142C, Section E.d, Item 4.
EMP-PROVIDED_TOOLS_ EQUIPMENT	Yes = Workers will be provided all tools, supplies and equipment; N/A = Not applicable. Form ETA-9142C, Section E.d, Item 5.
	Yes = Workers will be provided with lodging or assisted in securing lodging; N/A = Not applicable. Form ETA-9142C, Section E.d, Item 6.
DEDUCTIONS_FROM_PAY	States all deduction(s) from pay, and if known, the amount(s). Section E.d, Item 7.
PHONE_TO_APPLY	Telephone number to apply for job opportunity. Form ETA-9142C, Section E.e, Item 2.
EMAIL_TO_APPLY	Email address to apply for job opportunity. Form ETA-9142C, Section E.e, Item 3.
WEBSITE_TO_APPLY	Website address to apply for job opportunity. Form ETA-9142C, Section E.e, Item 4.
EMPLOYER_AGREED_TO_TERMS	The employer has read and agree 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. Y = The employer-client has complied with the details listed above.

FIELD NAME	DESCRIPTION
	N = The employer-client has not complied with the details listed above. Form ETA-9142C, Section F, Item 1.
EMP_CLIENT_AGREED_TO_TERMS	If this application is submitted by a job contractor, Y = The employer-client identified in Appendix A has read and agrees to all 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. N = The employer-client identified in Appendix A does not agree to all terms, assurances, and obligations contained in Appendix C (Declarations by the Employer and Attorney or Agent) and/or has not attached a signed and dated copy of Appendix C to this application. N/A = This application was not submitted by a job contractor. Form ETA-9142C, Section F, Item 2.
PREPARER_LAST_NAME	Last name of the Preparer of this application. Form ETA-9142C, Section G, Item 1.
PREPARER_FIRST_NAME	First name of the Preparer of this application. Form ETA-9142C, Section G, Item 2.
PREPARER_MIDDLE_NAME	Middle name/initial of the Preparer of this application. Form ETA-9142C, Section G, Item 3.
PREPARER_BUSINESS_NAME	Law firm or business name of the Preparer of this application. Form ETA-9142C, Section G, Item 5.
PREPARER_EMAIL	Email address of the law firm or business of the Preparer of this application. Form ETA-9142C, Section G, Item 6.