OMB Approval: 1205-0534 Expiration Date: 04/30/2026

## CW-1 Application for Temporary Employment Certification Form ETA-9142C – Appendix A U.S. Department of Labor



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

Employer-Client Information			
Legal Business Name *			
2. Trade Name/Doing Business	As (DBA), if applicable §		
3. Address 1 *			
. Address 2 § (apartment/suite/floor	and number)		
City *		6. State *	7. Postal Code *
. Country *		9. Province §	
10. Telephone Number *		11. Extension §	
12. Federal Employer Identification Number (FEIN from IRS) *		13. NAICS Code *	
Employer-Client Point of Con	tact Information		
Employer-Client Point of Contact Information  1. Contact's Last (family) Name * 2. First (given)		) Name *	3. Middle Name(s) §
4. Contact's Job Title *			
5. Address 1 *			
6. Address 2 § (apartment/suite/floor	and number)		
7. City *		8. State *	9. Postal Code *
7. City *			
·		11. Province §	I
7. City *  10. Country *  12. Telephone Number *	13. Extension <b>§</b> 14. Busin	11. Province § ess Email Address *	

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CW-1 Case Number: Determination Date: Validity Period: to