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 to 20 CFR 655.421(d)(1), a job contractor that is filing as a joint employer with its employer. An employer disclosed on the performance of 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.

A. Employer-Client Information

2. Trade Name/Doing Business As	(DBA), if applic	cable ş		
B. Address 1 *				- ^
. Address 1			• .	(O)
. Address 2 § (apartment/suite/floor and	number))
. City *			6. State*	7. Postal Code *
Country *		•	Province §	
0. Telephone Number *		Ś	11. Extension §	
2. Federal Employer Identification	Number (FEIN fi	rom IFS)*	13. NAICS Cod	e *
	*			
		2. First (given)	Name *	3. Middle Name(s) §
Contact's Last (family) Name *		2. First (given)	Name *	3. Middle Name(s) §
Contact's Last (family) Name * Contact's Job Title *		2. First (given)	Name *	3. Middle Name(s) §
Employer-Client Point of Contact Contact's Last (family) Name * Contact's Job Title * Address 1 * Address 2 § (apartment we/floor and		2. First (given)	Name *	3. Middle Name(s) §
Contact's Last (family) Name * Contact's Job Title * Address 1 *		2. First (given)	Name *	 3. Middle Name(s) § 9. Postal Code *
Contact's Last (family) Name * Contact's Job Title * Address 1 * Address 2 § (apartmenteque/floor and		2. First (given)		

For the public burden statement, please see the Form ETA-9142C, General Instructions.

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