

Please Return to:
 WORKFORCE West Virginia
 Alien Labor Certification - 5204
 112 California Avenue
 Charleston, West Virginia 25305
 Phone: (304) 558-2850
 Fax: (304) 558-0027

WORK FORCE

West Virginia
USA

Employment Service Program

Please Check One:

- Permanent
- H-1B
- H-2B
- H-1B1
- E-3

Prevailing Wage Request Alien Employment Certification

1. Name and Address of Organization Requesting Wage					Telephone Number		Fax Number	
					E-mail Address:			
2. Area of Intended Employment (including city (county) and zip code)			3. Nature of Employer's Business Activity			4. Alien's Job Title		
5. Is the job opportunity covered by a union contract? <input type="checkbox"/> Yes <input type="checkbox"/> No								
6. Job Description (Describe fully the job duties to be performed (attach additional sheets if necessary))								
7. State in detail the <i>minimum</i> education, training and experience for a worker to perform satisfactorily the job duties described above.								
EDUCATION (Enter # of years)	Grade School		High School		College	College Degree Required (Specify)		8. Other Special Requirements/Working Conditions.
						Major Field of Study		
TRAINING	No. Years		No. Months		Types of Training			
EXPERIENCE	Job Offered		Related Occupation		Related Occupation (Specify)			
	Yrs.	Mos.	Yrs.	Mos.				
9. Job Title of Alien's Immediate Supervisor							10. No. of employees alien will supervise	
STATE EMPLOYMENT SERVICE USE ONLY							Tracking #	
Date of Request				Date Provided				SVP
Code				Title				Provided by: Janie Claytor-Woodson
Prevailing Wage \$ Annual				Wage Level Level		Wage Source OES 7/2007-6/2008		

NOTE: This prevailing wage determination is valid for filing applications and attestations for at least 90 days and not more than a year from the date of determination.

ITEMIZED INSTRUCTIONS FOR COMPLETING THE PREVAILING WAGE REQUEST FORM

(To be completed by Employer or Employer Representative)

Please check (✓) the type of work visa in the upper right corner of the form.

- Item 1. **Name of Organization Requesting Wage.** Enter the employer or employer's representative requesting the prevailing wage determination. This includes the requestor's name, telephone number; fax number, e-mail address (if applicable) and complete mailing address.
- Item 2. **Area of Intended Employment.** Enter the county where majority of work will be performed. The workplace address should include city (county) and zip code.
- Item 3. **Nature of Employee's Business Activity.** Enter a brief non-technical description of the employer's business activity, i.e., retail trade, software industry, biotechnology, university, financial institution, hospital, and community service organization, including profit and non-profit status.
- Item 4. **Alien's Job Title of Position to be Filled.** Enter the common name of the payroll title for the job being offered. If known, include the O*NET-SOC code.
- Item 5. Mark YES or NO whether the job opportunity is covered by a union contract.
- Item 6. **Job Description.** The US Department of Labor requires that the description begin on the form. Fill in the space provided on the form before continuing on an attachment. The form will be returned without a wage if this requirement is not met.

The Job description should not be copied verbatim from the Standard Occupational Classification (SOC) system or any other source.

Fully describe the duties of the job offered. The job will be analyzed and categorized based on the employer's job description. Enough information must be given so that an analyst can determine the occupational category and the skill level within that category. Elements such as work tasks, work activities, equipment used, work environment, working conditions, complexity of the job duties, level of judgment or understanding required to perform the job, amount and nature of supervision received, and supervisory responsibilities are considered in defining the job's occupational category, skill level and, eventually, the prevailing wage rate for the labor market area.

For job requiring supervisory duties, describe the activities the worker will supervise, the extent and authority to hire, fire, train, schedule, and evaluate. If applicable, quantify the amount of time the supervisor will spend performing work duties similar to the workers supervised.

- Item 7. **Minimum Qualifications.** State in detail the minimum education, training, and experience required for this job. If no education and/or experience is required, enter none.
- Item 8. **Other Special Requirements.** List any special requirements or working conditions that would affect the rate of pay.
- Item 9. **Job Title of Alien's Immediate Supervisor.** Enter the occupational title of the alien's immediate supervisor. (Not the supervisor's name)
- Item 10. **Number of Workers Alien will supervise.** Enter the number of employees that the alien will supervise. If none, please enter zero (0)

Determinations will be returned via FAX unless otherwise requested.