

Application for Prevailing Wage Determination
ETA Form 9141
U.S. Department of Labor



Please read and review the instructions carefully before completing this form and print legibly. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>.

A. Employment-Based Visa Information

| | |
|--|------|
| 1. Indicate the type of visa classification supported by this application (Write classification symbol): * | PERM |
|--|------|

B. Requestor Point-of-Contact Information

| | | |
|-------------------------------------|------------------------------|---------------------|
| 1. Contact's last (family) name * | 2. First (given) name * | 3. Middle name(s) * |
| CALLAN | JOHNPAYL | M |
| 4. Contact's job title * | | |
| Attorney | | |
| 5. Address 1 * | | |
| 11480 SUNSET HILLS ROAD, SUITE 120E | | |
| 6. Address 2 | | |
| N/A | | |
| 7. City * | 8. State * | 9. Postal code * |
| RESTON | VA | 20190 |
| 10. Country * | 11. Province (if applicable) | |
| UNITED STATES OF AMERICA | N/A | |
| 12. Telephone number * | 13. Extension | 14. Fax Number |
| 914-483-7769 | N/A | N/A |
| 15. E-Mail Address | | |
| JOHNPAYLC@THECALLANLAWFIRM.COM | | |

C. Employer Information

| | | |
|--|--|------------------|
| 1. Legal business name * | | |
| Bon Worth, Inc. | | |
| 2. Trade name/Doing Business As (DBA), if applicable § | | |
| NA | | |
| 3. Address 1 * | | |
| 40 Francis Road | | |
| 4. Address 2 | | |
| N/A | | |
| 5. City * | 6. State * | 7. Postal code * |
| Hendersonville | NC | 28792 |
| 8. Country * | 9. Province (if applicable) | |
| UNITED STATES OF AMERICA | N/A | |
| 10. Telephone number * | 11. Extension | |
| 800-355-5131 | N/A | |
| 12. Federal Employer Identification Number (FEIN from IRS) * | 13. NAICS code (must be at least 4-digits) * | |
| 560963664 | 541490 | |

D. Wage Processing Information

| | |
|---|--|
| 1. Is the employer covered by ACWIA? * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Is the position covered by a Collective Bargaining Agreement (CBA)? * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Is the employer requesting consideration of Davis-Bacon (DBA) or McNamara Service Contract (SCA) Acts? * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> DBA <input type="checkbox"/> SCA |

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D. Wage Processing Information (cont.)

| | |
|---|---|
| 4. Is the employer requesting consideration of a survey in determining the prevailing wage? * | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 4a. Survey Name: § | |
| 4b. Survey date of publication: § | |

E. Job Offer Information

a. Job Description:

| | |
|--|--|
| 1. Job Title * Retail Fashion Designer | |
| 2. Suggested SOC (ONET/OES) code * 27-1022 | 2a. Suggested SOC (ONET/OES) occupation title * Fashion Designers |
| 3. Job Title of Supervisor for this Position (if applicable) § NA | |
| 4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 4a. If "Yes", number of employees worker § will supervise: N/A |
| 4b. If "Yes", please indicate the level of the employees to be supervised: <input type="checkbox"/> Subordinate <input type="checkbox"/> Peer | |
| 5. Job duties – Please provide a description of the duties to be performed with as much specificity as possible, including details regarding the areas/fields and/or products/industries involved. A description of the job duties to be performed MUST begin in this space. * Study fashion trends, anticipate marketable designs, assess appropriate materials and production process, produce design sketches and work with technical team members to model prototypes. | |
| 6. Will travel be required in order to perform the job duties? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 6a. If "Yes", please provide details of the travel required, such as the area(s), frequency and nature of the travel. § N/A |

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E. Job Offer Information (cont.)

b. Minimum Job Requirements:

| | |
|--|---|
| 1. Education: minimum U.S. diploma/degree required * | |
| <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input checked="" type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.) | |
| 1a. If "Other degree" in question 1, specify the diploma/degree required § | 1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) |
| NA | Industrial Design |
| 2. Does the employer require a second U.S. diploma/degree? * | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § | |
| N/A | |
| 3. Is training for the job opportunity required? * | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 3a. If "Yes" in question 3, specify the number of months of training required § | 3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) |
| N/A | N/A |
| 4. Is employment experience required? * | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4a. If "Yes" in question 4, specify the number of months of experience required § | 4b. Indicate the occupation required § |
| 12 | Retail fashion design |
| 5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. * | |
| NA | |

c. Place of Employment Information:

| | |
|---|------------------------|
| 1. Worksite address 1 * 40 Francis Road | |
| 2. Address 2 N/A | |
| 3. City * Hendersonville | 4. County * HENDERSON |
| 5. State/District/Territory * NC | 6. Postal code * 28792 |
| 7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? * | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 7a. If "Yes", identify the geographic place(s) of employment indicating each metropolitan statistical area (MSA) or the independent city(ies)/township(s)/county(ies) (borough(s)/parish(es)) and the corresponding state(s) where work will be performed. If necessary, submit a second completed ETA Form 9141 with a listing of the additional anticipated worksites. Please note that wages cannot be provided for unspecified/unanticipated locations. § | |
| N/A | |

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F. Prevailing Wage Determination

| FOR OFFICIAL GOVERNMENT USE ONLY | |
|--|---|
| 1. PW tracking number P-100-16014-231008 | 2. Date PW request received 01/14/2016 |
| 3. SOC (ONET/OES) code 27-1022 | 3a. SOC (ONET/OES) occupation title Fashion Designers |
| 4. Prevailing wage \$ 29245.00 | 4a. OES Wage level <input checked="" type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> N/A |
| 5. Per: (Choose only one) <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input checked="" type="checkbox"/> Year <input type="checkbox"/> Piece Rate | |
| 5a. If Piece Rate is indicated in question 5, specify the wage offer requirements : N/A | |
| 6. Prevailing wage source (Choose only one) <input checked="" type="checkbox"/> OES (All Industries) <input type="checkbox"/> OES (ACWIA – Higher Education) <input type="checkbox"/> CBA <input type="checkbox"/> DBA <input type="checkbox"/> SCA <input type="checkbox"/> Other/Alternate Survey | |
| 6a. If "Other/Alternate Survey" in question 6, specify N/A | |
| 7. Additional Notes Regarding Wage Determination N/A | |
| 8. Determination date 03/23/2016 | 9. Expiration date 06/30/2016 |

F. OMB Paperwork Reduction Act (1205-0466)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondent's reply to these reporting requirements is mandatory to obtain the benefits of temporary employment certification (Immigration and Nationality Act, Section 101). Public reporting burden for this collection of information is estimated to average 55 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210. **Do NOT send the completed application to this address.**