

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 (<i>Write classification symbol</i>): *	PERM
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B. Requestor Point-of-Contact Information

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
LUBIN	ROBERT	None
4. Contact's job title *		
Attorney		
5. Address 1 *		
PO BOX 9300		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
RESTON	VA	20170
10. Country *	11. Province (if applicable)	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. Fax Number
703-885-0633	N/A	N/A
15. E-Mail Address		
MKIRCHNER@AILLAW.COM		

C. Employer Information

1. Legal business name *		
Always Best Care of Arlington		
2. Trade name/Doing Business As (DBA), if applicable §		
N/A		
3. Address 1 *		
2300 N. Pershing Dr.		
4. Address 2		
Ste 201		
5. City *	6. State *	7. Postal code *
Arlington	VA	22201
8. Country *	9. Province (if applicable)	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
703-348-6282	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
455447859	8121	

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 * Caregiver	
2. Suggested SOC (ONET/OES) code * 39-9021	2a. Suggested SOC (ONET/OES) occupation title * Personal Care Aides
3. Job Title of Supervisor for this Position (if applicable) § N/A	
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. *	
Assists persons in need with daily living activities at the person's home or in a care facility. Duties performed at a place of residence may include keeping house (making beds, doing laundry, washing dishes) and preparing meals. Provides care including transfers, bathing, dressing. Provides medication reminders and general companion care. Monitors overall condition of client.	
6. Will travel be required in order to perform the job duties? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	6a. If "Yes", please provide details of the travel required, such as the area(s), frequency and nature of the travel. § SEE ADDENDUM

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E. Job Offer Information (cont.)

b. Minimum Job Requirements:

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input 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)
N/A	N/A
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 <u>months</u> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required §	4b. Indicate the occupation required §
N/A	N/A
5. Special Requirements - List specific skills, licenses/certificates/certifications, and requirements of the job opportunity. *	
None	

c. Place of Employment Information:

1. Worksite address 1 * 2300 N. Pershing Dr.	
2. Address 2 Ste 201	
3. City * Arlington	4. County * ARLINGTON
5. State/District/Territory * VA	6. Postal code * 22201
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 checked="" type="checkbox"/> Yes <input 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. §	
SEE ADDENDUM	

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F. Prevailing Wage Determination

FOR OFFICIAL GOVERNMENT USE ONLY	
1. PW tracking number P-100-16179-992621	2. Date PW request received 06/27/2016
3. SOC (ONET/OES) code 39-9021	3a. SOC (ONET/OES) occupation title Personal Care Aides
4. Prevailing wage \$ 21362.00	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 The wage entered in item F.4 reflects the area of intended employment entered in E.c.4 and E.c.5. SEE ADDENDUM FOR ADDITIONAL WORKSITE WAGE DETERMINATIONS	
8. Determination date 10/20/2016	9. Expiration date 06/30/2017

G. OMB Paperwork Reduction Act (1205-01€i)

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 * Box 12 - 200 * 200 Constitution Ave., NW, * Washington, DC * 20210. **Do NOT send the completed application to this address.**

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ADDENDUM

SECTION E.a.6a: Travel Requirements

Will travel within Northern Virginia metro area to client homes to provide care on a daily basis.

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ADDENDUM

SECTION E.c.7a: Additional Worksites

STATE	AREA BASIS	AREA
Virginia	BLS Areas	WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD ...

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ADDENDUM

SECTION F: Additional Worksite Wage Determinations

STATE: Virginia
AREA BASED ON: BLS Areas
AREA: WASHINGTON-ARLINGTON-ALEXANDRIA, DC-VA-MD-WV METROPOL ...
WAGE SOURCE: OES (All Industries)
OTHER WAGE SOURCES:
PREVAILING WAGE: 21362.00 per Year
PIECE RATE REQUIREMENTS: