

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



**IMPORTANT:** Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142C. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (\*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

**A. Nature of CW-1 Application**

1. Type of Application (choose only one) *	<input checked="" type="checkbox"/> New employment	<input type="checkbox"/> Renewal of approved employment
2. <b>CW-1 Permit Renewal:</b> If "Renewal of approved employment" is marked in Question A.1, enter the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. §		
3. <b>Long-Term Worker:</b> Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 20 CFR 655.402? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. <b>Cap-Exempt Worker:</b> Will any of the CW-1 workers employed under this application be <u>exempt</u> from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. <b>Emergency Situation:</b> Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>FOR EMERGENCY SITUATIONS ONLY</b>		
<b>If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.</b>		
6. Is a statement justifying the employer's emergency situation attached to this application? §		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
7. Is a completed Form ETA-9141C, <i>Application for Prevailing Wage Determination</i> (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select "No" and enter the PWD case number in E.3. §		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

**B. Employer Information**

1. Legal Business Name *		
MTO MAINTENANCE SAIPAN INC		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
PO BOX 500947		
4. Address 2 (apartment/suite/floor and number) §		
ROOM 206		
5. City *	6. State *	7. Postal Code *
SAIPAN	Northern Mariana Islar	96950
8. Country *	9. Province §	
United States Of America		
10. Telephone Number *	11. Extension §	
16702870657		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
66-0773257	561720	
14. Type of Employer (Choose only one) *	<input type="checkbox"/> Individual Employer	<input checked="" type="checkbox"/> Job Contractor – Joint Employer
<b>FOR JOB CONTRACTORS ONLY</b>		
<b>If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items.</b>		
15. A completed <b>Appendix A</b> identifying the employer-client is attached to this application. §		<input checked="" type="checkbox"/>
16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application is attached. §		<input checked="" type="checkbox"/>

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**C. Employer Point of Contact Information**

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name *		2. First (given) Name *		3. Middle Name(s) §	
Urbano		Jocelyn			
4. Contact's Job Title *					
Corporate Secretary					
5. Address 1 *					
Room 206 MAC Building Chalan Kiya					
6. Address 2 (apartment/suite/floor and number) §					
PO Box 500947					
7. City *			8. State *		9. Postal Code *
Saipan			Northern Mariana Is		96950
10. Country *			11. Province §		
United States Of America					
12. Telephone Number *		13. Extension §	14. Business Email Address *		
+16702870657			admin@mtosaipan.com		

**D. Attorney or Agent Information (If applicable)**

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.				<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input checked="" type="checkbox"/> None	
2. Attorney or Agent's Last (family) Name §		3. First (given) Name §		4. Middle Name(s) §	
5. Address 1 §					
6. Address 2 (apartment/suite/floor and number) §					
7. City §			8. State §		9. Postal Code §
10. Country §			11. Province §		
12. Telephone Number §		13. Extension §	14. Law Firm/Business Email Address §		
15. Law Firm/Business Name §				16. Law Firm/Business FEIN §	
<b>FOR ATTORNEY USE ONLY</b>					
<b>If "Attorney" is marked in question D.1, complete questions 17 – 19 below.</b>					
17. State Bar Number(s) §			18. State of highest state court where attorney is in good standing §		
19. Name of the highest state court where attorney is in good standing §					
<b>FOR AGENT USE ONLY</b>					
<b>If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.</b>					
20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. §					<input type="checkbox"/>

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**E. Job Opportunity Information**

**a. Occupational Classification and PWD**

1. SOC Occupational Code * 43-3031.00	2. SOC Occupation Title * Bookkeeping, Accounting, and Auditing Clerks
3. If "No" is marked to question A.5, enter the PWD case number obtained from the U.S. Department of Labor for this job opportunity. *	P-500-22187-333177

**b. Job Offer and Minimum Requirements**

1. Job Title * BOOKKEEPER							
2. Workers Needed * 2		<b>Period of Intended Employment</b>					
3. Begin Date: * 10/15/2023				4. End Date: * 9/30/2024			
5. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. The response must begin in the form space. One separate attachment will be accepted to fully complete the response.)</i> Operate computers programmed with accounting software to record, store, and analyze information; check figures, postings, and documents for correct entry, mathematical accuracy, and proper codes; comply with federal, state, and company policies, procedures, and regulations; operate 10-key calculators, typewriters, and copy machines to perform calculations and produce documents; receive, record, and bank cash, checks, and vouchers; and perform such other related tasks as may be assigned.							
6. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *						7. Hourly work schedule *	
35	a. Total Hours	7	c. Monday	7	e. Wednesday	7	g. Friday
0	b. Sunday	7	d. Tuesday	7	f. Thursday	0	h. Saturday
						a. 8 : 00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
						b. 4 : 00	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM
8. Education: minimum U.S. diploma/degree required. *							
<input type="checkbox"/> None <input checked="" 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.)							
9. Training: number of <u>months</u> required. *		0		10. Work Experience: number of <u>months</u> required. *		12	
11. Supervision: does this position supervise the work of other employees? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11a. If "Yes" to question 11, enter the number of employees worker will supervise. §			
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Please See Addendum							



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**e. Recruitment Information**

1. Explain <u>how</u> prospective U.S. applicants may be considered for employment under this job opportunity, including verifiable methods of contacting the employer, and the days and hours applicants can apply for the job. * Applicant can send resume at admin@mtosaipan.com or drop resume at Room 206 MAC Bldg Chalan Kiya Saipan MP 96950 or Call 1(670)287-0657 between 8:30 am to 5:30 pm from Monday to Friday.	
2. Telephone Number to Apply * +16702870657	3. Email Address to Apply * admin@mtosaipan.com
4. Website address (URL) to Apply * mtosaipan.com	

**F. Declaration of Employer and Attorney/Agent**

*In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.*

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in <b>Appendix C</b> and have attached a signed and dated copy of Appendix C with this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Please confirm that the <u>employer-client</u> identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in <b>Appendix C</b> and has attached a <u>separate</u> signed and dated copy of Appendix C with this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**G. Preparer**

*Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or Section D (attorney or agent) of this application.*

1. Last (family) Name §	2. First (given) Name §	3. Middle Initial §
4. Law Firm/Business FEIN §	5. Law Firm/Business Name §	
6. Law Firm/Business Email Address §		

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

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**ADDENDUM**

Section E.b.12: Special Requirements

MUST HAVE KNOWLEDGE AND POSSESS HANDS-ON EXPERIENCE ON THE USE OF ACCOUNTING SOFTWARE, SUCH AS QUICKBOOKS. KNOWLEDGEABLE WITH WORD AND EXCEL. PREPARE CNMI INDIVIDUAL & CORPORATE INCOME TAX, FEDERAL INDIVIDUAL & CORPORATE INCOME TAX RETURN AND VARIOUS U.S. STATES INDIVIDUAL & CORPORATE TAX RETURN. CAN WORK FLEXIBLE TIME, TIME INCLUDING NIGHTS, WEEKENDS AND HOLIDAYS.

PRE-SCREENING TEST IS REQUIRED (LIKE TRADE TEST AND/OR EMPLOYMENT EXAM)

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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 the Form ETA-9142C that will be submitted to the Department for processing.

**A. Employer-Client Information**

1. Legal Business Name *		
U&A, LLC		
2. Trade Name/Doing Business As (DBA), if applicable §		
Urbano and Associates, LLC		
3. Address 1 *		
Chalan Kiya		
4. Address 2 § (apartment/suite/floor and number)		
PO Box 506693		
5. City *	6. State *	7. Postal Code *
Saipan	Northern Mariana Islar	96950
8. Country *	9. Province §	
United States Of America		
10. Telephone Number *	11. Extension §	
+16709890917		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
66-0877439	54121	

**B. Employer-Client Point of Contact Information**

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Urbano	Rodolfo	
4. Contact's Job Title *		
Managing Member		
5. Address 1 *		
San Roque		
6. Address 2 § (apartment/suite/floor and number)		
7. City *	8. State *	9. Postal Code *
Saipan	Northern Mariana Is	96950
10. Country *	11. Province §	
United States Of America		
12. Telephone Number *	13. Extension §	14. Business Email Address *
+16709890917		accountant@uallc.biz

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



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1. City *	2. Postal/ZIP Code *	3. Additional Place of Employment Information § (Address—e.g., street address, area, town, village, geographic identification)	4. Additional Work Itinerary Information §						
			Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate (in \$)		Per
From:	To:								
SAIPAN	96950								

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