

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 <u>http://www.foreignlaborcert.doleta.gov/</u>. If you are not submitting this electronically, please complete <u>ALL</u> 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) *	New employment	Renewal of ap	oproved emp	oloyment		
2. CW-1 Permit Renewal: 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. Long-Term Worker: 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? *						
4. Cap-Exempt Worker: 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? *						
5. Emergency Situation: 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? *						
FOR EMERGENCY SITUATIONS <u>ONLY</u> If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.						
 Is a statement justifying the employer's eme application? 	argency situation attached to this		Yes C	No 🗹 N/A		
 Is a completed Form ETA-9141C, Application attached to this application? If the employe select "No" and enter the PWD case number 	r has submitted its PWD applicatio			No 🗹 N/A		

B. Employer Information

1. Legal Business Name *					
MTO MAINTENANCE SAIPAN INC					
2. Trade Name/Doing Business As (DBA), if a	pplicable §				
3. Address 1 *					
ROOM 206 MAC BUILDING CHALAN LAU					
4. Address 2 (apartment/suite/floor and numbe	ər) §				
PO BOX 500947				1	
5. City *		6. State *		7. Postal Code *	
SAIPAN		Northern Marian	ia Islar	96950	
8. Country *		9. Province §			
United States Of America					
10. Telephone Number *		11. Extension §			
+16702870657					
12. Federal Employer Identification Number (F	EIN from IRS) *	13. NAICS Code	*		
66-0773257		561720			
14. Type of Employer (Choose only one) *	Individua	Employer 🗹	Job C	contractor – Joint Employ	ər
		RACTORS <u>ONLY</u>			
If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below					'
and include the required items.					
15. A completed Appendix A identifying the employer-client is attached to this application. §					
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. §



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 <u>must be different</u> 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. F	-irst (given) Name *	3. Middle Name(s) §
URBANO	JOCELYN		
4. Contact's Job Title * CORPORATE SECRETARY			
5. Address 1 * ROOM 206 MAC BUILDING CH/	ALAN LAULAU		
6. Address 2 (apartment/suite/floor an P.O. BOX 500947	d number) §		
7. City * SAIPAN		8. State * Northern Mariana Is	9. Postal Code * 96950
10. Country * United States Of America		11. Province §	
12. Telephone Number * +16702870657	13. Extension §	14. Business Email Address * admin@mtosaipan.com	
D. Attorney or Agent Information (lf applicable)		
1. Indicate the type of representation Complete the remainder of this s			Attorney 🛛 Agent 🗹 None
2. Attorney or Agent's Last (family)	Name § 3. F	First (given) Name §	4. Middle Name(s) §
5. Address 1 §			
6. Address 2 (apartment/suite/floor	and number) §		
7 City 8		8 State &	9 Postal Code &

7. Only g			0. 01410	- 3	5. 1 Ustal Oude 3
10. Country §			11. Pro	vince §	
12. Telephone Number § 13. Extension § 14. Law Firr			rm/Busin	ess Email Addre	ss §
15. Law Firm/Business Name §16. Lag				16. Law Firm/E	Business FEIN §
lf "Attor		R ATTORNE			7 – 19 below.
If "Attorney" is marked in question D.1, complete questions 17 – 19 below. 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 §					
FOR AGENT USE <u>ONLY</u> If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.					

20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. **§**

Case Status:



E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code * 39-5012.00	2. SOC Occupation Title * Hairdressers, Hairstylists, and Cosmetolog	sts
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-500-23161-098023		

b. Job Offer and Minimum Requirements

1. Job Title * Beautician									
2. Workers		Period of Intended Employment							
Needed *	2	3. Begin Date: * 10/1/2024			4. End Date	e: *9/30/2025			
					or to be perform n in the form space		parate attachmei	nt will be accepted to fully	complete the
Clean, shape and polish fingernails and toenails, using files and nail polish. Apply artificial fingernails and other related duties. Give facials to patrons, using compounds, such as lotion and cream. Keep work stations clean and sanitize tools, such as scissors and combs. Schedule client appointments. Update and maintain customer information records, such as beauty services provided.									
6. Anticipate	d days and ho	urs of work	k per wee	k (an entry is	required for each l	box below,) *	7. Hourly work sch	nedule *
35 e	a. Total Hours	7	c. Mond	ay 7	e. Wednesday	7	g. Friday	a. <u>8</u> : <u>00</u>	☑ AM □ PM
0 t	. Sunday	7	d. Tueso	lay 7	f. Thursday	0	h. Saturday	b. <u>5 : 00</u>	□ AM ☑ PM
	minimum U.S. High School/G		-	•	or's 🛛 Master	's 🛛 D	octorate (PhI	D) 🖵 Other degree	(JD, MD, etc.
9. Training:	number of <u>mo</u>	<u>nths</u> requir	ed. *	0	10. Work Ex	perienc	e: number o	of <u>months</u> required. *	4
	ion: does this ther employee		ipervise	☐ Yes ☑ No	11a. If "Yes" employees w			er the number of .§	
12. Special f Please See	•	List speci	fic skills, I	icenses/cer	tifications, field	I(s) of tra	aining, and re	equirements of the jo	b. *



c. Place of Emplo	yment and Wage Information
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1. Worksite Address *					
ROOM 206 MAC BUILDING CHALAN KIYA					
2. Worksite Address § (apartment/suite/floor and number)					
3. City *	4. State * 5. Postal Code *				
SAIPAN	Northern Mariana Islan 96950				
6. Basic Wage Rate Paid *	6a. Overtime Wage Rate Paid §				
From: \$ <u>07</u> . <u>88</u> * To: \$ <u>07</u> . <u>88</u>	From: \$ <u>11</u> . <u>82</u> To: \$ <u>11</u> . <u>82</u>				
7. Per (Choose only one) * 7a. Additional conditions about the wage rate to be paid. §					
Month Year Piece Rate					
8. Frequency of Pay. * Daily Deekly Biweekly Other (specify):					
9. Will work be performed at worksite locations other than the one identified above? *					
10. If "Yes" is marked in question E.c.9, a completed Appendix B is attached to this application. §					
d. Other Material Terms and Conditions of the Job Offer					

1. <u>I have read and agree to provide</u> the following terms and conditions with this job offer as fully explained in Form ETA-9142C – General Instructions and at 20 CFR 655, Subpart E. *

	Yes	No
2	Yes	No

•	Three-Fourths Guarantee: Workers will be offered employment for a total number of work hours equal to at least three-
	fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of
	employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified
	in the work contract or in its extensions, if any.

Transportation and Subsistence: If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved.

2.	Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations. *	Yes 🗹 N/A				
3.	Overtime Available: Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application. *	Yes N/A				
4.	On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	Yes 🗹 N/A				
5.	Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	Yes N/A				
6.	Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	Yes 🗹 N/A				
7.	7. Deduction s from Pay : State all deduction(s) from pay and, if known, the amount(s). * Payroll related taxes as required by law.					
Da						

Case Status:

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___to __



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.co Saipan MP 96950 or call 6702870657 between 8:30	om or drop resume at room 206 MAC Building Chalan Kiya Dam - 5:30pm from Monday to Friday.				
2. Telephone Number to Apply *	Email Address to Apply *				
+16702870657	admin@mtosaipan.com				
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.

 Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix C and have attached a signed and dated copy of Appendix C with this application. * 	🗹 Yes 🗖 No
 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 Appendix C and has attached a <u>separate</u> signed and dated copy of Appendix C with this application. * 	🗹 Yes 🗖 No 📮 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.

2. First (given) Name §	3. Middle Initial §
Name §	

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



ADDENDUM Section E.b.12: Special Requirements

MUST HAVE ATLEAST 4 MONTHS OF WORKING EXPERIENCE AS BEAUTICIAN. PRE-SCREENING TEST IS REQUIRED (LIKE TRADE TEST AND/OR EMPLOYMENT EXAM)

ETA Form 9142C

FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: <u>C-500-24169-117301</u>

Case Status:

_____ Validity Period: ______ to ____



A job contractor means a person, association, firm, or a corporation that meets the definition of an employer and that contracts services or 1 a b or 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 m ay 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-dient 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. A performe or ary *Employment tab* submit and 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 of *CW-1 Application for Tempo ra* ry *Emp I o yme n t 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 attact 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 §		
Marianas Touch		
3. Address 1 *		
PO BOX 506693		
4. Address 2 § (apartment/suite/floor and number)		
CHALAN KIYA MIDDLE ROAD		
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	8121	

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 * MEMBER			
5. Address 1 * CHALAN KIYA			
6. Address 2 § (apartment/suite/floor and number) PO BOX 506693			
7. City * SAIPAN		8. State * Northern Mariana Is	9. Postal Code * 96950
10. Country * United States Of America		11. Province §	
12. Telephone Number * 13. Exte +16709890917	5	ss Email Address * t@uallc.biz	

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





<u> </u>	3. Addit	ional Place of Employment	4. Ad	ditional	Work Itinerary	Additional Work Itinerary Information §		⊂ Doto /in ¢)	
	Code *	deographic identification)	Crew	Total Workers	Begin Date	End Date	Basic Wage From:	Basic Wage Rate (in \$) From: To:	Per
	96950								Hour
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For the public burden statement, please see the Form ETA-9142C, General Instructions.

CW-1 Case Number: C-500-24169-117301 Form ETA-9142C -Appendix B

Case Status:

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Determination Date: