

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) *	☒ New employment	☐ Renewal of approved employment
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? *	☐ Yes ☒ No	
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? *	☐ Yes ☒ No	
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? *	☐ Yes ☒ No	
FOR EMERGENCY SITUATIONS ONLY If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.		
6. Is a statement justifying the employer's emergency situation attached to this application? §	☐ Yes ☐ No ☒ 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. §	☐ Yes ☐ No ☒ 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 MAC BUILDING CHALAN KIYA		
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	561320	
14. Type of Employer (Choose only one) *	☐ Individual Employer ☒ Job Contractor – Joint Employer	
FOR JOB CONTRACTORS ONLY 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. §		☒

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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 *		
P.O. BOX 500947		
6. Address 2 (apartment/suite/floor and number) §		
ROOM 206 MAC BUILDING CHALAN KIYA		
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.		☐ Attorney ☐ Agent ☒ 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 §
FOR ATTORNEY USE ONLY 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 ONLY 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. §		☐

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E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code * 39-5012.00	2. SOC Occupation Title * Hairdressers, Hairstylists, and Cosmetologists
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-500-26054-656651

b. Job Offer and Minimum Requirements

1. Job Title * Beautician								
2. Workers Needed *	2	Period of Intended Employment						
3. Begin Date: * 10/1/2026				4. End Date: * 9/30/2027				
5. Job Duties – Description of the specific services or labor to be performed. * (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.) Provide beauty services such as shampooing, hair coloring, styling hair, hair treatment. May apply makeup, perform hair removal, and provide nail and skincare services. To perform these services, must know how to use tools such as brushes, combs, hair dyes, hair wax applicator, nail clippers/nippers, nail file, scissors. Apply undercoat and clear or colored polish onto nails with brush. Shape and smooth ends of nails, using scissors and files. Remove previously applied nail polish, using liquid remover and swabs. Push back cuticles and scissors or nippers to trim cuticles. Update and maintain customer information records, such as beauty services provided. Keep work stations clean and sanitize tools such as nail files, brushes, scissors and combs. Maintain supply inventories and records of client services. Schedule customer appointment.								
6. Anticipated days and hours of work per week (an entry is required for each box below) *						7. Hourly work schedule *		
35	a. Total Hours	7	c. Monday	7	e. Wednesday	7	g. Friday	a. 8 : 00 ☒ AM ☐ PM
0	b. Sunday	7	d. Tuesday	7	f. Thursday	0	h. Saturday	b. 5 : 00 ☐ AM ☒ PM
8. Education: minimum U.S. diploma/degree required. * ☒ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)								
9. Training: number of months required. *			0	10. Work Experience: number of months required. *			12	
11. Supervision: does this position supervise the work of other employees? *			☐ Yes ☒ 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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c. Place of Employment and Wage Information

1. Worksite Address * Room 206 MAC Bldg Chalan Kiya		
2. Worksite Address \$ (apartment/suite/floor and number)		
3. City * SAIPAN	4. State * Northern Mariana Island	5. Postal Code * 96950
6. Basic Wage Rate Paid * From: \$ 08 . 88 * To: \$ 08 . 88		6a. Overtime Wage Rate Paid \$ From: \$ 13 . 32 To: \$ 13 . 32
7. Per (Choose only one) * ☒ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate	7a. Additional conditions about the wage rate to be paid. \$ 0	
8. Frequency of Pay. * ☐ Daily ☐ Weekly ☒ Biweekly ☐ Other (specify):		
9. Will work be performed at worksite locations other than the one identified above? *		☒ Yes ☐ No
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. I have read and agree to provide 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
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. Deductions from Pay: State all deduction(s) from pay and, if known, the amount(s). * Payroll related taxes as required by law.	

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e. Recruitment Information

1. Explain how 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. *

Please See Addendum

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 **Appendix C** and have attached a signed and dated copy of Appendix C with this application. *

☒ Yes ☐ No

2. Please confirm that the employer-client identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in **Appendix C** and has attached a separate 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.

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 AT LEAST 12MONTHS OF WORKING EXPERIENCE AS BEAUTICIAN.CERTIFICATE OF EMPLOYMENT AS BEAUTICIAN IS REQUIRED. PASSING OF
PRESCREENING
TEST IS REQUIRED (LIKE TRADE TEST AND/OR EMPLOYMENT EXAM)

This job opportunity is for a temporary, full-time position, commencing on October 01, 2026 to September 30, 2027.

- Anticipated Hours per Day : 7
- Anticipated Hours per Week : 35
- Anticipated Hourly Work Schedule: 8:00 AM - 5:00 PM Monday to Friday Flexible Hours

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ADDENDUM

ADDENDUM SECTION E.e.1: Recruitment Information

Applicant can send resume at admin@mtosaipan.com or through our website 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.

JOB CONTRACTOR INFORMATION: MTO Maintenance (Saipan) Inc. is a job contractor with an agreement to provide staffing services to its client, U&A, LLC dba Marianas Touch located in Chalan Kiya Saipan MP 96950. If hired, the employee will be employed by MTO Maintenance (Saipan) Inc. and assigned to work at the U&A, LLC dba Marianas Touch, in accordance with the terms outlined in the job posting. The job contractor will not exercise direct, day-to-day supervision or control over the employees job performance, except for responsibilities related to hiring, payroll, and termination.



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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 §		
Marianas Touch		
3. Address 1 *		
Chalan Kiya		
4. Address 2 § (apartment/suite/floor and number)		
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	812112	

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 *		
Beach Road		
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		admin@uallc.biz

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

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