

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. 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? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? §	<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 *		
AC PACIFIC LLC		
2. Trade Name/Doing Business As (DBA), if applicable §		
660733128		
3. Address 1 *		
P.O. BOX 503842		
4. Address 2 (apartment/suite/floor and number) §		
5. City *	6. State *	7. Postal Code *
SAIPAN	MP	96950
8. Country *	9. Province §	
UNITED STATES OF AMERICA		
10. Telephone Number *	11. Extension §	
16702334140		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
66-0733128	45399	
14. Type of Employer (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> 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. §		<input 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 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) §
RULUKED	LEONANO	AGUON
4. Contact's Job Title *		
HUMAN RESOURCES MANAGER		
5. Address 1 *		
P.O. BOX 503842		
6. Address 2 (apartment/suite/floor and number) §		
7. City *	8. State *	9. Postal Code *
SAIPAN	MP	96950
10. Country *		11. Province §
UNITED STATES OF AMERICA		
12. Telephone Number *	13. Extension §	14. Business Email Address *
16702334140		LEO@STARSANDSPLAZA.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 §
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. §		<input type="checkbox"/>

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E. Job Opportunity Information

a. Occupational Classification and PWD

1. SOC Occupational Code *	2. SOC Occupation Title *
13-2011.00	ACCOUNTANTS AND AUDITORS
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-500-22147-218052

b. Job Offer and Minimum Requirements

1. Job Title * ACCOUNTANT	
2. Workers Needed *	Period of Intended Employment
1	3. Begin Date: * 10/01/2022 4. End Date: * 09/30/2025
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.) Prepare, examine, or analyze accounting records, financial statements, or other financial reports to assess accuracy, completeness, and conformance to accounting reporting and procedural standards; Perform financial data backups and disaster recovery operations; Report to management regarding the finances of establishment from company's Odoo accounting system; Establish tables of accounts, codes, and assign entries to proper income and expense accounts; Develop, implement, modify, and document record keeping and accounting systems, making use of company's current computer technology; Compute federal/local taxes owed and prepare tax returns, ensuring compliance with payment, reporting, or other tax requirements; Record and audit each store's daily sales report; Reconciles daily cash sales, card sales, and foreign currency sales against company bank financial records; Post stores daily sales and vendor invoices on company's Odoo accounting system and corresponding accounting ledgers; Maintain and examine the records of government sales accounts; Recommend changes to improve systems and network configurations by working closely with the company Systems Administrator and corporate principals; Prepare timely payments for all vendors every 15th and end of month; Prepare quarterly purchasing budget for all vendors; Prepare vendor receivables and consignment; Establishes FOREX (Foreign Exchange) Rates; Prepare month-end BGRT and Financial Statements; Year-End financial statements; Year-End Bank Reconciliation; Prepare monthly Travel Agent Commission (Shopping Card) Report; Develop, maintain, and analyze budgets, preparing periodic reports that compare budgeted costs to actual costs; Conducts internal audit of company financials; Analyze business operations, trends, costs, revenues, financial commitments, and obligations to project future revenues and expenses or to provide advice.	
6. 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 months required. *	10. Work Experience: number of months required. *
0	24
11. Supervision: does this position supervise the work of other employees? *	11a. If "Yes" to question 11, enter the number of employees worker will supervise.\$
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Applicant must have at least 2 years work experience, must be computer literate specifically use of accounting software such as Odoo ERP Software. Must have excellent communication skills (oral and written), Must be able to perform bank reconciliation, payroll/BGRT tax, Input excise tax payable and other billing to Odoo accounting system, analyze receiving data from POS to Odoo system, record vendor invoices to Odoo system on daily basis, review and prepare payments, must be detail / deadline oriented, Partake in physical inventory, must be flexible and able to work on weekends and holidays Must be proficient in the use of retail accounting softwares such as Odoo ERP Software. <input type="checkbox"/>	

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c. Place of Employment and Wage Information

1. Worksite Address *		
1796-2 CHALAN PALE ARNOLD ROAD		
2. Worksite Address \$ (apartment/suite/floor and number)		
3. City *	4. State *	5. Postal Code *
SAIPAN	MP	96950
6. Basic Wage Rate Paid *		6a. Overtime Wage Rate Paid \$
From: \$ 16 . 19 * To: \$ 17 . 00		From: \$ 24 . 29 To: \$ 25 . 50
7. Per (Choose only one) *		7a. Additional conditions about the wage rate to be paid. \$
<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate		
8. Frequency of Pay. * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify):		
9. Will work be performed at worksite locations other than the one identified above? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. If "Yes" is marked in question E.c.9, a completed Appendix B is attached to this application. \$		<input type="checkbox"/>

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. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none">▪ 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. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
4. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
7. Deductions from Pay: State all deduction(s) from pay and, if known, the amount(s). *	
FICA, CNMI TAX, HEALTH INSURANCE, 401 K, MEDICARE	

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e. Recruitment Information

<p>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. *</p> <p>Advertise the job opportunity on the CNMI Dept of Labor's job listing system for 21 days. Prospective applicants may apply 24 hours Mon-Sun on the CNMI Department of Labor website and on the company's 24 hours Mon-Sun website at https://www.starsandsplaza.com and JOBS@STARSANDSPLAZA.COM</p> <p>Contact our former U.S. workers and solicit their return to the job. Post a copy of the CW-1 Application for Temporary Employment Certification at the place(s) of employment (company bulletin board) in which the work will be performed. And conduct any other recruitment activities such as in sponsored Job Fairs by the CNMI DOL Employment Services Division.</p> <p>Prospective applicants may also apply and submit their employment application in person with the company's HR Department Mon-Fri 8am-5pm at new office location at 2nd floor behind I Love Saipan Outlet Store Chalan Lau Lau, Saipan</p>	
2. Telephone Number to Apply *	3. Email Address to Apply *
+16702334140	JOBS@STARSANDSPLAZA.COM
4. Website address (URL) to Apply *	
ILOVESAIPAN.NET/JOBS	

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. *	<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 Appendix C and has attached a <u>separate</u> signed and dated copy of Appendix C with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" 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 §		

Public Burden Statement (1205-0534)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour and 50 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142C - 45 minutes, Appendix A - 15 minutes, Appendix B - 20 minutes, Appendix C - 20 minutes, and recordkeeping - 10 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

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22. The employer will retain all documents pertaining to this application and prevailing wage determination, the recruitment-related documents, the payroll records, and related documents for three years as required by the regulations at 20 CFR 655.456.

I hereby designate the agent or attorney identified in Section D (if any) of Form ETA-9142C and Section A above to represent me for the purpose of labor certification and, by virtue of my signature in Block 5 below, I take full responsibility for the accuracy of any representations made by my agent or attorney on my behalf, including on every page of Form ETA-9142C and documentation supporting this application.

I declare under penalty of perjury that I have read and reviewed this application, including every page of Form ETA-9142C and supporting documentation, and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Last (family) Name *	2. First (given) Name *	3. Middle Initial §
Ruloked	Leonano	A
4. Title *		
Human Resources Manager		
5. Signature *		6. Date Signed *
Leo Ruloked		7/14/2022

Public Burden Statement (1205-0534)

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour and 50 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142C - 45 minutes, Appendix A - 15 minutes, Appendix B - 20 minutes, Appendix C - 20 minutes, and recordkeeping - 10 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. Please **do not** send the completed application to this address.

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9. The employer and its agents, attorneys, and/or employees have not sought or received, and will not seek to receive, payment of any kind from the worker for any activity related to obtaining certification or employment, including, but not limited to, payment of the employer's attorney or agent fees, application or petition fees, or recruitment costs. Payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in-kind payments, and free labor.
10. Upon the separation from employment of any CW-1 or U.S. worker(s) employed under this application or work contract, if such separation occurs prior to the end date of the employment specified in this application or work contract, the employer will notify the Department in writing of the separation from employment not later than two work days after such separation is discovered by the employer.
11. The employer will not place any CW-1 workers employed pursuant to this application outside the Commonwealth or in a job classification not listed on the approved application unless the employer has obtained a new approved *Application for Temporary Employment Certification*.
12. The employer will make all deductions from workers' paychecks required by law and only those additional authorized and reasonable deductions disclosed in this application or work contract. Deductions not disclosed will be prohibited. Reasonableness of authorized deductions is determined under the principles stated in 29 CFR part 531. The wage payment requirement in conditions 5 and 6 of this Declaration will not be met where unauthorized or unreasonable deductions, deposits, rebates, or refunds reduce the wage payment below the offered wage or where the worker "kicks back" any part of the wages to the employer or another person for the employer's benefit.
13. The employer has specified in this application or work contract any applicable minimum productivity standard which the workers must meet in order to retain the job. With respect to any applicable productivity standard, the employer is able to demonstrate that such standard is normal and usual for non-CW-1 employers for the same occupation in the Commonwealth.
14. If, before the expiration date specified in the approved *Application for Temporary Employment Certification* or work contract, the services of a worker are no longer required for reasons beyond the control of the employer due to fire, weather, or other Act of God, or similar unforeseeable man-made catastrophic event, the employer may terminate the work contract with written approval of the Certifying Officer, and will make efforts to transfer the workers to comparable employment, or if transfer is not effected, provide return transportation for the worker as specified in the regulations.
15. The employer will keep a record of workers' earnings and provide the workers with earnings statements as required by 20 CFR 655.423(i) on or before each payday, which must be at least every two weeks.
16. The employer will either advance all visa, visa-related, border crossing, subsistence, and transportation expenses to workers traveling to the employer's worksite from the workers' place of recruitment, pay for them directly, or reimburse such expenses, other than travel and subsistence, in the first workweek and reimburse the remainder of the expenses no later than the time workers complete 50 percent of the period covered by the work contract. (Advancement of transportation and subsistence costs to U.S. workers employed under this application is required when it is the prevailing practice of non CW-1 employers in the occupation in the Commonwealth or when the employer extends such benefits to similarly situated CW-1 workers.) Provided that workers work until the end of the certified period of employment or are dismissed from employment for any reason before the end of that period, the employer will pay for such workers' return transportation to the place of recruitment and daily subsistence if the workers have no immediate subsequent CW-1 employment. All employer-provided transportation must comply with all applicable Federal, State or Commonwealth, or local laws and regulations.
17. The employer will provide to workers, without charge or deposit, all tools, supplies, and equipment required to perform the duties assigned.
18. The employer will provide a copy of the work contract to all CW-1 workers no later than when the worker applies for a visa if located abroad, no later than the time of the job offer by the subsequent CW-1 employer if the CW-1 worker is changing employment from one CW-1 employer to a subsequent CW-1 employer, and to U.S. workers employed under this application no later than on the day work commences. The disclosure must be in a language understood by the workers, as necessary or reasonable.
19. The employer has not and will not (and has not and will not cause another person to) intimidate, threaten, restrain, coerce, blacklist, discharge, or in any other manner discriminate against any person who, with respect to any applicable Federal or Commonwealth laws and regulations, has filed a complaint; instituted or caused to be instituted any proceeding; testified or is about to testify; consulted with a worker's center, community organization, labor union, legal assistance program, or attorney; or exercised or asserted on behalf of himself/herself or others any right or protection.
20. The employer has and will contractually forbid in writing any agent or recruiter (or any agent or employee of such agent or recruiter) whom the employer engages, directly or indirectly, in international recruitment of CW-1 workers to seek or receive payments or other compensation from prospective workers.
21. The employer will conduct all required recruitment activities pursuant to 20 CFR 655.440 through 655.446, including but not limited to: additional recruitment if required by the Certifying Officer and contacting all of its former U.S. workers employed in the occupation at the place of employment during the previous year, disclosing the terms of the *Application for Temporary Employment Certification*, and soliciting their return, unless they were dismissed for cause or abandoned the place of employment.

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For Use in Filing Applications Under the CW-1 Program ONLY

A. Attorney or Agent Declaration

I hereby declare under penalty of perjury that I am an employee of, or hired by, the employer listed in Section B of the Form ETA-9142C, and that I have been designated by that employer in accordance with 20 CFR 655.403 and 655.404 to act on its behalf in connection with this application. If I am an agent and not an employee of the employer, then I have attached an agency agreement.

I HEREBY CERTIFY that I have provided to the employer Form ETA-9142C and all supporting documentation for review and to the best of my knowledge the information contained herein is true and accurate, including the employer's declaration regarding activities that I have undertaken on the employer's behalf in connection with this application. I understand that to knowingly furnish materially false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both (18 U.S.C. 2, 1001, 1546, 1621).

1. Attorney or Agent's Last (family) Name *	2. First (given) Name *	3. Middle Initial §
4. Firm/Business Name *		
5. Signature *		6. Date Signed *

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY my knowledge of and compliance with the following conditions of employment:

1. The job opportunity is a bona fide, full-time temporary position (of at least 35 hours per workweek), the qualifications and requirements for which are consistent with the normal and accepted qualifications and requirements imposed by non-CW-1 employers in the same or comparable occupations, in the Commonwealth. The employer has listed all qualifications and requirements in this application or work contract.
2. There is no strike or lockout at any of the employer's places of employment within the Commonwealth for which the employer is requesting a CW-1 certification.
3. The job opportunity was/is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, disability, or citizenship. U.S. workers who apply for the job will be hired, unless the employer has a lawful, job-related reason(s) for the rejection, and the employer will retain records of all rejections.
4. The employer has not offered/will not offer terms, wages, and working conditions to U.S. workers that are less favorable than those offered or to be offered to CW-1 workers or impose restrictions or obligations on U.S. workers that are not imposed on CW-1 workers. This does not relieve the employer from providing CW-1 workers with at least the minimum benefits, wages, and working conditions that must be offered to U.S. workers.
5. The offered wage equals or exceeds the highest of the applicable Federal or Commonwealth minimum wage, or the prevailing wage determination for the occupation that is issued by the Department to the employer, as reflected on the employer's approved *Application for Temporary Employment Certification* or work contract, for the time period the work is performed. The employer will pay at least the offered wage, free and clear, either in cash or in a negotiable instrument payable at par, during the entire period of this application. The employer must use a single workweek as its standard for computing wages due.
6. The offered wage is not based on commissions, bonuses, or other incentives, unless the employer guarantees a wage earned every workweek that equals or exceeds the offered wage. The employer guarantees to supplement a piece rate wage if at the end of the workweek, the piece rate does not result in average hourly piece rate earnings during the workweek at least equal to the offered wage.
7. During the period of employment that is the subject of this application or work contract, the employer will comply with applicable Federal and Commonwealth employment-related laws and regulations, including, but not limited to, employment-related health and safety laws, and all applicable provisions of the Fair Labor Standards Act, 29 U.S.C. 201 et seq. In addition, the employer and its agents and attorneys are prohibited from holding or confiscating workers' passports, visas, or other immigration documents pursuant to 18 U.S.C. 1592(a).
8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation and Commonwealth within the period beginning 270 days before the date of need through the end of the period of certification, unless the layoff is for lawful, job-related reasons and all CW-1 workers are laid off first.