

Please Check One:

PERM

P/W Tracking # _____

H-1B Professional

H-2B

DELAWARE DEPARTMENT OF LABOR

DIVISION OF EMPLOYMENT & TRAINING

**FOREIGN LABOR CERTIFICATION UNIT
4425 N. MARKET STREET, P.O. BOX 9828
WILMINGTON, DE 19809-0828**

Ed.Simon@state.de.us

FAX (302) 762-3586

(302) 761-8052

(302) 761-6617

camille.nieves@state.de.us

(302) 761-8116

PREVAILING WAGE REQUEST FORM

If the job is unionized and covered by a negotiated wage, use the negotiated wage and do not complete this Prevailing Wage Request Form.

1. Full Legal Name of Employer:

a. Address (Where Alien Will Work (incl. City (Country) and Zip)):

b. Federal ID #:

c. Telephone #:

2. Alien's Name:

3. Nature of Employer's Business Activity:

4. Title of Job Being Filled:

5. Basic Hours Per Week:

6. Rate of Pay Offered:

\$

Hrs.

Per

7. **Describe** Fully the Job Duties to be Performed:

8. Experience: Enter Field/Skills/Special Requirements **(Please Specify the number of Years or Months needed to perform job- No Ranges)**

9. Education & Training: Enter Field of Study **(Please Specify the Degree/Licenses/Certificate/Training needed to perform job)**

10. Contact/Requestor Name:
Telephone:

Address (if different then Item 1a):
Fax:

Email Address:

11. # of Workers Employee will Supervise
(If do not Supervise- Go to Item 12)

12. Occupational Title of Immediate Supervisor
(If Supervise- Leave blank Item 12)

1

Information provided is to be used for to complete Application for Employment Certification Requirements:

Office Use ONLY

Experience:

Skills/Knowledge:

_____ Wage _____

Total- Wage Level

Agency Official:

Date:

DOT TITLE

DOT CODE

SKILL LEVEL

SOC/OES CODE

Education:

Special

License/Certificate:

Supervisory Duties: