

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 type="checkbox"/> New employment	<input checked="" 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. §	9/30/2022	
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 checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input 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> 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 * STEVEN BROWNSTEIN, LLC.		
2. Trade Name/Doing Business As (DBA), if applicable § THE BACKGROUND INVESTIGATOR		
3. Address 1 * PMB 1007 BOX 10001		
4. Address 2 (apartment/suite/floor and number) §		
5. City * SAIPAN	6. State * Northern Mariana Islar	7. Postal Code * 96950
8. Country * United States Of America	9. Province § CNMI	
10. Telephone Number * 16702567000	11. Extension §	
12. Federal Employer Identification Number (FEIN from IRS) * 66-0650310	13. NAICS Code * 561611	
14. Type of Employer (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Job Contractor – Joint Employer	
<b>FOR JOB CONTRACTORS ONLY</b> 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 <b>Appendix A</b> 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) §
BROWNSTEIN	STEVEN	
4. Contact's Job Title *		
MANAGER		
5. Address 1 *		
PMB 1007 BOX 10001		
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	CNMI	
12. Telephone Number *	13. Extension §	14. Business Email Address *
16702567000		stevenbrownstein670@gmail.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 * 27-3091.00	2. SOC Occupation Title * Interpreters and Translators
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-500-22139-188349

**b. Job Offer and Minimum Requirements**

1. Job Title * CHINESE INTERPRETERS AND TRANSLATORS							
2. Workers Needed *	1	Period of Intended Employment					
		3. Begin Date: * 10/1/2022	4. End Date: * 9/30/2025				
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.)							
1. Interpret from Chinese to English for Clients 2. Take written notes for conservative interpreting 3. Listen to speakers' statements to determine meanings and to prepare translations 4. Compile terminology and information to be used in translations 5. Check translations of technical terms and terminology to ensure that they are accurate and remain consistent throughout translation revisions.							
6. Anticipated days and hours of work per week (an entry is required for each box below) *							
35	a. Total Hours	5	c. Monday	5	e. Wednesday	5	g. Friday
5	b. Sunday	5	d. Tuesday	5	f. Thursday	5	h. Saturday
7. Hourly work schedule *							
a. 5 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							
b. 10 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM							
8. Education: minimum U.S. diploma/degree required. *							
<input checked="" type="checkbox"/> None <input 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. *		0	10. Work Experience: number of months required. *		24		
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. *							
None							

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**c. Place of Employment and Wage Information**

1. Worksite Address *		
PAPAGO		
2. Worksite Address § (apartment/suite/floor and number)		
3. City *	4. State *	5. Postal Code *
SAIPAN	Northern Mariana Island	96950
6. Basic Wage Rate Paid *		6a. Overtime Wage Rate Paid §
From: \$ 14 . 98 * To: \$ 14 . 98		From: \$ 22 . 47 To: \$ 22 . 47
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		None
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 <b>Appendix B</b> is attached to this application. §		<input type="checkbox"/>

**d. Other Material Terms and Conditions of the Job Offer**

1. <b>I have read and agree to provide</b> 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
<b>Three-Fourths Guarantee:</b> 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.	
<b>Transportation and Subsistence:</b> 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. <b>Daily Transportation:</b> 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. <b>Overtime Available:</b> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
4. <b>On-the-Job Training Available:</b> Workers will be provided with on-the-job training to perform the duties assigned. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
5. <b>Employer-Provided Tools and Equipment:</b> Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
6. <b>Board, Lodging, or Other Facilities:</b> 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. <b>Deductions from Pay:</b> State all deduction(s) from pay and, if known, the amount(s). *	
CNMI and Federal Tax	

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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 \*  
+16702871186

3. Email Address to Apply \*  
stevenbrownstein670@gmail.com

4. Website address (URL) to Apply \*  
None

**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 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 §		

**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](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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**ADDENDUM**

ADDENDUM SECTION E.e.1: Recruitment Information

Applicants can send their application via mail to PMB 10007 Box 10001, Saipan MP 96950 or via e-mail, [stevenbrownstein670@gmail.com](mailto:stevenbrownstein670@gmail.com). Applicants can send their application at any time at any day. If they will send their application via e-mail their application will be responded to via e-mail. If they will send their application via mail, we request that they indicate a contact number for us to get hold of them.