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Prevailing Wage Determination Request

U.S. Department of Labor
Employment and Training Administration

ETA Form 9098
OMB Approval:
Expiration Date:

I. Applicant's Information

(1) Wage Source: *(see instructions for full details) Fill the **ONE** appropriate circle*

Collective Barganing Agreement ○ SESA to Provide Wage ○ Employer Provided Survey (attached) ○

(2) Full Legal Name of Applicant

(3) Federal Employer I.D. Number (9 digits) (EIN from IRS) -

(4) Applicant's Telephone Number - /

(5) Return FAX Number -

(6) Contact's Telephone Number (Optional) - /

(7) Applicant's Address (Number / Street)

City State Postal Code

(8) Contact's Name (Optional) (This may be any contact other than hiring official.) - Family name on the first line, Given name then initial on the second line.

(9) Correspondence Address (only use this area if correspondence should be sent to a location other than the Applicant or Agent

Number / Street (always use first line - use the second line when needed, otherwise leave it blank.)

City State Postal Code

E-mail Address

@

II. Location of Work

City State

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents obligation to reply to these reporting requirements are mandatory (INA Act, Section 205). Public reporting burden for this collection of information is estimated to average 1 1/4 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Employment Service, Department of Labor, Room N-4456, 200 Constitution Avenue, NW., Washington, DC 20210. (Paperwork Reduction Project 1205-0310). **DO NOT SEND THE COMPLETED FORM TO THIS OFFICE.**

Employer's Control Number

Employer's Control Number must be the same on all three (3) pages, including the last page

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III. Job Opportunity

(1) Job Title

(2) Education: Highest Deploma or Degree Required

None ○ High School ○ Associate ○ Bachelor ○ Master ○ Doctorate ○ **Fill Only ONE Circle**

(3) Requested Period of Pay

Year ○ Month ○ 2 Weeks ○ Week ○ Hour ○ **Fill Only ONE Circle**

(4) Field of Study

(5) Field of Training

Months of Training

(6) Field of Experience

Months of Experience

(7) Specific Skills or Other Requirments

Type/Description

Level

NOTE: See OMB notice on page1 of this form.

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III (8) Job Duties :

State Agency Prevailing Wage Determination

State Agency's Case/Tracking Number

Occupational Code

OES O*Net DOT

Level

Prevailing Wage

$. /

Year Month 2 Weeks Week Hour

Prevailing Wage Source

OES Employer SCA DBA CBA

Determination Date

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Expiration Date

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State Agency Endorsement

NOTE: See OMB notice on page1 of this form.

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