OMB Approval: 1205-0534
Expiration Date: 10/31/2021

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. **§**	9/30/2020
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 exempt 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, *Application for Prevailing Wage Determination* (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 * Brilliant Star Montessori School		
2. Trade Name/Doing Business As (DBA), if applicable **§** Brilliant Star School		
3. Address 1 * Fuetsa Loop, Isla Drive, Navy Hill Village		
4. Address 2 *(apartment/suite/floor and number)* **§** P.O. Box 502198		
5. City * Saipan	6. State * Northern Mariana Islan	7. Postal Code * 96950
8. Country * United States Of America	9. Province **§**	
10. Telephone Number * 16703237827	11. Extension **§**	
12. Federal Employer Identification Number *(FEIN from IRS)* * 66-0577346	13. NAICS Code * 611110	
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. **§**		☐

CW-1 Case Number: C-500-20324-919196 Case Status: _____ Determination Date: _____ Validity Period: _____ to _____

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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) §
Castro	Elizabeth	Velasquez

4. Contact's Job Title *
Administrative Services Manager

5. Address 1 *
Fuetsa Loop, Isla Drive, Navy Hill Village

6. Address 2 *(apartment/suite/floor and number)* §
P.O. Box 502198

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 *
16703237827		admin@brilliantstar.org

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 *	2. SOC Occupation Title *
39-9011.00	Childcare Workers

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-500-20241-792748

b. Job Offer and Minimum Requirements

1. Job Title *
Toddler Class Teacher Aide

2. Workers Needed *	Period of Intended Employment	
1	3. Begin Date: * 10/1/2020	4. End Date: * 9/30/2021

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.)

Attend to and care for toddlers at school; Maintain a safe play environment; Observe and monitor children's play activities; Communicate with children's parents or guardians about their daily activities, behaviors and related issues; Support children's emotional and social development; Perform general cleaning duties of the classroom, sanitizing, organizing, and storing teaching aides, books, and toys; Instruct and assist children in health and personal habits, such as eating, toilet habits, and dressing; Read to children and teach them simple painting, drawing, cutting, handicrafts and songs; Assist in preparing snacks and meals for children; Accompany children to and from school outings; Attend staff meetings and serve on committees as required.

6. Anticipated days and hours of work per week *(an entry is required for each box below)* *

40	**a. Total Hours**	8	c. Monday	8	e. Wednesday	8	g. Friday
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday

7. Hourly work schedule *

a. 7 : 30 ☑ AM ☐ PM

b. 4 : 30 ☐ 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. *	6
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.§	0

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 * Fuetsa Loop, Isla Drive, Navy Hill Village		
2. Worksite Address § *(apartment/suite/floor and number)* P.O. Box 502198		
3. City * Saipan	4. State * Northern Mariana Islan	5. Postal Code * 96950
6. Basic Wage Rate Paid * From: $ 09 . 15 * To: $ 11 . 14	6a. Overtime Wage Rate Paid § From: $ 13 . 72 To: $ 16 . 71	
7. Per *(Choose only one)* * ☑ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate	7a. Additional conditions about the wage rate to be paid. §	
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). * The only deductions from pay will be those required under applicable law such as Social Security, Medicare, and CNMI tax(es) and other tax laws.	

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 * +16703237827	3. Email Address to Apply * principal@brilliantstar.org
4. Website address (URL) to Apply * N/A	

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 *§*		

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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ADDENDUM

Section E.b.12: Special Requirements

At least six (6) months continuous experience caring for children in an institutional setting such as nursery schools, private schools, preschools and similar institutions. Must have no criminal history and be able to provide current police clearance, will be applied equally to U.S. citizen workers and CW-1 workers. Must be able to obtain licenses, certificates and permits that are required under CNMI law such as CPR training and certification, must have a reliable transportation from/to home to/from work site. Under CNMI law including Child Care Licensing regulations and requirements a Childcare Worker must meet one of the following pre-employment qualifications: (1) High school vocational childcare training course; OR (2) Orientation training course in the DCCA Center. Fluent knowledge (speaking and writing) of the English language is required. Fluent knowledge (speaking and writing) of any second language(s) is acceptable because second language learning is part of the school's curriculum. Fluency in speaking and writing in Mandarin language is preferable, but not required.

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ADDENDUM

ADDENDUM SECTION E.e.1: Recuritment Information

Applicants may obtain application forms and submit along with their resume via email at principal@brilliantstar.org OR in person at the Administrative Office of Brilliant Star Montessori School located on Fuetsa Loop, Isla Drive, Navy Hill Saipan, MP 96950. Office Hours: Monday to Friday (except Federal and CNMI holidays) from 8:00 am to 4:00 pm, Telephone No.: (670) 323-7827. Brilliant Star Montessori School will conduct interviews with applicants at the school on Saipan or via video conference (e.g. Skype or Face Time).