

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. 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. §	09/30/2019	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? *	<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. A statement justifying the employer's emergency situation is attached to this application. §	<input type="checkbox"/>	
7. A completed Form ETA-9141, <i>Application for Prevailing Wage Determination</i> , is attached to this application. §	<input type="checkbox"/>	

B. Employer Information

1. Legal Business Name *		
ZEN CORPORATION		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
AQUA RESORT BEACH		
4. Address 2 (apartment/suite/floor and number) §		
SAIPAN		
5. City *	6. State *	7. Postal Code *
ACHUGAO	MP	96950
8. Country *	9. Province §	
UNITED STATES OF AMERICA	N/A	
10. Telephone Number *	11. Extension §	
16703221234	789	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
66-0651528	56152	
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) §	
IWAMI		MARIKO			
4. Contact's Job Title *					
MANAGER					
5. Address 1 *					
AQUA RESORT BEACH					
6. Address 2 (apartment/suite/floor and number) §					
SAIPAN					
7. City *			8. State *		9. Postal Code *
ACHUGAO			MP		96950
10. Country *			11. Province §		
UNITED STATES OF AMERICA			N/A		
12. Telephone Number *		13. Extension §	14. Business Email Address *		
16702873421		0	ZENCOP@HOTMAIL.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 * 39-7011.00	2. SOC Occupation Title * TOUR GUIDES AND ESCORTS
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-500-19156-002844	

b. Job Offer and Minimum Requirements

1. Job Title * TOUR GUIDE (MARINE SPORTS)							
2. Workers Needed *		Period of Intended Employment					
1		3. Begin Date: * 10/01/2019			4. End Date: * 09/30/2020		
5. Job Duties – Description of the specific services or labor to be performed. * (All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) Select travel routes and tour points of interests within the CNMI and present, describe, send visual aids through social media or email to prospective or established Japanese visitors to entice them to visit the CNMI. Respond to inquiries from clients regarding travel routes, activities, events, costs, regulations and other questions regarding their visit to the CNMI. Escort individuals or groups on sightseeing tours, windsurfing, scuba diving, snorkeling, swimming, climbing planned activities. Teach skills such as proper climbing, sailing, swimming, snorkeling, windsurfing method. Teach tourists on how to properly use marine sports equipment before going on a planned activity. Maintain safety and cleanliness of marine sports equipment such as tanks, diving gear, fishing rod, boats and others. Repair or adjust marine sports equipment. Assemble and check required supplies and equipment prior to departure to tour sites. Organize recreational activities and events for guests. Conduct safety briefing with clients before proceeding to tour sites. Conduct headcount before and after each planned tour activity or event. Create brochures or website advertisements, social media ads about the island and the tour activities or sights offered. Educate guests in marine life and reef preservation. Provide instructions on trash disposal while on tour sites. Collect fees and record transactions by issuing receipts. Sell island souvenir. Do cold calls, contact individuals or companies to convince them to spend their holidays in Saipan. Solicit tour patronage from or guest referrals from Japan tour agencies. Register each guest, maintain their records and their emergency contact numbers in Japan. Perform first aid in the event of emergencies and notify the proper authorities in the event of accidents. Notify the families of guests in the event of emergencies or accidents. Drive motor vehicles to transport guests to tour sights, shopping, dining places or airports. Perform clerical duties such as answering calls, inputting data in a computer and responding to emails. Speak, read and write in Japanese in order to clearly communicate with established and prospective Japanese guests and their representatives. Prepare monthly sales report and submit to the Owners.							
6. Working days and hours per week (enter only in a grid below)		7. Time of day (enter only in a grid below)					
7	b. Sunday	7	d. Tuesday	5	f. Thursday	7	h. Saturday
						b. 3 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
8. 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. *		6		10. Work Experience: number of months required. *		3	
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. * Certificate in Marine Sports from NAUI, PADI or CMAS. Physically fit to swim, sail, windsurf, snorkel and climb. Can lift or move weights 50 lbs. and above. Knowledgeable on Saipan tour sites, weather conditions and tour safety regulations. Can work under extreme heat exposed to the sun, rain, wind dust and underwater. Patient with inquiries. Can clearly communicate, verbal or written with prospective and existing guests 100% whom are Japanese. Can multiply, subtract, divide and add. Has clear vision. Knowledgeable on marine sports equipment. Can drive guests to several tour sites within the island of Saipan.							

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c. Place of Employment and Wage Information

1. Worksite Address *		
AQUA BEACH RESORT		
2. Worksite Address \$ (apartment/suite/floor and number)		
SAIPAN		
3. City *	4. State *	5. Postal Code *
ACHUGAO	MP	96950
6. Basic Wage Rate Paid *		6a. Overtime Wage Rate Paid \$
From: \$ 9 . 23 * To: \$ 9 . 50		From: \$ 13 . 85 To: \$ 14 . 25
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. If "Yes" is marked in question E.c.9, a completed Appendix B is attached to this application. \$		<input checked="" 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 the 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> NA
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"/> NA
4. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NA
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"/> NA
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"/> NA
7. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). *	
Mandatory CNMI and Federal Taxes	

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e. Recruitment Information

1. Explain <u>how</u> prospective 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. * Job Vacancy for the job position will be posted at CNMI Labor website. JVA and 9142C will be posted at two are as in the workers place or work and Employers office. Job applicants can email their application to zencop@hotmail.com or call 670-287-3421 from Monday to Friday 10:00 am to 4:00 pm. Please call to schedule an interview. 9142 C and JVA will be posted on company website http://zensaipan.com	
2. Telephone Number to Apply * +16702873421	3. Email Address to Apply * ZENCOP@HOTMAIL.COM
4. Website address (URL) to Apply * HTTP://ZENSAIPAN.COM	

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 B 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 § SAME AS SECTION C	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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1. City *	2. State *	3. Postal Code *	4. Additional Place of Employment Information §	5. Additional Work Itinerary Information §						
				Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
								From:	To:	
Marpi CNMI	MP	96950		1Z	1			9.23	9.50	HR
San Roque CNMI	MP	96950		1Z	1			9.23	9.50	HR

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