U.S. DOL Form dol-swa-idaho-pwd

IDAHO DEPARTMENT OF LABOR

PREVAILING WAGE INFORMATION REQUEST

FOR NONAGRICULTURAL ALIEN LABOR PROGRAMS

Note: It is not necessary to use this form to obtain a prevailing wage determination for positions covered by the Davis-Bacon or McNamara-O'Hara pay scales or by a collective bargaining agreement. The wages that are indicated in those pay scales or contracts are the prevailing wage.

1. Visa Type ☐ **Permanent** ☐ **H-1B -- Specialty Occupations**
(*Check One*) ☐ **H-2B -- Temporary Nonagricultural Labor**

2. Name of Alien *(If known)*

3. Name of Employer (*Full name of organization*)

4. FAX Number *(If response is to be sent to employer)*
( )

5. Name of Contact Person *(If questions arise regarding this request)*

6. Telephone Number of Contact Person
( ) *Extension:*

7. Address
Number and Street *City or Town* *State* *Zip Code*

8. Address Where Alien Will Work *(If different from item 7)*
City or Town *County* *State*

9. Nature of Employer's Business Activity

10. Job Title *(Name of job offered)*

11. Pay Rate Offered
$ _____ per _____

12. Describe the Job to be Performed *(i.e., Tasks performed, purpose of actions, tools or equipment used, products made, services rendered, etc. If possible, avoid extremely technical terminology.)* **Indicate the Minimum Skill Levels Required** *(i.e., degree of independent decision making required; distinguish between routine tasks and more complex or diversified work; describe the level of work guidance, monitoring and review that will be exercised by the supervisor of the position, etc.)*

13. DOT Code from Dictionary of Occupational Titles *(If known)*

14. State License Required

15. Minimum College Education or Training Required by Employer
____ months ____years ____Certificate ____Degree:_____
Field of Study:

16. Minimum Experience Required By Employer
(*In job offered occupation*)
____ months ____years

17. Other Special Requirements

18. Job Title of Person Who Will be Alien's Immediate Supervisor

18. Number of Employees Alien Will Supervise

MAIL TO: OR **FAX TO:**

Prevailing Wage Specialist
Research and Analysis Bureau
Idaho Department of Labor
317 Main Street
Boise, ID 83735

(208) 334-6455

Direct Questions Regarding This Form To:

Prevailing Wage Specialist *(208) 332-3570 ex 3219* OR Toll Free 1-800-772-2553

☐ **If the information is to be sent to an address other than the employer's, i.e., an attorney, please list Name, Address, Telephone Number and FAX number below:**

_____

_____

_____

_____

Phone: **FAX:**

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