

Return to:

Bureau of Employment Programs
Alien Labor Certification - 5211
112 California Avenue
Charleston, West Virginia 25305
Phone: (304) 558-5050 Fax: (304) 558-6446



PREVAILING WAGE REQUEST

1. Name and Address of Organization Requesting Wage		2. Telephone Number	3. Fax Number
4. Area of Intended Employment	5. Nature of Employer's Business		6. Job Title
7. Classification Title	Pay Grade	8. Is the job opportunity covered by a union contract? <input type="checkbox"/> Yes <input type="checkbox"/> No Local Name: Address:	
<i>Complete only if the job opportunity is with a state supported college or university.</i>			
9. Describe Fully the Job to be Performed (<i>Duties</i>)			
10. State in detail the MINIMUM education, training, and experience for worker to perform satisfactorily the job duties described in Item 9 above.		11. Other Special Requirements	
Education	Training	Experience	
STATE EMPLOYMENT SERVICE USE ONLY			
Date of Request	Date Provided		SVP
Code	Title		Provided by:
Prevailing Wage \$ annual	Wage Source OES 1/3/2004		Dauree' E. Coleman

The Wage rate provided is valid for filing applications and attestations for 90 days from the date of response.