

Please return to:
 Applicant Services Unit
 P.O. Box 27625
 Raleigh, NC 27611
 Phone: 919-733-4896
 Fax: 919-733-3010
 Email:

**EMPLOYMENT SECURITY COMMISSION OF NORTH CAROLINA
 RALEIGH, NORTH CAROLINA 27611
 PREVAILING WAGE REQUEST FORM**

Please check one:
 H-1B Professional
 Perm (incl. nurses)
 H-2B
 F-1 Student

A. To be completed by Employer or Employer Representative

1. Name of Employer (Full name of organization):		2. Telephone (Area code and Number): () -			
3. Address Where Alien will work:					
4. Nature of Employer's Business:	5. Job Title:	6. Total Hrs. Per Week:	7. Rate of Pay: \$ _____ per _____		
8. Describe fully the job to be performed (Duties):					
9. Special Requirements:					
10: State in detail the minimum education, training, and experience for a worker to perform satisfactorily the job duties in item 8.					
Education (enter no. of years)	Grade School	High School	College	College degree (specify major):	Submitted by (complete address and contact information):
Training	Yrs.	Mos.			
Experience	Yrs.	Mos.		Type of training	

B. FOR ESC USE ONLY Case Number: _____

O*NET/SOC Code: _____

O*NET/SOC Title: _____

Wage Determination: _____ per _____

Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____

_____ Alternate Survey: _____ per _____

**The Wage Rates Are Valid For Applications & Attestations Filed Within 1 Year Of Issuance
 Source Is OES/SOC Wage Rates for 2005**

ESC Representative _____ Date _____