REQUEST FOR PREVAILING WAGE FORM

Authorized by Wagner-Peyser Act (as amended)

Foreign Labor Certification Program
Nebraska Workforce Development, Department of Labor

Case Number:

Representative Firm/Employer Requesting P.W. Information (include address)**:**

Phone Number:
( ) -

FAX Number:
( ) -

Contact Person:

Employer Name:

City, County and State where *Applicant* Will Work:

Nature of Employer's Business Activity:

Job Title:

Offered Rate of Pay:
$
Per

Job Duties to be Performed (describe fully here)**:**

College Education (# of years)**:**

College Degree Required (specify)**:**

Specific Specialty:

Special Requirements (skills, licenses or certifications)**:**

O*NET Occupational Code (optional)**:**

 # Years of Experience Required for the Position:

Training Required (type and length of training)**:**

Occupational Title of Person Who Will Be Applicant's Immediate Supervisor:

# of Employees Applicant Will Supervise:

Check here if you are submitting an: ☐**Alternate Survey** - Survey Name:_____
☐**Collective Bargaining Agreement**

↓ TO BE COMPLETED BY NEBRASKA FOREIGN LABOR CERTIFICATION PROGRAM ↓

Prevailing Wage Assigned:	**Level:**	**S.O.C./Source:**	**S.O.C. Title:**
$	**1 2 3 4**		

Coordinator:

Date Issued:

NOTE: This rate is valid for filing applications and attestations for at least 90 days *but not more than one year* from the date of the determination.

Please MAIL or FAX to:

Madhavi Bhadbhade
Foreign Labor Certification Program
Nebraska Workforce Development, Department of Labor
P.O. Box 94600
Lincoln, NE 68509-4600

Phone: (402) 471-2693
FAX: (402) 471-2022

Additional Information: http://www.dol.state.ne.us

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