



GOVERNMENT OF  
THE VIRGIN ISLANDS OF THE UNITED STATES  
**DEPARTMENT OF LABOR**  
JOB SERVICE DIVISION

P. O. Box 302608 • St. Thomas, USVI 00803-2608 • (340) 776-3700 – P • (340) 714-4994 – F

Alien Certification Program

# PREVAILING WAGE DETERMINATION

(PLEASE TYPE OR PRINT THE REQUIRED INFORMATION)

Please Check One:  Permanent Case or  H-1B Professional

TELEPHONE #

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

ALIEN'S NAME \_\_\_\_\_

ALIEN'S JOB TITLE \_\_\_\_\_ ISLAND OF INTENDED EMPLOYMENT \_\_\_\_\_

JOB DUTIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# OF HOURS PER WEEK \_\_\_\_\_ FULL TIME  PART TIME

EDUCATION REQUIRED \_\_\_\_\_

TRAINING/OTHER SPECIAL REQUIREMENTS \_\_\_\_\_

EXPERIENCE REQUIRED \_\_\_\_\_

(DO NOT WRITE BELOW THIS LINE - FOR GOVERNMENT USE ONLY)

THE PREVAILING RATE OF PAY FOR THE JOB DESCRIBED ABOVE IS \$ \_\_\_\_\_ PER \_\_\_\_\_

SOURCE OF WAGE FINDING \_\_\_\_\_ SOC CODE \_\_\_\_\_

D.O.T TITLE \_\_\_\_\_ D.O.T CODE \_\_\_\_\_

BY: \_\_\_\_\_ DATE \_\_\_\_\_

JOB SERVICE DIVISION

**THIS WAGE IS VALID FOR FILING/ATTESTATION 90 DAYS FROM DATE ABOVE**