



# Commonwealth Healthcare Corporation

Commonwealth of the Northern Mariana Islands

P. O. Box 500409, Saipan, MP 96950

Website: [www.chcc.gov.mp](http://www.chcc.gov.mp)



## HUMAN RESOURCES

### EXAMINATION ANNOUNCEMENT NO. 20-223

POSITION: **RADIOLOGIC TECHNICIAN** OPENING DATE: **11/18/2020**

NO. OF VACANCIES: **1** CLOSING DATE: **12/09/2020**

SALARY: **\$15.24 P/H - \$15.24 P/H**

*The salary given will be determined by the qualifications of the appointee.*

LOCATION: **Rota Health Center, Rota  
Commonwealth Healthcare Corporation**

#### **DUTIES:**

Takes x-rays and CAT scans or administers nonradioactive materials into patient's blood stream for diagnostic purposes. Reviews and evaluates developed x-rays, video tape, or computer-generated information to determine if images are satisfactory for diagnostic purposes. Operates radiologic or magnetic imaging equipment to produce images of the body. Uses radiation safety measures and protection devices to comply with regulations and to ensure safety of patients and staff. Positions imaging equipment and adjusts controls to set exposure time and distance, according to specification of examination

#### **QUALIFICATION REQUIREMENTS:**

Associate's Degree in radiologic technology from a recognized/accredited school of Radiology or foreign equivalent. CNMI Health Care Professions License required equally for all U.S. and foreign workers.

#### **CONDITIONAL REQUIREMENTS:**

This position is a Full-Time employment status at 40 hours per week with a shift schedule of eight hours per day, Monday through Sunday with flexible day(s) off per week. Employment start date will begin on December 21, 2020 through December 20, 2021. Eligible for overtime pay at "rate x 1.5 per hour" after completing a 40 hour work week per week for this position.

#### ***Note(s):***

- *Three-fourths 20 CFR 655, Subpart E: "Workers will be offered employment for a total number of work hours equal to at least three fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any."*
- *Transportation and Subsistence 20 CFR 655, Subpart E: "If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved."*

**OTHERS:**

This position is paid on a bi-weekly basis (2-week period). CHCC adheres to all applicable deductions such as C.N.M.I. Tax, Federal Tax, Medicare and Social Security.

*Note: Education and training claimed in Employment Application must be substantiated by diploma, certificate or license. Failure to provide complete application form or the required documents will result in automatic disqualification.*

**INTERESTED PERSONS SHOULD SEND THEIR CURRENT APPLICATION FORMS TO:**

Office of Human Resources

Commonwealth Healthcare Corporation

1 Lower Navy Hill Road, Navy Hill, Saipan, MP, 96950

Operation Hours: Monday Through Friday 7:30 AM – 4:30 PM and CLOSED on weekends/holidays.

*Employment Application Forms will be available 24/7 at the employer's hospital facility's Main Cashier Office (entrance/exit point for all)*

E-mail: [humanresources@dph.gov.mp](mailto:humanresources@dph.gov.mp)

Direct Line: (670) 236-8205/8210/8729/8202

Trunk Line: (670) 234-8950 ext. 3580/3581/3583

Fax Line: (670) 233-8756

/vdlg

*Sue*

CW-1 Application for Temporary Employment Certification  
 Form ETA-9142C  
 U.S. Department of Labor



**IMPORTANT:** Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142C. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (\*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

**A. Nature of CW-1 Application**

1. Type of Application ( <i>choose only one</i> ) *	<input checked="" type="checkbox"/> New employment	<input type="checkbox"/> Renewal of approved employment
2. <b>CW-1 Permit Renewal:</b> If "Renewal of approved employment" is marked in Question A.1, enter the date on which the CW-1 visa status of the nonimmigrant worker(s) will expire. §		
3. <b>Long-Term Worker:</b> Is the employer seeking to employ a long-term worker who was previously issued a CW-1 visa or otherwise granted CW-1 status, as defined in 20 CFR 655.402? *	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
4. <b>Cap-Exempt Worker:</b> Will any of the CW-1 workers employed under this application be exempt from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued a CW-1 visa or otherwise granted CW-1 status? *	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
5. <b>Emergency Situation:</b> Is the employer requesting to waive the requirement to obtain a valid PWD prior to the filing of this application due to an emergency situation, as set forth in 20 CFR 655.422? *	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>FOR EMERGENCY SITUATIONS ONLY</b> If "Yes" is marked in question A.5, mark questions 6 and 7 below and include the required items.		
6. Is a statement justifying the employer's emergency situation attached to this application? §	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
7. Is a completed Form ETA-9141C, <i>Application for Prevailing Wage Determination</i> (PWD application), attached to this application? If the employer has submitted its PWD application for processing, select "No" and enter the PWD case number in E.3. §	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

**B. Employer Information**

1. Legal Business Name *		
Commonwealth Healthcare Corporation		
2. Trade Name/Doing Business As (DBA), if applicable §		
N/A		
3. Address 1 *		
1 Lower Navy Hill Road, Navy Hill		
4. Address 2 ( <i>apartment/suite/floor and number</i> ) §		
P. O. Box 500409		
5. City *	6. State *	7. Postal Code *
Saipan	Northern Mariana Islar	96950
8. Country *	9. Province §	
United States Of America	N/A	
10. Telephone Number *	11. Extension §	
16702368202	3554	
12. Federal Employer Identification Number ( <i>FEIN from IRS</i> ) *	13. NAICS Code *	
66-0774364	62211	
14. Type of Employer ( <i>Choose only one</i> ) *	<input checked="" type="checkbox"/> Individual Employer	<input type="checkbox"/> Job Contractor – Joint Employer
<b>FOR JOB CONTRACTORS ONLY</b> If "Job Contractor – Joint Employer" is marked in question B.14, mark questions 15 and 16 below and include the required items.		
15. A completed <b>Appendix A</b> identifying the employer-client is attached to this application. §		<input type="checkbox"/>
16. An executed contract or other agreement between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application is attached. §		<input type="checkbox"/>

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**C. Employer Point of Contact Information**

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name *		2. First (given) Name *		3. Middle Name(s) §	
Muna		Esther		Lizama	
4. Contact's Job Title *					
Chief Executive Officer					
5. Address 1 *					
1 Lower Navy Hill Road, Navy Hill					
6. Address 2 (apartment/suite/floor and number) §					
P. O. Box 500409					
7. City *			8. State *		9. Postal Code *
Saipan			Northern Mariana Is		96950
10. Country *			11. Province §		
United States Of America			N/A		
12. Telephone Number *		13. Extension §	14. Business Email Address *		
16702368202		3554	chccimmigration@gmail.com		

**D. Attorney or Agent Information (If applicable)**

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.			<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input checked="" type="checkbox"/> None		
2. Attorney or Agent's Last (family) Name §		3. First (given) Name §		4. Middle Name(s) §	
5. Address 1 §					
6. Address 2 (apartment/suite/floor and number) §					
7. City §			8. State §		9. Postal Code §
10. Country §			11. Province §		
12. Telephone Number §		13. Extension §	14. Law Firm/Business Email Address §		
15. Law Firm/Business Name §			16. Law Firm/Business FEIN §		
<b>FOR ATTORNEY USE ONLY</b>					
<b>If "Attorney" is marked in question D.1, complete questions 17 – 19 below.</b>					
17. State Bar Number(s) §			18. State of highest state court where attorney is in good standing §		
19. Name of the highest state court where attorney is in good standing §					
<b>FOR AGENT USE ONLY</b>					
<b>If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.</b>					
20. A copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer is attached to this application. §					<input type="checkbox"/>

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**E. Job Opportunity Information**

**a. Occupational Classification and PWD**

1. SOC Occupational Code * 29-2034.00	2. SOC Occupation Title * Radiologic Technologists
3. If "No" is marked to question A.5, enter the PWD case number obtained from the U.S. Department of Labor for this job opportunity. *	
P-500-20276-855144	

**b. Job Offer and Minimum Requirements**

1. Job Title * Radiologic Technician	
2. Workers Needed * 1	<b>Period of Intended Employment</b>
3. Begin Date: * 12/21/2020	4. End Date: * 12/20/2021
5. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. The response must begin in the form space. One separate attachment will be accepted to fully complete the response.)</i> Takes x-rays and CAT scans or administers nonradioactive materials into patient's blood stream for diagnostic purposes. Reviews and evaluates developed x-rays, video tape, or computer-generated information to determine if images are satisfactory for diagnostic purposes. Operates radiologic or magnetic imaging equipment to produce images of the body. Uses radiation safety measures and protection devices to comply with regulations and to ensure safety of patients and staff. Positions imaging equipment and adjusts controls to set exposure time and distance, according to specification of examination.	
6. Anticipated days and hours of work per week <i>(an entry is required for each box below) *</i>	
40 a. Total Hours	8 c. Monday
0 b. Sunday	8 d. Tuesday
8 e. Wednesday	8 f. Thursday
0 g. Friday	0 h. Saturday
7. Hourly work schedule *	
a. 7 : 30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
b. 4 : 30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
8. Education: minimum U.S. diploma/degree required. *	
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input checked="" type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
9. Training: number of <u>months</u> required. *	0
10. Work Experience: number of <u>months</u> required. *	0
11. Supervision: does this position supervise the work of other employees? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11a. If "Yes" to question 11, enter the number of employees worker will supervise. §	0
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Please See Addendum	

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**c. Place of Employment and Wage Information**

1. Worksite Address *		
Songsong Village, Rota		
2. Worksite Address § (apartment/suite/floor and number)		
P. O. Box 1249		
3. City *	4. State *	5. Postal Code *
Rota	Northern Mariana Islar	96951
6. Basic Wage Rate Paid *		6a. Overtime Wage Rate Paid §
From: \$ 15 . 24 * To: \$ 15 . 24		From: \$ 22 . 86 To: \$ 22 . 86
7. Per (Choose only one) *		7a. Additional conditions about the wage rate to be paid. §
<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate		Fringe benefits - paid time off & holidays. Optional-medical & dental insurance
8. Frequency of Pay. * <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify): _____		
9. Will work be performed at worksite locations other than the one identified above? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. If "Yes" is marked in question E.c.9, a completed <b>Appendix B</b> is attached to this application. §		<input type="checkbox"/>

**d. Other Material Terms and Conditions of the Job Offer**

1. <b>I have read and agree to provide</b> the following terms and conditions with this job offer as fully explained in Form ETA-9142C – General Instructions and at 20 CFR 655, Subpart E. *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ <b>Three-Fourths Guarantee:</b> Workers will be offered employment for a total number of work hours equal to at least three-fourths of the workdays of the total period that begins with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ends on the expiration date specified in the work contract or in its extensions, if any.</li> <li>▪ <b>Transportation and Subsistence:</b> If the worker completes 50 percent of the work contract period, the employer will provide, reimburse, or advance payment for the worker's transportation and subsistence from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, the employer will provide or pay for the worker's reasonable costs of return transportation and subsistence back home or to the place the worker originally departed to work, except where the worker will not return due to subsequent employment with another employer or where the employer has appropriately reported a worker's voluntary abandonment of employment. The amount of transportation payment or reimbursement will be equal to the most economical and reasonable common carrier for the distances involved.</li> </ul>		
2. <b>Daily Transportation:</b> Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations. *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
3. <b>Overtime Available:</b> Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application. *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
4. <b>On-the-Job Training Available:</b> Workers will be provided with on-the-job training to perform the duties assigned. *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
5. <b>Employer-Provided Tools and Equipment:</b> Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
6. <b>Board, Lodging, or Other Facilities:</b> Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
7. <b>Deductions from Pay:</b> State all deduction(s) from pay and, if known, the amount(s). *		
CNMI Tax, Federal Tax, Medicare and Social Security		

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**e. Recruitment Information**

1. Explain <u>how</u> prospective U.S. applicants may be considered for employment under this job opportunity, including verifiable methods of contacting the employer, and the days and hours applicants can apply for the job. * Please See Addendum	
2. Telephone Number to Apply * +16702368202	3. Email Address to Apply * humanresources@dph.gov.mp
4. Website address (URL) to Apply * www.chcc.gov.mp	

**F. Declaration of Employer and Attorney/Agent**

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix C will not be certified by the Department.

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in <b>Appendix C</b> and have attached a signed and dated copy of Appendix C with this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Please confirm that the <u>employer-client</u> identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in <b>Appendix C</b> and has attached a <u>separate</u> signed and dated copy of Appendix C with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**G. Preparer**

Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or Section D (attorney or agent) of this application.

1. Last (family) Name § Deleon Guerrero	2. First (given) Name § Vanessa	3. Middle Initial § B.
4. Law Firm/Business FEIN § 66-0774364	5. Law Firm/Business Name § Commonwealth Healthcare Corporation	
6. Law Firm/Business Email Address § vanessa.deleonguerrero@dph.gov.mp		

**Public Burden Statement (1205-0534)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour and 50 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142C - 45 minutes, Appendix A - 15 minutes, Appendix B - 20 minutes, Appendix C - 20 minutes, and recordkeeping - 10 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (Northern Mariana Islands U.S. Workforce Act of 2018, 48 U.S.C. 1806 et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the U.S. Department of Labor \* Employment and Training Administration \* Office of Foreign Labor Certification \* 200 Constitution Ave., NW \* Box PPII 12-200 \* Washington, DC \* 20210 or by email to [ETA.OFLC.Forms@dol.gov](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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**U.S. Department of Labor**



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**ADDENDUM**

Section E.b.12: Special Requirements

Associate's Degree in radiologic technology from a recognized/accredited school of Radiology or foreign equivalent. CNMI Health Care Professions License required equally for all U.S. and foreign workers.



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**ADDENDUM**

ADDENDUM SECTION E.e.1: Recruitment Information

Job vacancy announcements are posted externally at the CNMI Department of Labor's (DOL) official website [marianaslabor.net](http://marianaslabor.net); and internally at the employer's official website [www.chcc.gov.mp](http://www.chcc.gov.mp) to individuals who are interested in applying for certain positions. Applicants are also encouraged to apply in-person, through CNMI DOL JVA website, employer's official website, telephone inquiries at (670) 236-8202 /8205 /8210 /8729; 234-8950 ext. 3580; 3581; 3583 or at e-mail address [humanresources@dph.gov.mp](mailto:humanresources@dph.gov.mp); 3RNet global website or job fairs in which the employer participates in (if any). The employer's Human Resources Office is open from Mondays through Fridays, 7:30 AM to 4:30 PM and CLOSED on weekends/holidays. Employment Application forms will be available 24/7 at the employer's hospital facilities Main Cashier Office (entrance/exit point for all).

U.S. Department of Labor

Employment and Training Administration  
Office of Foreign Labor Certification  
Chicago National Processing Center  
11 West Quincy Court  
Chicago, IL 60604-2105



**NOTICE OF ACCEPTANCE**  
**CNMI-Only Transitional Worker Visa Program (CW-1)**

November 17, 2020

Esther Muna, Chief Executive Officer  
Commonwealth Healthcare Corporation  
1 Lower Navy Hill Road, Navy Hill P.O. Box 500409  
Saipan, MP 96950

Case Number: C-500-20310-899816

**RE: COMMONWEALTH HEALTHCARE CORPORATION**

Dear Sir/Madam:

The employer's *Application for Temporary Employment Certification* seeking one Radiologic Technician, Occupational Title Radiologic Technologists under the CW-1 labor certification program has been reviewed and **accepted for processing**. The application is timely and accurate and meets the requirements set forth in subpart E.

The employer should read all instructions and information contained in this letter carefully. Before the Department of Labor can issue a final determination on this *Application for Temporary Employment Certification*, the employer must comply with the requirements listed below.

**EMPLOYER REQUIREMENTS**

The employer must conduct recruitment of U.S. workers and prepare and submit a recruitment report in accordance with 20 CFR 655.442-655.444, including any additional recruitment ordered by the CO under 20 CFR 655.445, and in accordance with the instructions provided below. All recruitment steps requiring action from the employer MUST begin within 14 calendar days from the date this letter has been issued. The employer's recruitment report **may not be submitted until** the employer-conducted recruitment is complete, including the notice of the job opportunity, if applicable (see section further below), **as well as an additional two day period** (20 CFR 655.446(a)).

Employers that wish to require interviews must conduct those interviews by phone or provide a procedure for the interviews to be conducted in the location where the worker is being recruited so that the worker incurs little or no cost. Employers cannot provide potential CW-1 workers with more favorable treatment with respect to the requirement for, and conduct of, interviews.

**Important Note for Job Contractors (20 CFR 655.421(e)):** Either the job contractor or the employer-client may conduct the mandatory recruitment of U.S. workers detailed above but all recruitment information must clearly identify both the job contractor and employer-client by name and must clearly identify the place(s) of employment where the workers will perform labor or services.

## **I. Instructions for Recruiting U.S. Workers:**

### **A. Advertisements –**

**Where to Place (20 CFR 655.442):** The employer must place an advertisement with the CNMI Department of Labor for a period of 21 consecutive calendar days satisfying the requirements set forth in 20 CFR 655.441 and laid out in the Notice.

**What to Include (20 CFR 655.441):** The employer's advertisement must contain the information below.

1. The employer's name and contact information;
2. A statement that the job opportunity is a temporary, full-time position and identify the job title and total number of job openings the employer intends to fill;
3. A description of the job opportunity for which certification is sought with sufficient information to apprise applicants of the services or labor to be performed, including (a) the duties to be performed, (b) the minimum education and experience requirements, (c) the work hours and days, and (d) the anticipated start and end dates of the job opportunity;
4. The place(s) of employment with enough specificity to apprise applicants of any travel requirements and where applicants will likely have to reside to perform the services or labor;
5. The wage that the employer is offering, intends to offer or will provide to the CW-1 workers, or in the event that there are multiple wage offers, the range of applicable wage offers, each of which must equal or exceed the highest of the prevailing wage or the Federal or Commonwealth minimum wage. Per Departmental regulations at 20 CFR 655.410(a) the employer must advertise the position to all potential workers at a wage that is at least the highest of 1) the prevailing wage obtained from the NPWC, 2) the federal minimum wage, or 3) the Commonwealth minimum wage.
6. If applicable, a statement that overtime will be available to the worker and the wage offer(s) for working any overtime hours;
7. The frequency with which the worker will be paid as required by 20 CFR 655.423(h);
8. A statement that the employer will make all deductions from the worker's paycheck required by law, and must specify any deductions the employer intends to make from the worker's paycheck which are not required by law, including, if applicable, any deductions for the reasonable cost of board, lodging, or other facilities;
9. A statement summarizing the three-fourths guarantee as required by 20 CFR 655.423(f);
10. A statement that transportation and subsistence will be provided to the worker while traveling from the worker's origin to the place of employment as will the return transportation and subsistence at the conclusion of the job opportunity, as required by 20 CFR 655.423(j)(1);
11. If applicable, a statement that daily transportation to and from the place(s) of employment will be provided by the employer;
12. If applicable, a statement that the employer will provide to the worker, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned, in accordance with 20 CFR 655.423(k);
13. If applicable, any board, lodging, or other facilities the employer will offer to workers or intends to assist workers in securing;
14. If applicable, a statement indicating that on-the-job training will be provided to the worker;

15. A statement that directs applicants to apply for the job opportunity directly with the employer, and that indicates at least two verifiable methods by which applicants may apply for the job opportunity, one of which must be via electronic means, and that provides the days and hours during which applicants may be interviewed for the job opportunity.

**B. Contact Former U.S. Workers (20 CFR 655.443) –**

The employer must contact (by mail or other effective means) its former U.S. workers, including those who have been laid off within 270 calendar days before the date of need, employed by the employer in the occupation at the place(s) of employment during the previous year (except those who were dismissed for cause or who abandoned the place(s) of employment), provide a copy of the *Application for Temporary Employment Certification*, and solicit their return to the job.

**This contact must occur during the period of time that the job offer is being advertised on the CNMI Department of Labor's job listing system under 20 CFR 655.442.** The employer must retain documentation sufficient to prove such contact in accordance with 20 CFR 655.456.

**Note to employers:** When submitting the recruitment report, the CO will *not assume* the employer has already reduced the number of workers in Section E.b.2. of ETA Form 9142C by the number of hired U.S. returning workers. It is important for the employer to clearly communicate this reduction in its recruitment report. Absent clear communication in the recruitment report that U.S. returning workers were not included in the total number entered in E.b.2, the CO will issue a partial certification, reducing the total number of workers in E.b.2 by the number of returning workers hired.

**C. Posting Requirement (20 CFR 655.444) –**

The employer must post a copy of the *Application for Temporary Employment Certification* in at least two conspicuous locations at the place(s) of employment or in some other manner that provides reasonable notification to all employees in the job classification and area in which the work will be performed by the CW-1 workers. Electronic posting, such as displaying an electronic copy of the *Application for Temporary Employment Certification* prominently on any internal or external website that is maintained by the employer and customarily used for notices to employees about terms and conditions of employment, is sufficient to meet this posting requirement as long as it otherwise meets the requirements of this section.

The notice must be posted for a period of **21 consecutive calendar days**. The employer must maintain proof the *Application for Temporary Employment Certification* was posted and identify where and during what period of time it was posted in accordance with 20 CFR 655.456.

**D. Additional employer-conducted recruitment (20 CFR 655.445) –**

The employer may be instructed by the CO to conduct additional reasonable recruitment. Such recruitment may be required at the discretion of the CO where the CO has determined that there is a likelihood that U.S. workers who are qualified will be available for the work. If no additional recruitment instructions follow this paragraph, then no additional recruitment has been ordered.

**Considering U.S. Applicants -**

- # The employer must consider all U.S. applicants for the job opportunity and must hire all applicants who are qualified and who will be available for the job opportunity.
- # U.S. applicants may be rejected only for lawful, job-related reasons, and those not rejected on this basis will be hired.

## **II. Recruitment Report**

In order for the Certifying Officer to make a final determination on the employer's CW-1 application, the employer must prepare, sign, date and submit a written Recruitment Report by **December 31, 2020**.

The Recruitment Report must be submitted by email to the Chicago NPC at [TLC.chicago@dol.gov](mailto:TLC.chicago@dol.gov) with the subject "Attn: CW-1: C-500-20310-899816 Recruitment Report."

If the employer does not have Internet access it may submit the Recruitment Report with the same caption by facsimile to (312) 886-1688 or mail to the following address:

U.S. Department of Labor  
Employment and Training Administration  
Office of Foreign Labor Certification  
Chicago National Processing Center  
11 West Quincy Court  
Chicago, IL 60604-2105  
C-500-20310-899816

In order to assist with the timely processing of the application, the Recruitment Report should be received by 3:00 pm Central Time on the date it is due.

**Important Note for Job Contractors:** If the employer is a job contractor who has filed this application with an employer-client, both the job contractor and the employer-client must sign the Recruitment Report.

### **Recruitment Report Timing and Content Requirements -**

**NOTE:** The employer does **not** need to secure or submit a JVA Certification from the CNMI Department of Labor. A JVA Certification is not part of the CW-1 program requirements. Only the requirements outlined in this Notice of Acceptance are applicable.

- # The recruitment report may not be prepared, signed, dated, or submitted sooner than two days after the last date on which the last advertisement appeared. (20 CFR 655.48)
- # The recruitment report must be submitted to the NPC and contain the following information (20 CFR 655.421(e)(1)):
  - (1) The name of each recruitment activity or source;
  - (2) The name and contact information of each U.S. worker who applied or was referred to the job opportunity up to the date of the preparation of the recruitment report, and the disposition of each worker's application. The employer must clearly indicate whether the job opportunity was offered to the U.S. worker and whether the U.S. worker accepted or declined;
  - (3) Confirmation that the advertisement was posted on the CNMI Department of Labor's job listing system and the dates of advertising;
  - (4) Confirmation that former U.S. employees were contacted, if applicable, and by what means and the date(s) of contact;
  - (5) Confirmation the employer posted the availability of the job opportunity to all employees in the job classification and area in which the work will be performed by the CW-1 workers and the dates of advertising;

- (6) If applicable, confirmation that additional recruitment was conducted as directed by the CO and the date(s) of advertising; and
- (7) If applicable, for each U.S. worker who applied for the position but was not hired, the lawful job-related reason(s) for not hiring the U.S. worker.

- # **Duty to Update the Recruitment Report.** The employer must update the recruitment report throughout the recruitment period. In a joint employment situation, either the job contractor or the employer-client may update the recruitment report throughout the recruitment period.
- # **Recruitment Documentation Retention Requirements:** The employer must retain the recruitment report as required in 20 CFR 655.456.
- # The employer must retain records and documents for 3 years from the date of certification of the *Application for Temporary Employment Certification*, or 3 years from the date of adjudication if the *Application for Temporary Employment Certification* is denied, or 3 years from the date the Department receives the request for withdrawal of an *Application for Temporary Employment Certification* under §655.462.
- # The employer must retain the following documents and records and must provide the documents and records to the Department and other Federal Government Official in the event of an audit or investigation:
  - o Proof of recruitment efforts, including:
    - # Placement of the job offer with the CNMI Department of Labor as specified in §655.442;
    - # Contact with former U.S. employees as specified in §655.443, including documents demonstrating that each U.S. worker had been offered the job opportunity listed in the *Application for Temporary Employment Certification*, and that the U.S. worker either refused the job opportunity or was rejected only for lawful, job-related reasons;
    - # Posting notice of the job opportunity to all employees in the job classification and area in which the work will be performed by the CW-1 workers as specified in §655.444; and
    - # All additional employer-conducted recruitment required by the CO as specified in §655.445.
  - o Documentation supporting the information submitted in the recruitment report prepared in accordance with §655.446, such as evidence of nonapplicability of contact with former workers as specified in §655.443 and any supporting resumes and contact information as specified in §655.446.
  - o Records of each worker's earnings, hours offered and worked, location(s) where work is performed, and other information as specified in §655.423(i). If applicable, records of reimbursement of transportation and subsistence costs incurred by the workers, as specified in §655.423(j).
  - o Copies of written contracts with third parties demonstrating compliance with the prohibitions to seek or receive payments or other compensation of any kind from prospective workers as specified in §655.423(o).
  - o Evidence of the employer's contact with U.S. workers who applied for the job opportunity in the *Application for Temporary Employment Certification*,

including, but not limited to, documents demonstrating that any rejections of U.S. workers were for lawful, job-related reasons, as specified in §655.423(q).

- o Written notice provided to and informing OFLC that a CW-1 worker or worker in corresponding employment has separated from employment before the end date of employment specified in the *Application for Temporary Employment Certification*, as specified in §655.423(v).
  - o A copy of the *Application for Temporary Employment Certification* and all accompanying appendices, including any modifications, amendments, or extensions, must be signed by the employer as directed by the CO and retained.
- # The employer must make available to the Department, DHS or to any Federal Government Official performing an investigation, inspection, audit, or law enforcement function all documents and records required to be retained under this subpart E for purposes of copying, transcribing, or inspecting them.

Please direct any inquiries regarding this case to the Chicago National Processing Center (Chicago NPC) at [TLC.chicago@dol.gov](mailto:TLC.chicago@dol.gov) or by phone to (312) 886-8000. Any correspondence sent to the Chicago NPC must include the employer's case number to prevent delays in the processing.

Sincerely,

OFLC Certifying Officer

cc: CNMI Department of Labor – For informational purposes only