

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 (choose only one) *	<input type="checkbox"/> New employment	<input checked="" 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. §	10/1/2025	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. <b>Cap-Exempt Worker:</b> Will any of the CW-1 workers employed under this application be <u>exempt</u> 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 * ESTRELLA C. MENDIOLA		
2. Trade Name/Doing Business As (DBA), if applicable § 3KINGS MANPOWER SERVICES/HARVEST MART/3KINGS MARKET		
3. Address 1 * DISTRICT 4, SONGSONG VILLAGE		
4. Address 2 (apartment/suite/floor and number) § P.O. BOX 966		
5. City * ROTA	6. State * Northern Mariana Islar	7. Postal Code * 96951
8. Country * United States Of America	9. Province §	
10. Telephone Number * +16705320363	11. Extension §	
12. Federal Employer Identification Number (FEIN from IRS) * 98-0404568	13. NAICS Code * 561320	
14. Type of Employer (Choose only one) *	<input type="checkbox"/> Individual Employer <input checked="" 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 checked="" 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 checked="" 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) §
MENDIOLA	ESTRELLA	CLITAR
4. Contact's Job Title *		
PROPRIETOR		
5. Address 1 *		
DISTRICT 4 SONGSONG VILLAGE		
6. Address 2 (apartment/suite/floor and number) §		
P.O. BOX 966		
7. City *	8. State *	9. Postal Code *
ROTA	Northern Mariana Is	96951
10. Country *	11. Province §	
United States Of America		
12. Telephone Number *	13. Extension §	14. Business Email Address *
+16705320363		cw1harvest@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> If "Attorney" is marked in question D.1, complete questions 17 – 19 below.		
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> If "Agent" is marked in question D.1, complete question 20 below and include the required attachment.		
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 * 37-2012.00	2. SOC Occupation Title * Maids and Housekeeping Cleaners
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-500-24142-017280	

**b. Job Offer and Minimum Requirements**

1. Job Title * HOUSEKEEPER							
2. Workers Needed *	1	Period of Intended Employment					
		3. Begin Date: * 10/2/2025			4. End Date: * 10/1/2028		
5. Job Duties – Description of the specific services or labor to be performed. * (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.)  Clean, and sanitize bedrooms, kitchen, toilet, living room, garage areas; Wash clothes, linens, towels, bed sheets, and curtains. Perform a variety of cleaning activities such as sweeping, mopping, dusting and polishing. Load washing machines, and iron and fold dried items; Wash dishes, cooking utensils, and silverware. Use vacuum cleaner to clean rugs, carpets, upholstered furniture. Empty trash cans, clean ashtrays, and transport waste and other trash to proper disposal areas. Check stock levels of consumables and replace as necessary. Dust, clean and polish window panes, mirrors, mattresses, furniture and fixtures. Perform other duties as assigned.							
6. Anticipated days and hours of work per week (an entry is required for each box below) *						7. Hourly work schedule *	
35	a. Total Hours	7	c. Monday	7	e. Wednesday	7	g. Friday
0	b. Sunday	7	d. Tuesday	7	f. Thursday	0	h. Saturday
8. Education: minimum U.S. diploma/degree required. * <input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input 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. *		3		
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. §			
12. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * KNOWLEDGEABLE IN USING CLEANING SUPPLIES AND EQUIPMENT AS WELL AS LAUNDRY MACHINES.							

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

1. Worksite Address *		
SINAPALO 2 VILLAGE		
2. Worksite Address § (apartment/suite/floor and number)		
P.O. BOX 1092		
3. City *	4. State *	5. Postal Code *
ROTA	Northern Mariana Island	96951
6. Basic Wage Rate Paid *		6a. Overtime Wage Rate Paid §
From: \$ 08 . 20 * To: \$ 08 . 20		From: \$ 12 . 30 To: \$ 12 . 30
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		N/A
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
<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.	
<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.	
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 checked="" type="checkbox"/> Yes <input 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). * Deductions will include local and state taxes which is consistent and pertinent to U.S. Federal and CNMI Laws (e.g. Chapter 2, Chapter 7, SS, and Medicare).	

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**e. Recruitment Information**

1. Explain how 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 \*

+16705320363

3. Email Address to Apply \*

cw1harvest@gmail.com

4. Website address (URL) to Apply \*

www.harvest3kings.com

**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 **Appendix C** and have attached a signed and dated copy of Appendix C with this application. \*

☒ Yes ☐ No

2. Please confirm that the employer-client identified in Appendix A has read and agrees to all the applicable terms, assurances, and obligations contained in **Appendix C** and has attached a separate signed and dated copy of Appendix C with this application. \*

☒ Yes ☐ No ☐ 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 §

2. First (given) Name §

3. Middle Initial §

4. Law Firm/Business FEIN §

5. Law Firm/Business Name §

6. Law Firm/Business Email Address §

**For the public burden statement, please see the Form ETA-9142C, General Instructions.**

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**ADDENDUM**

ADDENDUM SECTION E.e.1: Recruitment Information

Prospective applicants may be considered for employment as long as they meet the qualifications and requirements for this position. They may apply for the job by contacting us from Mondays to Sundays 8:00 am to 5:00 pm or reach us thru either of the following: Mail - P.O. Box 966 Rota MP 96951; Phone number - (670) 532-0363; Fax - (670) 532-0368; Email-address: cw1harvest@gmail.com; Company Website: www.harvest3kings.com; or submit the applications directly at our office at District 4, Songsong Village, Rota MP 96951. Job Advertisement Announcements will also run on CNMI Labor Website.

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A job contractor means a person, association, firm, or a corporation that meets the definition of an employer and that contracts services or labor on a temporary basis to one or more employers that are not an affiliate, branch, or subsidiary of the job contractor and where the job contractor will not exercise substantial, direct day-to-day supervision and control in the performance of the services or labor to be performed other than hiring, paying, and firing the workers. 20 CFR 655.402, 655.421. Pursuant to 20 CFR 655.421(a), a job contractor may only submit a CW-1 Application for Temporary Employment Certification, Form ETA-9142C, if it is filing as a joint employer with its employer-client. An employer-client means an employer that has entered into an agreement with a job contractor, as defined in 20 CFR 655.402. Pursuant to 20 CFR 655.421(d)(1), a job contractor that is filing as a joint employer with its employer-client must submit a completed CW-1 Application for Temporary Employment Certification, Form ETA-9142C, that clearly identifies the joint employers (the job contractor and its employer-client) and the employment relationship (including the actual place(s) of employment disclosed on the Form ETA-9142C). Please complete Sections A and B below and attach this form to the Form ETA-9142C that will be submitted to the Department for processing.

**A. Employer-Client Information**

1. Legal Business Name *		
CASPER C. MENDIOLA		
2. Trade Name/Doing Business As (DBA), if applicable §		
MENDIOLAFAM ENTERPRISES		
3. Address 1 *		
SINAPALO 2 VILLAGE		
4. Address 2 § (apartment/suite/floor and number)		
P.O. BOX 1092		
5. City *	6. State *	7. Postal Code *
ROTA	Northern Mariana Islar	96951
8. Country *	9. Province §	
United States Of America		
10. Telephone Number *	11. Extension §	
(670) 532-1992		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
66-1013147	56132	

**B. Employer-Client Point of Contact Information**

1. Contact's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
MENDIOLA	CASPER	C
4. Contact's Job Title *		
CLIENT		
5. Address 1 *		
SINAPALO 2 VILLAGE		
6. Address 2 § (apartment/suite/floor and number)		
P.O. BOX 1092		
7. City *	8. State *	9. Postal Code *
ROTA	Northern Mariana Is	96951
10. Country *	11. Province §	
United States Of America		
12. Telephone Number *	13. Extension §	14. Business Email Address *
(670) 532-1992		MENDIOLA_CASPER@LIVE.COM

For the public burden statement, please see the Form ETA-9142C, General Instructions.