Labor Condition Application for Nonimmigrant Workers
Form ETA-9035 & 9035E
U.S. Department of Labor

F. Employment and Wage Information

<u>**Important Note**</u>: The employer must define the intended place(s) of employment with as much geographic specificity as possible. Each intended place(s) of employment listed below <u>must be the worksite or physical location where the work will actually be performed and cannot be a P.O. Box</u>. The employer <u>must</u> identify all intended places of employment, including those of short duration, on the LCA. 20 CFR 655.730(c)(5). If the employer is submitting this form non-electronically and the work is expected to be performed in more than one location, an attachment must be submitted in order to complete this section. An employer has the option to use either a single Form ETA-9035/9035E or multiple forms to disclose all intended places of employment. If the employer has more than ten (10) intended places of employment at the time of filing this application, the employer must file as many additional LCAs as are necessary to list all intended places of employment. See the form instructions for further information about identifying all intended places of employment.

a. *Place of Employment Information* 1

1. Enter the estimated number of workers that will perform work at this place of employment under the LCA.*	1
2. Indicate whether the worker(s) subject to this LCA will be placed with a secondary entity at this place of employment. *	☑ Yes ☐ No

3. If "Yes" to question 2, provide the legal business name of the secondary entity. §

CVS Health (Working Remotely)

4. Address 1 *
17300 Northwest 68th Avenue

5. Address 2
Apartment 117

6. City * Hialeah	7. County * Miami-dade
8. State/District/Territory * Florida	9. Postal code * 33015

10. Wage Rate Paid to Nonimmigrant Workers * From* $ _____ 110000 . 00 _____ To: $ _____ . _____	10a. Per: (Choose only one)* ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☑ Year
11. Prevailing Wage Rate * $ _____ 101026 . 00 _____	11a. Per: (Choose only one)* ☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☑ Year

Questions 12-14. Identify the source used for the prevailing wage (PW) *(check and fully complete only one)*: *		
12. ☐	**A Prevailing Wage Determination (PWD) issued by the Department of Labor**	a. PWD tracking number §
13. ☑	**A PW obtained independently from the Occupational Employment Statistics (OES) Program**	
	a. Wage Level *(check one)*: § ☐ I ☐ II ☑ III ☐ IV ☐ N/A	b. Source Year § 7/1/2021 - 6/30/2022
14. ☐	**A PW obtained using another legitimate source (other than OES) or an independent authoritative source**	
	a. Source Type *(check one)*: § ☐ CBA ☐ DBA ☐ SCA ☐ Other/ PW Survey	b. Source Year §
	c. If responded "Other/ PW Survey" in question 14.a, enter the name of the survey producer or publisher §	
	d. If responded "Other/ PW Survey" in question 14.a, enter the title or name of the PW survey §	