

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. §	4/29/2024	
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 *		
Ambyth Shipping Micronesia, Inc.		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
P.O. Box 503681 CK		
4. Address 2 (apartment/suite/floor and number) §		
5. City *	6. State *	7. Postal Code *
Saipan	Northern Mariana Islar	96950
8. Country *	9. Province §	
United States Of America		
10. Telephone Number *	11. Extension §	
+16703220970		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *	
98-0098904	488510	
14. Type of Employer (Choose only one) *	<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) §	
Dandan		Josh		Punzalan	
4. Contact's Job Title *					
Corporate Quality Assurance Manager and HR Manager					
5. Address 1 *					
P.O. Box 503681 CK					
6. Address 2 (apartment/suite/floor and number) §					
7. City *			8. State *		9. Postal Code *
Saipan			Northern Mariana Is		96950
10. Country *			11. Province §		
United States Of America					
12. Telephone Number *		13. Extension §	14. Business Email Address *		
+16703220970			hr@ambythsaipan.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 * 43-3031.00	2. SOC Occupation Title * Bookkeeping, Accounting, and Auditing Clerks
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-500-23243-310147

**b. Job Offer and Minimum Requirements**

1. Job Title * Accounting Specialist							
2. Workers Needed * 2		<b>Period of Intended Employment</b>					
3. Begin Date: * 4/30/2024				4. End Date: * 4/29/2027			
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> Please See Addendum							
6. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *						7. Hourly work schedule *	
40	a. Total Hours	8	c. Monday	8	e. Wednesday	8	g. Friday
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday
						a. 8 : 00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
						b. 5 : 00	<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. *		24	
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. * Please See Addendum							

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

1. Worksite Address * Units 5 & 6 CLL PLAZA,		
2. Worksite Address § (apartment/suite/floor and number) CHALAN PALI ARNOLD		
3. City * SAIPAN	4. State * Northern Mariana Islan	5. Postal Code * 96950
6. Basic Wage Rate Paid * From: \$ 1981 . 20 * To: \$ 3333 . 33		6a. Overtime Wage Rate Paid § From: \$ 00 . 00 To: \$ 00 . 00
7. Per (Choose only one) * <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input checked="" type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate	7a. Additional conditions about the wage rate to be paid. § Subject to CNMI and FICA taxes deductions. Shared Medical insurance is op	
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 type="checkbox"/> Yes <input checked="" 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). * Subject to CNMI and FICA taxes deductions. Shared Medical insurance is optional.	

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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 * +16703220970	3. Email Address to Apply * hr@ambythsaipan.com
4. Website address (URL) to Apply * www.ambyth.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 <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 §	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**

Section E.b.5: Job Duties

RECORD, CLASSIFY, SUMMARIZE AND INTERPRET ALL OF THE COMPANY'S TRANSACTIONS AND EVENTS THAT ARE FINANCIAL IN NATURE SO AS TO PROVIDE MANAGEMENT WITH ACCURATE FINANCIAL INFORMATION ON A TIMELY MANNER AND ENSURE THAT THE DEPARTMENT IS OPERING IN A HIGHLY PROFESSIONAL LEVEL AND STANDARD.

COMPILER AND RECORD EMPLOYEE TIME AND PAYROLL DATA.

ESSENTIAL DUTIES AND RESPONSIBILITIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING. OTHER DUTIES MAY BE ASSIGNED:

Process and issue employee paychecks and statements of earnings and deductions.

Compute wages and deductions, and enter data into computers.

Review time sheets, work charts, wage computation, and other information to detect and reconcile payroll discrepancies.

Compile employee time, production, and payroll data from time sheets and other records.

PERFORMS MONTHLY BANK RECONCILIATION AS SOON AS BANK STATEMENTS ARE RECEIVED.RECEIVES PAYMENT FROM AND ISSUES CASH RECEIPTS TO CUSTOMERS.PREPARES DAILY DEPOSIT SLIPS OF DAILY COLLECTIONS.HANDLES PETTY CASH FUND (PCF) ADHERING TO THE COMPANY'S POLICY AND PROCEDURE IN DISBURSING PETTY CASH PAYMENTS.

GENERATES INVOICES FROM THE ACCOUNTS RECEIVABLE (AR) MODULE AND COLLATES GENERATED INVOICES WITH SUPPORTING DOCUMENTS FOR DISTRIBUTION TO CUSTOMERS.

PERFORMS ACCOUNTS PAYABLE DUTIES FOLLOWING THE ESTABLISHED DISBURSEMENT PROCEDURES SUCH AS VERIFICATION OF VENDOR INVOICES, CLASSIFYING THE NATURE OF PAYMENT AND CHARGING THE APPROPRIATE ACCOUNTS, VESSELS AND DEPARTMENTS AND GENERATING VENDOR CHECKS IN THE ACCOUNTS PAYABLE (AP) MODULE.POSTS ALL AR AND AP ENTRIES TO GENERAL LEDGER.

MONITORS ACCOUNTS RECEIVABLE AND MAKES COLLECTION FOLLOW-UPS VIA TELEPHONE, FAX OR E-MAIL.ISSUES STATEMENTS OF ACCOUNTS TO CUSTOMERS AT LEAST ONCE A MONTH OR WHENEVER CUSTOMERS ASK FOR IT.

ANALYZES ENTRIES ON THE GENERAL LEDGER AND PREPARES ADJUSTING/CORRECTING ENTRIES IF NECESSARY.PREPARES PAYROLL COMPUTATION FOR EMPLOYEES BASED ON THE WORK HOURS GENERATED FROM THE TIME CARDS.

MAINTAINS FIXED ASSETS RECORD WITH SCHEDULES OF DEPRECIATION OR AMORTIZATION.MAINTAINS RECORDS OF ALL FINANCIAL DOCUMENTS WITH APPROPRIATE SUPPORTING MATERIALS AND UPDATES RECORDS AS NECESSARY.

MAINTAINS AN ORGANIZED FILING OF ALL ACCOUNTING DOCUMENTS.PREPARES AND SUBMITS MONTHLY FINANCIAL STATEMENTS TO INCLUDE MONTHLY BALANCE SHEET, INCOME STATEMENT (WITH NOTES TO FINANCIAL REPORT), RATIO AND COMPARATIVE ANALYSIS.

PERFORMS OTHER RELATED ACCOUNTING DUTIES THAT MAY BE REQUIRED BY MANAGEMENT FROM TIME TO TIME.PREPARE AND PROCESS PAYROLL INFORMATION.

PERFORM GENERAL OFFICE DUTIES, SUCH AS FILING, ANSWERING TELEPHONES, AND HANDLING ROUTINE CORRESPONDENCE.

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**ADDENDUM**  
Section E.b.12: Special Requirements

Proficiency in computer, particularly in Microsoft Excel is essential. Familiarity in CYMA WINDOWS or similar accounting software is advantageous. Ambyth Shipping Micronesia, Inc. strictly enforces a Zero Tolerance Substance Abuse Workplace Policy and prospective US or Foreign workers will be required to undergo a pre-employment drug test.

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**ADDENDUM**

ADDENDUM SECTION E.e.1: Recruitment Information

Individuals who meet the required eligibility criteria and express interest in the position are welcome to submit their applications in person at Ambyth Shipping Micronesia, Inc. The company office is located at Units 5&6 CLL Plaza, 5911 Chalan Pali Arnold, Saipan and is open from Monday through Friday, 8:00 AM to 5:00 PM. Alternatively, applicants can download the application form from the company's website, [www.ambyth.com](http://www.ambyth.com), and submit it along with their resume to [hr@ambythsaipan.com](mailto:hr@ambythsaipan.com). Please note that applications and resumes must be submitted before the closing date indicated above. Only shortlisted candidates will be notified for an interview. Ambyth Shipping Micronesia, Inc. strictly enforces a Zero Tolerance Substance Abuse Workplace Policy and prospective US or Foreign workers will be required to undergo a pre-employment drug test. Equal Opportunity Employer.