



GUAM DEPARTMENT OF LABOR

Application for H-2B

Prevailing Wage Determination

Mail completed request form to: Guam Department of Labor P.O. Box 9970 Tamuning, GU 96931	Fax to: (671)475-8029 Email to: alpcd@dol.guam.gov	Hand Deliver to: 4th Floor G.C.I.C. Building, Hagatna, GU 96910
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Requestor and Employer Name (Full Name of Organization):		
Requestor:	Employer:	
Requestor Telephone No.	Requestor Fax No.	Requestor Mailing Address:

JOB OPPORTUNITY		
Job Title:	Area of Intended Employment:	Is the position subject to a Collective Bargaining Agreement negotiated at arms length? <input type="checkbox"/> Yes <input type="checkbox"/> No

Fully describe job duties, include supervisory duties where applicable.

State the MINIMUM education, training, and experience required for a worker to satisfactorily perform the job duties described.

EDUCATION:		Specify college degree and major field of study requirements:	Type of Training:		EXPERIENCE in job offered and/or related occupation:				
High School:	College:		Years:	Months:	In Job offered:		Related Occupation		Specify related occupation:
					Yrs.	Mos	Yrs.	Mos	
Other special requirements (licenses, certificates, languages, etc.)					Total Hours Per Week:			Work Schedule:	

*Attach additional sheets as necessary.
 This form may be duplicated for its intended use.*