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)475-6811** Email to: **alpcd@dol.guam.gov**	Hand Deliver to: **4th Floor G.C.I.C. Building,** **Hagatna, GU 96910**

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?** ☐ Yes ☐ 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.

Form ALPCD 02 – rev 09/2014