

OKLAHOMA EMPLOYMENT SECURITY COMMISSION

Will Rogers Memorial Office Building

P.O. Box 52003

Oklahoma City, Oklahoma 73152

(405) 557-7260 or 557-5475

Attention Prevailing Wage Unit - Room 305

Fax (405) 525-0139

Prevailing Wage Information Request

Date ____ - ____ - ____

1. Name of employer _____ 2. Telephone (____) _____
(Full Name of Organization) Fax (____) _____

3. Address _____

(City) (County) (State) (Zip)

4. Name of alien _____

5. Address where alien will work _____

(City) (County) (State) (Zip)

6. Nature of employer's business activity _____

7. Title of job being filled _____

8. Hours per workshift _____ 9. Rate of pay offered \$ _____ per _____

10. Describe fully the job duties to be performed (be specific - list in order of importance, also include any special requirements). If more room is needed attach separate sheet.

11. College education (enter number of years) _____
College degree required (specify) _____ Specific specialty _____

12. State license required _____ 13. Experience required (years/months) ____ / ____

14. Occupational title of person who will be alien's immediate supervisor _____ 15. Number of employees alien will supervise _____

16. Is this occupation unionized? Yes No (If Yes, please indicate local union name and number below)

17. Name of Requestor _____
Address _____

(City) (County) (State) (Zip)

Telephone (____) _____ Fax (____) _____