

H-2A Application for Temporary Employment Certification  
 Form ETA-9142A  
 U.S. Department of Labor



**Please read and review the filing instructions carefully before completing the Form ETA-9142A. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk ( \* ) must be completed as well as any fields/items where a response is conditional as indicated by the section ( § ) symbol.**

**A. Employment-Based Nonimmigrant Visa Information**

|  |  |
|--|--|
| 1. Indicate the type of visa classification supported by this application (Write classification symbol): * |  |
|--|--|

**B. Temporary Need Information**

|  |  |  |   |                     |                                |  |                         |   |                       |
|--|--|--|---|---------------------|--------------------------------|--|-------------------------|---|-----------------------|
| 1. Job Title *   |  |  |   |                     |                                |  |                         |   |                       |
| 2. SOC (ONET/OES) code *   | 3. SOC (ONET/OES) occupation title *   |  |   |                     |                                |  |                         |   |                       |
| 4. Is this a full-time position? *   | <b>Period of Intended Employment</b>   |  |   |                     |                                |  |                         |   |                       |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">5. Begin Date *<br/><small>(mm/dd/yyyy)</small></td> <td style="width: 50%; padding: 5px;">6. End Date *<br/><small>(mm/dd/yyyy)</small></td> </tr> </table> | 5. Begin Date *<br><small>(mm/dd/yyyy)</small> | 6. End Date *<br><small>(mm/dd/yyyy)</small>                      |                     |                                |  |                         |   |                       |
| 5. Begin Date *<br><small>(mm/dd/yyyy)</small>   | 6. End Date *<br><small>(mm/dd/yyyy)</small>   |  |   |                     |                                |  |                         |   |                       |
| 7. Worker positions needed/basis for the visa classification supported by this application   |  |  |   |                     |                                |  |                         |   |                       |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50px; height: 20px;"></td> <td><b>Total Worker Positions Being Requested for Certification *</b></td> </tr> </table> <p style="margin-left: 20px;">Basis for the visa classification supported by this application<br/> <i>(indicate the total workers in each applicable category based on the total workers identified above)</i></p> <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 50%;">a. New employment *</td> <td style="width: 50%;">d. New concurrent employment *</td> </tr> <tr> <td>b. Continuation of previously approved employment *<br/>without change with the same employer</td> <td>e. Change in employer *</td> </tr> <tr> <td>c. Change in previously approved employment *</td> <td>f. Amended petition *</td> </tr> </table> |  |  | <b>Total Worker Positions Being Requested for Certification *</b> | a. New employment * | d. New concurrent employment * | b. Continuation of previously approved employment *<br>without change with the same employer | e. Change in employer * | c. Change in previously approved employment * | f. Amended petition * |
|  | <b>Total Worker Positions Being Requested for Certification *</b>  |  |   |                     |                                |  |                         |   |                       |
| a. New employment *  | d. New concurrent employment *   |  |   |                     |                                |  |                         |   |                       |
| b. Continuation of previously approved employment *<br>without change with the same employer   | e. Change in employer *  |  |   |                     |                                |  |                         |   |                       |
| c. Change in previously approved employment *  | f. Amended petition *  |  |   |                     |                                |  |                         |   |                       |
| 8. Nature of Temporary Need: (Choose only one of the standards) *  |  |  |   |                     |                                |  |                         |   |                       |
| <input type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent or Other Temporary Need   |  |  |   |                     |                                |  |                         |   |                       |
| 9. Statement of Temporary Need *   |  |  |   |                     |                                |  |                         |   |                       |

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**C. Employer Information**

**Important Note:** Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

|  |  |                      |
|--|--|----------------------|
| 1. Legal business name *   |  |                      |
| 2. Trade name/Doing Business As (DBA), if applicable   |  |                      |
| 3. Address 1 *   |  |                      |
| 4. Address 2   |  |                      |
| 5. City *  | 6. State *                                   | 7. Postal code *     |
| 8. Country *   | 9. Province                                  |                      |
| 10. Telephone number *   | 11. Extension                                |                      |
| 12. Federal Employer Identification Number (FEIN from IRS) *   | 13. NAICS code (must be at least 4-digits) * |                      |
| 14. Number of non-family full-time equivalent employees  | 15. Annual gross revenue                     | 16. Year established |
| 17. Type of employer application (choose only one box below) *   |  |                      |
| <input type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)                      |  |                      |
| <input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only) |  |                      |
| <input type="checkbox"/> Association – Filing as Agent (H-2A only)   |  |                      |

**D. Employer Point of Contact Information**

**Important Note:** 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 E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

|                                   |                       |                    |
|-----------------------------------|-----------------------|--------------------|
| 1. Contact's last (family) name * | 2. First (given) name | 3. Middle name(s)  |
| 4. Contact's job title *          |                       |                    |
| 5. Address 1 *                    |                       |                    |
| 6. Address 2                      |                       |                    |
| 7. City *                         | 8. State *            | 9. Postal code *   |
| 10. Country *                     | 11. Province          |                    |
| 12. Telephone number *            | 13. Extension         | 14. E-Mail address |

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**E. Attorney or Agent Information (If applicable)**

|  |                         |  |                             |
|--|-------------------------|--|-----------------------------|
| 1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. * |                         | <input type="checkbox"/> Yes   | <input type="checkbox"/> No |
| 2. Attorney or Agent's last (family) name §  | 3. First (given) name § | 4. Middle name   |                             |
| 5. Address 1 §   |                         |  |                             |
| 6. Address 2   |                         |  |                             |
| 7. City §  |                         | 8. State   | 9. Postal code §            |
| 10. Country §  |                         | 11. Province   |                             |
| 12. Telephone number §   | 13. Extension           | 14. E-Mail address   |                             |
| 15. Law firm/Business name §   |                         | 16. Law firm/Business FEIN §   |                             |
| 17. State Bar number (only if attorney) §  |                         | 18. State of highest court where attorney is in good standing (only if attorney) § |                             |
| 19. Name of the highest court where attorney is in good standing (only if attorney) §  |                         |  |                             |

**F. Job Offer Information**

**a. Job Description**

|  |  |
|--|--|
| 1. Job Title *   |  |
| 2. Number of hours of work per week<br>Basic *: _____ Overtime: _____  | 3. Hourly Work Schedule *<br>A.M. (h:mm): ____ : ____ P.M. (h:mm): ____ : ____ |
| 4. Does this position supervise the work of other employees? *<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 4a. If yes, number of employees worker will supervise (if applicable) § _____  |
| 5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. * |  |

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

|   |   |
|---|---|
| 1. Education: minimum U.S. diploma/degree required *  |   |
| <input type="checkbox"/> None <input type="checkbox"/> High School/GED <input 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.) |   |
| 1a. If "Other degree" in question 1, specify the diploma/degree required §  | 1b. Indicate the major(s) and/or field(s) of study required §<br>(May list more than one related major and more than one field) |
| 2. Does the employer require a second U.S. diploma/degree? *  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §  |   |
| 3. Is training for the job opportunity required? *  |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 3a. If "Yes" in question 3, specify the number of <u>months</u> of training required §  | 3b. Indicate the field(s)/name(s) of training required §<br>(May list more than one related field and more than one type)       |
| 4. Is employment experience required? *   |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| 4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required §  | 4b. Indicate the occupation required §  |
| 5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *   |   |

**c. Place of Employment Information**

|   |                  |
|---|------------------|
| 1. Worksite address 1 *   |                  |
| 2. Address 2  |                  |
| 3. City *   | 4. County *      |
| 5. State/District/Territory *   | 6. Postal code * |
| 7. Will work be performed in multiple worksites within an area of intended employment or at location(s) other than the address listed above? *  |                  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |                  |
| 7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § |                  |

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**G. Rate of Pay**

|  |  |
|--|--|
| 1. Basic Rate of Pay Offered *<br>From: \$ ____ . ____ To (Optional): \$ ____ . ____   | 1a. Overtime Rate of Pay (if applicable) §<br>From: \$ ____ . ____ To (Optional): \$ ____ . ____ |
| 2. Per: (Choose only one) *<br><input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate |  |
| 2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: §   |  |
| 3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures).<br>If necessary, add attachment to <u>continue and complete</u> description. §                             |  |

**H. Recruitment Information**

|  |                                   |  |
|--|-----------------------------------|--|
| 1. Name of State Workforce Agency (SWA) serving the area of intended employment *  |                                   |  |
| 2. SWA job order identification number   | 2a. Start date of SWA job order * | 2b. End date of SWA job order *                          |
| 3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *   |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name of Newspaper/Publication (in area of intended employment for H-2B only)*  |                                   | Dates of Print Advertisement §                           |
| 4.   | From:                             | To:  |
| 5.   | From:                             | To:  |
| 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment geographic location(s) of recruitment, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. * |                                   |  |

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**I. Declaration of Employer and Attorney/Agent**

In accordance with Federal regulations, the employer must attest that it will 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 A or Appendix B will be considered incomplete and not accepted for processing by the ETA application processing center.

|  |   |
|--|---|
| 1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix A.</b> § | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| 2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix B.</b> § | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

**J. Preparer**

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

|                         |                         |                |
|-------------------------|-------------------------|----------------|
| 1. Last (family) name § | 2. First (given) name § | 3. Middle name |
| 4. Job Title §          |                         |                |
| 5. Firm/Business name § |                         |                |
| 6. E-Mail address §     |                         |                |

**K. U.S. Government Agency Use (ONLY)**

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_  
Department of Labor, Office of Foreign Labor Certification

\_\_\_\_\_  
Determination Date (date signed)

\_\_\_\_\_  
Case number

\_\_\_\_\_  
Case Status

**Public Burden Statement (1205-0466)**

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1 hour to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification \* U.S. Department of Labor \* Box 12-200 \* 200 Constitution Ave., NW, \* Washington, DC \*. **Please do not send the completed application to this address.**