

Agricultural Clearance Order
 Form ETA-790B
 U.S. Department of Labor



A. Job Offer Information

| | | | | | | | |
|---|----------------|---|-------------------------------|---|---------------|---------------------------|--|
| 1. Job Title * | | | | | | | |
| 2. Workers Needed * | | a. Total * | Period of Intended Employment | | | | |
| | | | 3. Begin Date * | | 4. End Date * | | |
| 5. Will this job generally require the worker to be on-call 24 hours a day and 7 days a week? * If "Yes", proceed to question 8. If "No", complete questions 6 and 7 below. | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Anticipated days and hours of work per week * | | | | | | 7. Hourly work schedule * | |
| | a. Total Hours | | c. Monday | | e. Wednesday | | g. Friday |
| | b. Sunday | | d. Tuesday | | f. Thursday | | h. Saturday |
| | | | | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| | | | | | | | <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Temporary Agricultural Services and Wage Offer Information | | | | | | | |
| 8a. Job Duties - Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form or using Addendum A. Separate attachments will not be accepted.)</i> | | | | | | | |
| 8b. Wage Offer | | 8c. Per | 8d. Piece Rate Offer | 8e. Piece Rate Units and Size/Estimated Hourly Wage/ Special Pay Information | | | |
| \$ _____ | | <input type="checkbox"/> HOUR <input type="checkbox"/> MONTH | \$ _____ | | | | |
| 9. Is a completed Addendum A providing additional information on the crops or agricultural activities and wage offers attached to this job offer? * | | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Frequency of Pay. * <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify): _____ | | | | | | | |
| 11. State all deduction(s) from pay and, if known, the amount(s). * <i>(If no deductions other than those required by law, enter "NONE" below)</i> | | | | | | | |

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B. Minimum Job Qualifications/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 or Higher <input type="checkbox"/> Other degree (JD, MD, etc.) | | | |
| 2. Work Experience: number of <u>months</u> required. * | | 3. Training: number of <u>months</u> required. * | |
| 4. Basic Job Requirements (check all that apply) * | | | |
| <input type="checkbox"/> a. Certification/license requirements <input type="checkbox"/> b. Driver requirements <input type="checkbox"/> c. Criminal background check <input type="checkbox"/> d. Drug screen <input type="checkbox"/> e. Lifting requirement _____ lbs. | | <input type="checkbox"/> g. Exposure to extreme temperatures <input type="checkbox"/> h. Extensive pushing or pulling <input type="checkbox"/> i. Extensive sitting or walking <input type="checkbox"/> j. Frequent stooping or bending over <input type="checkbox"/> k. Repetitive movements | |
| 5a. Supervision: does this position supervise the work of other employees? * | | 5b. If "Yes" to question 5a, enter the number of employees worker will supervise. § | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 6. Additional Information Regarding Job Qualifications/Requirements. <i>(Please begin response on this form and use Addendum C if additional space is needed. If no additional skills or requirements, enter "NONE" below) *</i> | | | |

C. Place of Employment Information

| | | | |
|---|------------|------------------|--|
| 1. Address/Location * | | | |
| 2. City * | 3. State * | 4. Postal Code * | 5. County * |
| 6. Additional Place of Employment Information <i>(If no additional information, enter "NONE" below) *</i> | | | |
| 7. Is a completed Addendum B providing additional information on the places of employment and/or agricultural businesses who will employ workers, or to whom the employer will be providing workers, attached to this job order? * | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

D. Housing Information

| | | | |
|---|------------|--|----------------------|
| 1. Housing Address/Location * | | | |
| 2. City * | 3. State * | 4. Postal Code * | 5. County * |
| 6. Type of Housing * | | 7. Total Units * | 8. Total Occupancy * |
| 9. Housing complies or will comply with the following applicable standards: * | | <input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal | |
| 10. Additional Housing Information. <i>(If no additional information, enter "NONE" below) *</i> | | | |

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| 11. Is a completed Addendum B providing additional information on housing that will be provided to workers attached to this job order? * | <input type="checkbox"/> Yes <input type="checkbox"/> No |
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E. Provision of Meals

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| 1. Describe whether and, if so, <u>how</u> the employer will provide each worker with 3 meals a day or furnish free and convenient cooking and kitchen facilities. <i>(Please begin response on this form and use Addendum C if additional space is needed.)</i> | |
| 2. If meals are provided, the employer: * | <input type="checkbox"/> WILL NOT charge workers for such meals. <input type="checkbox"/> WILL charge workers for such meals at \$ ____ . ____ per day per worker. |

F. Transportation and Daily Subsistence

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|---|
| 1. Describe the terms and arrangement for daily transportation the employer will provide to workers. * <i>(Please begin response on this form and use Addendum C if additional space is needed.)</i> |
| 2. Describe the terms and arrangements for providing workers with transportation (a) to the place of employment (i.e., inbound) and (b) from the place of employment (i.e., outbound). * <i>(Please begin response on this form and use Addendum C if additional space is needed.)</i> |

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| | | | |
|---|-----------------|----------------|-------------------------|
| 3. During the travel described in Item 2, the employer will pay for or reimburse daily meals by providing each worker * | a. no less than | \$ ____ . ____ | per day * |
| | b. no more than | \$ ____ . ____ | per day with receipts * |

G. Referral and Hiring Instructions

1. Explain how prospective applicants may be considered for employment under this job order, including verifiable contact information for the employer, or the employer's authorized hiring representative, methods of contact, and the days and hours applicants will be considered for the job opportunity. *
 (Please begin response on this form and use Addendum C if additional space is needed.)

2. Telephone Number to Apply *

3. Email Address to Apply *

4. Website address (URL) to Apply *

H. Additional Material Terms and Conditions of the Job Offer

1. Is a completed **Addendum C** providing additional information about the material terms, conditions, Yes No

* Indicates required field

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| | |
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| and benefits (monetary and non-monetary) that will be provided by the employer attached to this job order? * | |
|--|--|

30-DAY NOTICE - DRAFT

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I. ASSURANCES FOR AGRICULTURAL CLEARANCE ORDERS:

- A. Employer agrees to provide to workers referred through the clearance system the number of hours of work disclosed in this clearance order for the week beginning with the anticipated date of need, unless the employer has amended the date of need at least 10 business days before the original date of need by so notifying the Order-Holding Office (OHO) in writing (e.g., e-mail notification). The employer understands that it is the responsibility of the SWA to make a record of all notifications and attempt to inform referred workers of the amended date of need expeditiously. 20 CFR 653.501(c)(3)(i).
- B. If there is a change to the anticipated date of need and the employer fails to notify the OHO at least 10 business days before the original date of need, the employer agrees that it will pay eligible workers referred through the clearance system the specified rate of pay disclosed in this clearance order for the first week starting with the originally anticipated date of need or will provide alternative work if such alternative work is stated on the clearance order. 20 CFR 653.501(c)(5).
- C. Employer agrees that no extension of employment beyond the period of employment specified in the clearance order will relieve it from paying the wages already earned, or if specified in the clearance order as a term of employment, providing transportation from the place of employment, as required under paragraph 7.B above. 20 CFR 653.501(c)(3)(ii).
- D. Employer assures that all working conditions comply with applicable Federal and State minimum wage, child labor, social security, health and safety, farm labor contractor registration, and other employment-related laws. 20 CFR 653.501(c)(3)(iii).
- E. Employer agrees to expeditiously notify the OHO or SWA by emailing and telephoning immediately upon learning that a crop is maturing earlier or later, or that weather conditions, over-recruitment or other factors have changed the terms and conditions of employment. 20 CFR 653.501(c)(3)(iv).
- F. If acting as a farm labor contractor (FLC) or farm labor contractor employee (FLCE) on this clearance order, the employer assures that it has a valid Federal FLC certificate or Federal FLCE identification card and when appropriate, any required State FLC certificate. 20 CFR 653.501(c)(3)(v).
- G. Employer assures that outreach workers will have reasonable access to the workers in the conduct of outreach activities pursuant to 20 CFR 653.107. 20 CFR 653.501(c)(3)(vii).
- H. Employer agrees that this ETA Form 790B informs the employer that pursuant to 20 CFR 653.503, if a U.S. worker is placed on a clearance order, the SWA, through its ES offices, and/or Federal staff, must conduct unannounced field checks to determine and document whether wages, hours, and working and housing conditions are being provided as specified in the clearance order. Field checks must include visit(s) to the worksite at a time when workers are present. When conducting field checks, ES staff must consult both the employees and the employer to ensure compliance with the full terms and conditions of employment. For more information on Field Checks, the employer may consult 20 CFR 653.503.

I declare under penalty of perjury that I have read and reviewed this entire clearance order, including every page of this Form ETA-790B and all supporting addendums, and that to the best of my knowledge the information contained therein is true and accurate. This clearance order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job (20 CFR 653.501(c)(3)(viii)). I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is violation of federal law under 18 U.S.C. 1001.

| | | |
|---------------------------------------|-----------------|-------------------|
| 1. Last name * | 2. First name * | 3. Middle initial |
| 4. Title * | | |
| 5. Signature (or digital signature) * | | 6. Date signed * |

Employment Service Statement

In view of the statutorily established basic function of the Employment Service (ES) as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the Department of Labor's Employment and Training Administration (ETA) nor the SWAs are guarantors of the accuracy or truthfulness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the ES constitute a contractual job offer to which the ETA or a SWA is in any way a party. 20 CFR 653.501(c)(1)(i).

Public Burden Statement (1205-0NEW)

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 1.67 hours per response for all information collection requirements, 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—specifically, to place a job order for U.S. workers to perform farmwork on a temporary, less than year-round basis into intra- or inter-state clearance (29 U.S.C. chapter 4B; 20 CFR part 653, subpart F; 44 U.S.C. 3501). Please send comments regarding this burden estimate or any other aspect of this information collection to

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the Office of Workforce Investment * U.S. Department of Labor * Room C4510 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email NMA@dol.gov.

Please do not send the completed application to this address.

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