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



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at-<u>the Office of Foreign Labor Certification's website at http://www.foreignlaborcert.doleta.gov/</u>. <u>https://www.dol.gov/agencies/eta/foreign-labor_</u> If you are not submitting this electronically, please complete <u>ALL</u> required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Nature of H-2B Application H-2B Application Visa Cap Estimates					
 Is the employer seeking to employ any H-2B workers under this application who will be exempt from the statutory numerical limit, or "cap," on the total number of foreign nationals who 					
may be issued an H-2B visa or otherwise granted H-2B status?	a. Cap-Subject				
	<u>b. Cap-Exempt</u>				

B. Temporary Need Information

1. Job Title *		
2. SOC Code *	3. SOC Occupation Title *	
4. Number of Workers *	5. Begin Date * (mm/dd/yyyy)	6. End Date * (mm/dd/yyyy)
7. Nature of Temporary Need (Choose of	nly one) *	
Seasonal Peakload	One-Time Occurrence	Intermittent
8. Statement of Temporary Need * (Mus	st be disclosed on this form. One separate attachm	nent will be accepted to fully complete the response.)

C. Employer Information

1. Legal Business Name *			
2. Trade Name/Doing Business As (DBA), if applicable §			
3. Address 1 *			
4. Address 2 (apartment/suite/floor and number) §			
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 *		
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D. Employer Point of Contact Information

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 <u>must be different</u> from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer.

1. Contact's Last (family) Name *	2	2. First (given) N	lame *	3. Middle Name(s) §	
4. Contact's Job Title *					
5. Address 1 *					
6. Address 2 (apartment/suite/floor and number) §					
7. City *			8. State *	9. Postal Code *	
10. Country *			11. Province §		
12. Telephone Number *	13. Extension	§ 14. Busine	ess Email Address *		

E. Attorney or Agent Information (If applicable)

 Indicate the type of representation for the employe Complete the remainder of this section if "Attorney" 	Attorney Agent None					
2. Attorney or Agent's Last (family) Name § 3.	First (given) Name §	4. Middle Name(s) §				
5. Address 1 §						
6. Address 2 (apartment/suite/floor and number)§						
7. City §	8. State §	9. Postal Code §				
10. Country §						
12. Telephone Number § 13. Extension §	12. Telephone Number § 13. Extension § 14. Law Firm/Business Email Address §					
15. Law Firm/Business Name § 16. Law Firm/Business FEIN §						
If "Attorney" is marked in	question E.1, complete questions	s 17 to 19 below.				
17. State Bar Number(s) §	18. State of highest court where a	attorney is in good standing §				
19. Name of the highest state court where attorney is in good standing §						
If "Agent" is marked in question E.1, complete questions 20 and 21 below.						
20. Is a copy of the current agreement or other docur to represent the employer in this application attac	authority 🛛 Yes 🖵 No					
 Is a copy of the agent's current Migrant and Seas (MSPA) Certificate of Registration identifying the authorized to perform attached to this application? 						



F. Employment and Wage Information

a. Job Opportunity and Minimum Requirements

 Indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) satisfying the requirements at 20 CFR 655.18 is attached to this application. * 				🖵 Ye	s 🕻	No	
2. Name of the State *			3.	Date Job O Submitted			
4. Job Duties – Description of the specific se (All job duties must be disclosed on this form. One se	rvices or labo	or to be perform t will be accepted to	ed. * o fully con				
5. Anticipated days and hours of work per we	eek (an entry is r	required for each bo	ox below)	*	6. Hourly work s	chedu	ıle *
a. Total Hours c. Mon	day	e. Wednesday		g. Friday	a:		AM PM
b. Sunday d. Tue	-	f. Thursday		h. Saturday	b:		AM PM
7. Education: minimum U.S. diploma/degree r	-						
 None High School/GED Associate 8. Training: number of months required. * 		1			months required. *		, IVID, etc.)
10. Supervision: does this position supervise	Yes	10a. lf	"Yes" to	question 10	, enter the number	-	
the work of other employees? * 11. Special Requirements - List specific skills,		010				ob. *	
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b. Place of Employment and Wage Informati	on				
1. Worksite Address *					
2. Worksite Address § (apartment/suite/floor and nun	nber)				
3. City *		4. State *	5. Po	stal Code *	
6. County *	7. Metropolitan S	tatistical Area (N	/ISA) Name/OES A	rea Title *	
8 <u>a</u> . Basic Wage Rate Paid *	8a. Ove	ertime Wage Ra	te Paid §		
From: \$\$T <u>o:</u>	. From:		To:		
* *		<u>(Choose only c</u>			
	🔲 Hou	ir 🔲 Week	Bi-Weekly		
	🛄 Mor	<u>nth</u> 🔲 Year	Piece Rate		
	Additional conditions	about the wage	rate to be paid. §		
Hour Bi-Weekky					
Month Year Piece Rate		- 1 ((()		andia AO *	
8c. Are overtime hours available for this job op	portunity at any wor	K locations for tr	ie 9142B and Appe	enaix A? "	
8d. Wage Rate Range for Overtime Pay §					
9. Additional conditions about the wage rate to	be paid at any work	locations §			
DOL Prev	vailing Wage Deter	mination (PWD) Information		
	2nd PWD Case Nu		10b. 3rd PWD C	ase Number §	
11. If a valid PWD has <u>not</u> been obtained due indicate whether a completed Form ETA-9				Yes No N/A	
c. Additional Place of Employment and Wage	e Information				
1. Will work be performed at worksite location	ns other than the one	e identified in Se	ection F.b.? *	Yes No	
2. If "Yes" is marked in question F.c.1, indication this application. §	te whether a comple	ted Appendix /	A is attached to	🛛 Yes 🔲 No	
d. Other Material Terms and Conditions of th	e Job Offer			1	
1. Daily Transportation: Workers will be provided by workers with an applicable by				Yes N/A	
worksite in compliance with all applicable f		ical laws allu fe	yulalions. "		
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2 <u>.</u> C	Overtime Available: Overtime hours will be available to the workers and payable at the rate disclosed in Section F.b.8a of this application*						
2.	On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	Yes N/A					
3.	Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	Yes N/A					
4.	Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	Yes N/A					
5.	5. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). *						
e. R	ecruitment Information						

1. Telephone Number to Apply *	2. Email Address to Apply *
······	
3. Website address (URL) to Apply *	

G. Other Supporting Documentation

1. Type of Employer Application (<i>Choose only one</i>) *	<u>yer (e.g.,</u> Job Contractor <u>)</u>			
2. Is a copy of the employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform attached to this application? *	Yes No N/A			
If " <u>Joint Employer (e.g.</u> Job Contractor <u>) – Joint Employer</u> " is marked in question G.1, complete questions 3 and 4 below.				
3. Indicate whether a completed Appendix D identifying the <u>employer-client joint employer (or</u> <u>employer-client for a job contractor</u>) has been completed. included. §	Yes No			
4. <u>If a job contractor</u> , indicate whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application. <i>§</i>	Yes No <u>N/A</u>			
Foreign Labor Recruiter Information				
5. Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? *	🛛 Yes 🗋 No			
6 Indicate whether a convict all agreements with any agent or recruiter when you are engeging or				
 Indicate whether a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B workers is attached to this application. * 	Yes No N/A			

H. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to 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 B will not be certified by the Department.

1.	Please confirm that you have read and agree to all the applicable terms, assurances, and
	obligations contained in Appendix B and have attached a signed and dated copy of Appendix B
	with this application. *

🛛 Yes 🖾 No

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2. Please confirm that the joint employer (or employer-client for a job contractor) identified in			
Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in	🖵 Yes	🖵 No	🗖 N/A
Appendix B and has attached a separate signed and dated copy of Appendix B with this application. *			

I. 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 Section E (attorney or agent) of this application.

1. Last (family) Name §	2. First (given) Name §	3. Middle Initial §
4. Law Firm/Business FEIN § 5. L	Firm/Business Name §	
6. Law Firm/Business Email Address		

For public burden statement information, please see Form ETA-9142B General Instructions.

Public Burden Statement (1205-0509)

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 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B – 55 minutes, Appendix A– 15 minutes, Appendix B– 15 minutes, Appendix C- 20 minutes, Appendix D– 10 minutes, and recordkeeping– 15 minutes. 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 U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 completed application to this address.

Determination Date:

Case Status: