**C. Additional Place of Employment Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. Name of Agricultural Business §** | **2. Place of Employment \*** | **3. Additional Place of Employment Information §** | **4. Begin Date §** | **5. End Date §** | **6. Total Workers §** |
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**D. Additional Housing Information**

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| --- | --- | --- | --- | --- | --- |
| **1. Type of Housing \*** | **2. Physical Location \*** | **3. Additional Housing Information §** | **4. Total Units \*** | **5. Total Occupancy \*** | **6. Inspection Entity \*** |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ❑ Employer-provided❑ Rental or public accommodations |  |  |  |  | ❑ Local authority❑ SWA❑ Other State authority❑ Federal authority❑ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For Public Burden Statement, see the Instructions for Form ETA-790/790A.**