

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



A. Job Offer Information

1. Job Title *							
2. U.S. Workers Needed *		Period of Intended Employment					
a. Total		3. First Date *			4. Last 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 (an entry is required for each box below) *						7. Hourly Work Schedule *	
	a. Total Hours		c. Monday		e. Wednesday		g. Friday
							a. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	b. Sunday		d. Tuesday		f. Thursday		h. Saturday
							b. ____ : ____ <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, including any minimum productivity standards that are a condition of job retention. * (A response must begin in the space provided below on this form. Use Addendum C only if additional space is needed.)							
8b. Wage Offer *		8c. Per *		8d. Piece Rate Offer \$		8e. Piece Rate Units \$	
\$ _____.		<input type="checkbox"/> HOUR <input type="checkbox"/> MONTH		\$ _____.			
8f. Estimated Hourly Rate / Special Pay							
8g. Is overtime pay available?* If yes, please describe in the space provided below on this form, using Addendum C if more space is needed.							<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is a completed Addendum A providing additional information on the crops or agricultural activities to be performed and wage offers attached to this job offer? *							<input type="checkbox"/> Yes <input type="checkbox"/> N/A
10. Frequency of Pay: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify): _____							

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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"/> f. Exposure to extreme temperatures <input type="checkbox"/> g. Extensive pushing or pulling <input type="checkbox"/> h. Extensive sitting or walking <input type="checkbox"/> i. Frequent stooping or bending over <input type="checkbox"/> j. 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. * (A response must begin in the space provided below on this form. Use Addendum C if additional space is needed. If no additional skills or requirements, enter " NONE " below)			

C. Place of Employment Information

1. Place of Employment Address/Location *				
2. City *		3. State *	4. Postal Code *	5. County *
6. Additional Place of Employment Information. (If no additional information, enter " NONE " below) *				
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"/> N/A

D. Housing Information

1. Housing Address/Location *				
2. City *		3. State *	4. Postal Code *	5. County *
6. Type of Housing (check only one) *			7. Total Units *	8. Total Occupancy *
<input type="checkbox"/> Employer-provided (including mobile or range) <input type="checkbox"/> Rental or public accommodations				
9. Additional Housing Information. (If no additional information, enter " NONE " below) *				

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10. 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"/> N/A
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E. Additional Material Terms and Conditions of the Job Offer

Respond to each item below and mark the checkbox to indicate that the corresponding section(s) of the Form ETA-790B, Addendum C, providing a detailed explanation of the material term(s) or condition(s) of employment is attached to this job order.

1. Inbound/Outbound Transportation: Description of how the employer will provide or pay for the transportation of the workers and their families at or before the end of the period of employment specified in the job order on at least the same terms as transportation is commonly provided by employers in the area of intended employment to farmworkers and their families recruited from the same area of supply. Under no circumstances may the payment or provision of transportation occur later than the departure time needed to return home to begin the school year, in the case of any worker with children 18 years old or younger, or be conditioned on the farmworker performing work after the period of employment specified in the job order. *	<input type="checkbox"/>
2. Deductions from Pay: Description of all deduction(s) from the worker's paycheck the employer is required to make by law <u>and</u> all other deductions not required by law the employer will make from the worker's paycheck, and, if known, the amount(s) for each deduction. *	<input type="checkbox"/>
3. Other Material Terms and Conditions: Description(s) of any other material terms, conditions, and benefits (monetary and non-monetary) that will be provided by the employer under this job offer. *	<input type="checkbox"/>

F. Referral and Hiring Instructions

1. Explain <u>how</u> the SWA may refer prospective applicants for employment under this job order, including verifiable contact information for the employer, methods of contacting the employer directly, and the days and hours applicants will be considered for the job opportunity. * <i>(A complete response must be included in the space below on this form. Use of Addendum C is not permitted.)</i>		
2. Employer Telephone Number to Apply *	3. Extension §	4. Employer Email Address to Apply *
5. Employer Website Address (URL) to Apply *		

G. Conditions of Employment and Assurances for Agricultural Clearance Orders

By virtue of my signature below, I **HEREBY CERTIFY** my knowledge of and compliance with 20 CFR 653, subpart F, and all applicable Federal, State, and local employment-related laws and regulations, including employment-related health and safety laws, and certify the following conditions of employment:

1. ASSURANCES FOR 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 first date of need, unless the employer has amended the first date of need at least 10 business days before the original first date of need as described in 20 CFR 653.501(c)(3)(iv). 20 CFR 653.501(c)(3)(i).
- B. Pursuant to 20 CFR 653.501(c)(3)(iv), the employer agrees to notify the Order Holding Office (OHO) or State Workforce Agency (SWA) 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. If there is a change to the date of need, the employer will notify the order-holding office or SWA, and each worker who has been placed on the clearance order using the contact information the worker provided to the employer, in writing (email and other forms of electronic written notification are acceptable) at least 10 business days prior to the original date of need. The employer must maintain records of the notification and the date notification was provided to the order-holding office or SWA and workers for 3 years. If the employer does not properly notify the order-holding office or SWA and workers at least 10 business days prior to the original date of need, the employer will provide housing and subsistence to all workers



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placed on the clearance order who are already traveling to the place of employment, without cost to the workers, until work commences, and, consistent with paragraph (c)(5) of this section, will pay the placed workers for the hours listed on the clearance order, at a rate consistent with paragraph (c)(5) of this section, for each day work is delayed up to 2 weeks or provide alternative work. 20 CFR 653.501(c)(3)(iv).

- 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. 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).

I declare under penalty of perjury that I have read and reviewed this 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 materially false information in the preparation of this form and/or any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both. 18 U.S.C. §§ 2, 1001.

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

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