

H-2A Agricultural Clearance Order  
Form ETA-790/790A – General Instructions  
U.S. Department of Labor



**IMPORTANT:** Employers and authorized preparers must read these general instructions carefully before completing Forms ETA-790, *Agricultural Clearance Order*, and 790A, *H-2A Agricultural Clearance Order*, and all required addenda. These instructions contain explanations of the questions and assurances that make up Forms ETA-790 and 790A. If you are not submitting these forms electronically, please complete ALL required fields/items containing an asterisk ( \* ) and any fields/items where a response is conditional as indicated by the section ( § ) symbol.

*It is a Federal offense to knowingly and willfully furnish materially false information in the preparation of Forms ETA-790 and 790A and/or any supplement thereto, or to aid, abet, or counsel another to do so (18 U.S.C. §§ 2, 1001). Other penalties may also apply to fraud or misuse of this immigration document and to perjury with respect to this form (18 U.S.C. §§ 1546, 1621).*

## REQUIREMENT TO FILE AN AGRICULTURAL CLEARANCE ORDER (FORMS ETA-790/790A)

In accordance with 20 CFR 653.500 and 653.501(b)(1), all employers seeking U.S. workers to perform agricultural services or labor on a temporary, less than year-round basis through the Agricultural Recruitment System for U.S. Workers must submit a completed job clearance order to the State Workforce Agency (SWA) for placement on its intrastate and interstate job clearance systems.

Employers submitting agricultural clearance orders that are not placed in connection with an H-2A Application for Temporary Employment Certification (Form ETA-9142A) must complete the Form ETA-790 and attach a completed Form ETA-790B, which is provided through OMB Approval Number 1205-0134, and must not complete Form ETA-790A.

Employers submitting agricultural clearance orders in connection with an H-2A Application for Temporary Employment Certification (Form ETA-9142A) must complete the Form ETA-790 and attach a completed Form ETA-790A, which is provided through this OMB Approval Number 1205-0466. In the case of a clearance order to be placed in connection with an *H-2A Application for Temporary Employment Certification* (Form ETA-9142A) for H-2A workers, the clearance order must be submitted to the National Processing Center (NPC), and the NPC will transmit the job order to the SWA. In accordance with 20 CFR 655.121, prior to filing an *H-2A Application for Temporary Employment Certification* (Form ETA-9142A), the employer must submit a job order to begin intrastate clearance with the SWA serving the area of intended employment, identifying it as a job order to be placed in connection with a future Form ETA-9142A for H-2A workers. The job order is defined as the document containing the material terms and conditions of employment that is posted by the SWA on its inter- and intra-state job clearance systems based on Forms ETA-790 and 790A. 20 CFR 655.103(b). An employer seeking a temporary agricultural labor certification under the H-2A visa classification must satisfy this regulatory requirement by completing the Forms ETA-790 and 790A.

Forms ETA-790 and 790A are designed to (1) facilitate the initial receipt and processing of the job order by the SWA, (2) identify the primary employer(s) of the worker(s) sought for the job opportunity, (3) designate whether the job order will be used in connection with a future Form ETA-9142A for H-2A workers, and (4) disclose all the material terms and conditions of employment that the employer will offer to H-2A workers and U.S. workers, as applicable. For clearance orders placed in connection with H-2A applications, except in emergency situations (20 CFR 655.134) or for job opportunities involving herding or production of livestock on the range (20 CFR 655.205), the employer must submit this job order no more than 75 calendar days and no less than 60 calendar days before the first date of need. The job order submitted to the NPC must satisfy the requirements for agricultural clearance orders in 20 CFR part 653, subpart F and the requirements set forth in 20 CFR part 655, subpart B.

Any references to the term "clearance order" on Forms ETA-790 and 790A and in these instructions shall have the same meaning as the "job order."

## FORM ETA-790 CLEARANCE ORDER COVERSHEET

### Section I Clearance Order Information

This section is to be completed by the **SWA ONLY** upon initial receipt and processing of the agricultural clearance order.

1. Enter the unique number assigned to the agricultural clearance order that will be used by the SWA to facilitate the intrastate and interstate clearance of the employer's job opportunity and recruitment of U.S. workers.
2. Enter the date on which the agricultural clearance order was placed in intrastate clearance (20 CFR 655.121(e)). Use a month/day/year (mm/dd/yyyy) format.



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3. Enter the first date on which the agricultural clearance order will no longer be on the SWA's active file. In accordance with 20 CFR 655.121(d), the SWA must keep the job order on its active file until the end of the recruitment period, which is generally until 50 percent of the period of the work contract has elapsed. 20 CFR 655.135(d). The start and end of the work contract period shall be based on the First Date (Item 3) and Last Date (Item 4) entered in Section A of the Form ETA-790A, adjusted based on any modifications to the First Date (Item 3) approved by the Certifying Officer (CO). Use a month/day/year (*mm/dd/yyyy*) format.
4. Enter the six digit Standard Occupational Classification (SOC) code for the occupation that most clearly describes the agricultural labor or services to be performed, as identified on the Form ETA-790A. For example, the six digit SOC code for a fruit or vegetable harvester or orchard worker is 45-2092 (Farmworkers and Laborers, Crop, Nursery, and Greenhouse).
5. Enter the occupational title associated with the chosen six digit SOC code entered in Item 4. For example, the occupational title associated with SOC/O\*NET code 45-2092.00 is "Farmworkers and Laborers, Crop, Nursery, and Greenhouse."

**For Questions 6 – 17, please enter the SWA point of contact information located in the Order Holding Office (OHO) that will process the agricultural clearance order.**

6. Enter the last (family) name of the SWA point of contact.
7. Enter the first (given) name of the SWA point of contact.
8. Enter the middle name of the SWA point of contact, if applicable. If the SWA point of contact does not have a middle name, enter "N/A."
9. Enter the job title of the SWA point of contact.
10. Enter the business street address of the SWA point of contact.
11. If additional space is needed for the business street address, use this field to complete the street address of the SWA point of contact. Otherwise, please enter "N/A."
12. Enter the city or town of the SWA point of contact.
13. Enter the State, District, or Territory of the SWA point of contact.
14. Enter the postal (zip) code of the SWA point of contact.
15. Enter the area code and business telephone number of the SWA point of contact.
16. Enter the extension of the business telephone number of the SWA point of contact, if applicable. Enter "N/A" if not applicable.
17. Enter the business e-mail address of the SWA point of contact using a valid format name@emailaddress.top-leveldomain. The e-mail entered in this field must be the same as the one regularly used by the SWA point of contact in processing agricultural clearance orders and capable of sending and receiving electronic communications to and from the CO and the employer or, if applicable, the employer's authorized attorney or agent. The e-mail address may either be the individual one assigned by the SWA to the named point of contact or a generic e-mail address assigned by the SWA for receiving and processing agricultural clearance orders by multiple staff.

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**Section II**  
**Employer Contact Information**

An employer point of contact is an employee of the employer whose position authorizes the employee to provide information and supporting documentation concerning this agricultural clearance order and to communicate with the SWA on behalf of the employer. The employer point of contact should be the individual most familiar with the content of this agricultural clearance order and **must not** contain the contact information of the authorized attorney or agent, unless the attorney is an employee of the employer.

1. Enter the full legal name of the business, person, association, firm, corporation, or organization, *i.e.*, the employer filing this application. The employer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS). The entry in this field must be the same as the entry in Section B, Item 1 of the Form ETA-9142A.

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2. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization. The entry in this field must be the same as the entry in Section B, Item 2 of the Form ETA-9142A. Do not include "DBA" in front of the full trade name entered in Item 2 or at the end of the full legal name entered in Item 1.
3. Enter the last (family) name of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 1 of the Form ETA-9142A.
4. Enter the first (given) name of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 2 of the Form ETA-9142A.
5. Enter the middle name of the employer's point of contact, if applicable. Enter "N/A" if not applicable. The entry in this field must be the same as the entry in Section C, Item 3 of the Form ETA-9142A.
6. Enter the job title of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 4 of the Form ETA-9142A.
7. Enter the business street address for the employer's point of contact. The place of business must be a physical location and not a Post Office (P.O.) Box. A P.O. Box is a mailing address and not a valid physical address location and, when disclosed on this application, the SWA and/or OFLC Certifying Officer (CO) will issue a Notice of Deficiency (NOD) requesting removal of the P.O. Box mailing address and provide the employer with an opportunity to amend the application with a valid physical address location. The entry in this field must be the same as the entry in Section C, Item 5 of the Form ETA-9142A.
8. If additional space is needed for the street address, use this field to complete the street address. If no additional space is needed, enter "N/A." The entry in this field must be the same as the entry in Section C, Item 6 of the Form ETA-9142A.
9. Enter the city or town of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 7 of the Form ETA-9142A.
10. Enter the State, district or territory of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 8 of the Form ETA-9142A.
11. Enter the postal (zip) code of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 9 of the Form ETA-9142A.
12. Enter the area code and business telephone number of the employer's point of contact. Include country code, if the point of contact is located outside of the United States. The entry in this field must be the same as the entry in Section C, Item 12 of the Form ETA-9142A.
13. Enter the extension of the telephone number of the employer's point of contact, if applicable. The entry in this field must be the same as the entry in Section C, Item 13 of the Form ETA-9142A.
14. Enter the business e-mail address of the employer's point of contact in the format name@emailaddress.top-leveldomain. The e-mail entered in this field must be the same as the one regularly used by the employer's point of contact for its business operations and capable of sending and receiving electronic communications from the SWA with respect to the processing of this agricultural clearance order. If the employer's point of contact does not possess a business e-mail address, please enter "N/A." The entry in this field must be the same as the entry in Section C, Item 14 of the Form ETA-9142A.
15. Enter the nine-digit Federal Employer Identification Number (FEIN) assigned by the IRS. Do not enter a social security number. The entry in this field must be the same as the entry in Section B, Item 14 of the Form ETA-9142A.  
*Important Note:* All employers, including private households, MUST obtain an FEIN from the IRS before completing this application. Information on obtaining an FEIN can be found at [www.IRS.gov](http://www.IRS.gov).
16. Enter the four-digit North American Industry Classification System (NAICS) code that most closely corresponds to the employer's primary economic or business activity, not the specific job opportunity being requested for temporary labor certification. For example, an employer primarily engaged in a combination of apple, citrus, and berry farming, would select NAICS Code "1113." The first two digits identifies the major economic sector (e.g., 11 – Agriculture, Forestry, Fishing and Hunting); the third digit identifies the subsector (e.g., 1 – Crop Production); and the fourth digit identifies the industry group (e.g., 3 – Fruit and Tree Nut Farming). Additional information concerning the NAICS can be found at <http://www.census.gov/epcd/www/naics.html>. The entry in this field must be the same as the entry in Section B, Item 13 of the Form ETA-9142A.

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**Section III**  
**Type of Clearance Order**

1. If the clearance order is placed in connection with an H-2A Application for Temporary Employment Certification (Form ETA-9142A), please select the option entitled **"790A (placed in connection with an H-2A application)."** Prior to submitting the job order to the SWA, the employer will need to complete the remainder of the Form ETA-790A containing all material terms and conditions of employment and assurances for H-2A agricultural clearance orders.

If the clearance order is not placed in connection with an H-2A application, select the option entitled **"790B (not placed in connection with an H-2A application)."** Prior to submitting the job order to the SWA, the employer will need to complete the Form ETA-790B containing all material terms and conditions of employment and assurances for agricultural clearance orders that are not placed in connection with H-2A applications.

Only select one option.

**FORM ETA-790A – H-2A AGRICULTURAL CLEARANCE ORDER**

**Section A**

**Job Offer Information**

1. Enter the job title that most clearly describes the agricultural labor or services to be performed.
2. Enter the number of workers that need to be employed full-time to perform the temporary agricultural services or labor.
  - a. Enter the total number of workers needed.

This is the total number of workers the employer plans to hire to address its temporary or seasonal labor needs during the period identified in Items A.3 and A.4. When calculating the total number of workers needed, include both:

- The number of former non-H-2A employees the employer anticipates will return—both those workers who can and who cannot reasonably return to their residence within the same day; and
- The number of additional workers the employer seeks to recruit through this H-2A clearance order and other H-2A program recruitment (*i.e.*, the number entered in Item A.2b).

- b. Of the total number of workers needed, entered in Item A.2a, enter the number of H-2A workers requested for temporary agricultural labor certification.

This is the total number of additional temporary agricultural workers the employer needs, which the employer seeks to fill with H-2A workers, unless recruitment through this H-2A clearance order and other H-2A program recruitment efforts provide the employer with sufficient qualified, able, willing, and available U.S. worker referrals and/or applicants. Note that the number in Item A.2b will be reduced by one for each U.S. worker who is referred or applies for the job opportunity, who is not rejected for lawful job-related reasons.

**Important Note:** The employer must provide housing, and daily transportation between the housing and place(s) of employment, to all H-2A workers hired and to those workers in corresponding employment who are not reasonably able to return to their permanent residence within the same day. See Form ETA-790A, Section I, Items 3 and 7.C. This housing and daily transportation obligation also applies to all "migrant farmworkers," as defined at 20 CFR 651.10. For non-H-2A workers, the employer's obligation to provide housing and daily transportation extends to any farmworker who may reside within the broadly identified area of intended employment but cannot reasonably return to their permanent residence within the same day. Accordingly, the employer must ensure that its housing and daily transportation vehicles have capacity to satisfy the employer's obligation with regard to the total number H-2A workers entered in Item A.2b as well as the number of migrant workers included in Item A.2a who cannot reasonably return to their residence within the same day. To clarify, the Department encourages employers to identify whether or not the employer is required to provide housing and daily transportation to each non-H-2A worker listed in its H-2A recruitment report.

3. Enter the first date for the period of intended employment. Use a month/day/year (*mm/dd/yyyy*) format.
4. Enter the last date for the period of intended employment. Use a month/day/year (*mm/dd/yyyy*) format.
5. Select "YES" or "NO" to indicate whether the job opportunity generally requires the worker to be on-call 24 hours a day, 7 days a week. For example, an employer submitting a job order for a job opportunity involving herding or production of

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livestock on the range, which requires the worker to be on-call up to 24/7, would mark "YES" and proceed to Item 8. All other employers must mark "NO" and complete Items A.6 and A.7.

6. Use Items 6a through 6h to identify the anticipated days and hours of work per day and per week. Use a numerical (99.99) format for each Item below. An entry is required for each box listed in this field. Reminder: Employers may use the Form ETA-790A, Addendum C, to disclose additional information about the job opportunity (e.g., variations in anticipated days or hours of work per day and per week for different crops or agricultural activities), depending on the unique specifications of the employer's job opportunity.
  - a. Enter the total hours of work that will normally be offered to workers per week. The entry in this field must be at least 35.00 hours per week and cannot be less than the sum of the entries in Items 5b through 5h.
  - b. Enter the total hours of work that will normally be offered to workers on Sunday.
  - c. Enter the total hours of work that will normally be offered to workers on Monday.
  - d. Enter the total hours of work that will normally be offered to workers on Tuesday.
  - e. Enter the total hours of work that will normally be offered to workers on Wednesday.
  - f. Enter the total hours of work that will normally be offered to workers on Thursday.
  - g. Enter the total hours of work that will normally be offered to workers on Friday.
  - h. Enter the total hours of work that will normally be offered to workers on Saturday.
7. Use Items 7a and 7b to identify the normal daily work schedule for the job opportunity using the standard time in the area where the work is expected to be performed (e.g., 9 AM to 5 PM, 7 AM to 11 AM and 4 PM to 8 PM). Reminder: Employers may use the Form ETA-790A, Addendum C, to disclose additional information about the job opportunity (e.g., different shifts or variations in normal daily work schedule for different crops or agricultural activities), depending on the unique specifications of the employer's job opportunity.
  - a. Enter the start time of the day that work will normally begin and select a checkbox to indicate whether the expected start time of work is "AM" or "PM."
  - b. Enter the end time of the day that work will normally end and select a checkbox to indicate whether the expected end time of work is "AM" or "PM."
8. Use Items 8a through 8g to identify the specific crop activity or agricultural activity and, if applicable, distinct work task(s) performed within that crop activity or agricultural activity. Describe the duties or services to be performed by the workers and the wage(s) that will be offered, advertised, and paid to the workers for performing the agricultural labor or services.
  - a. Enter a description of the job duties or services to be performed in each crop activity or agricultural activity. Describe the work tasks that make up the job, summarizing each step as appropriate, and avoid using technical terms without properly defining or explaining them where usage is necessary.

*Important Note:* The response to this item must begin in this section of the form and Addendum C may be used ONLY if more space is needed. Otherwise, the SWA or CO will issue a NOD requesting that the description of the job duties or services to be performed begin in the space provided on the form. The employer must disclose all wages that will be paid during the contract period of employment for all crop and agricultural activities. Additionally, if additional space is needed to disclose wage rates, complete Addendum A.
  - b. Enter the hourly or monthly wage that will be offered, advertised, and paid to workers performing the job duties or services in the crop activity or agricultural activity and, if applicable, distinct work task(s) performed within that crop activity or agricultural activity. If the employer offers a range of wage rates for each crop or agricultural activity (and, if applicable, distinct work task(s) performed within that crop activity or agricultural activity), enter the minimum wage offer in Item A.8b (Wage Offer). The employer should enter a rate that is no less than the highest applicable hourly wage rate from the sources listed in 20 CFR 655.120(a) or the highest applicable wage rate from the sources listed in 20 CFR 655.210(g) in Item A.8b, including any hourly wage rate guarantees an employer offers in conjunction with piece rate(s).

*Important Note:* The upper range of any hourly or monthly wage offers will be collected in Item A.8f. If there are additional hourly or monthly wage rates associated with additional crop activities, agricultural activities, distinct tasks, or work locations, these must be listed in Form ETA-790A, Addendum A. For example, an employer with additional AEW rates due to work in multiple locations must disclose each rate in Addendum A.
  - c. Select either "**HOURLY**" or "**MONTHLY**" to identify the unit of pay for the wage offer entered in Item 8b. Mark only one



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box. See 20 CFR 655.120(a); 655.210(g).

- d. If applicable, enter the piece rate that will be offered, advertised, and paid to workers performing the job duties or services in the crop activity or agricultural activity and, if applicable, distinct work task(s) performed within that crop activity or agricultural activity.

*Important Note:* If there are additional piece rates associated with this or additional crop activities, agricultural activities, distinct tasks, or work locations, these must also be listed in Form ETA-790A, Addendum A.

- e. If applicable, enter the piece rate units (e.g., tree size/spacing, weight/size/number of boxes picked/packed, dimensions of bags or boxes filled). Examples of piece rate units include 5/8 bushel, 90 pound bag or box, 10 box bin. In addition, enter the estimated hourly wage rate equivalent for each piece rate or base rate that is offered for each activity and unit size, if applicable (i.e., what a worker might expect to earn per hour at this rate). See example below. Include or be prepared to make the method of calculating the estimated hourly wage rate equivalent(s) and supporting materials available to the SWA.
- f. If applicable, enter any other special pay information (e.g., performance bonuses or incentives associated with performing the job duties or services) or the upper end of a wage range offered for a particular crop activity or agricultural activity and, if applicable, distinct work task(s) performed within that crop activity or agricultural activity. Examples of other special pay information related to a particular crop activity or agricultural activity or distinct work task(s) within that activity are additional pay per acre or based on crop yield. In addition, enter the estimated hourly wage rate equivalent for each special pay rate, such as a base rate and bonus that is offered for each activity and unit size, if applicable (i.e., what a worker might expect to earn per hour at this rate). See example below. Include or be prepared to make the method of calculating the estimated hourly wage rate equivalent(s) and supporting materials available to the SWA.

*Important Note:* The estimated hourly equivalent is not an offered rate nor a guarantee. The offered rates, which may include one or more piece rates in addition to the hourly rate, must be entered in Item A.8b-g and, if applicable, the corresponding fields on the Form ETA-790A, Addendum A. In addition, the wage rate guarantee requirement is explained in Section I, Item 11. Although not an offered rate nor a guarantee, the estimated hourly equivalent can be no less than the highest of the applicable Federal or State minimum or the prevailing hourly wage rate.

g. Select "Yes" or "No" to indicate whether overtime pay will be available, whether voluntarily offered by the employer or required by an applicable Federal, State, or local law. If "Yes" is selected, use only one (1) Addendum C to fully describe: the wage rate(s) to be paid for any such overtime hours; the circumstances under which the wage rate(s) for overtime hours will be paid; whether overtime wage rates will vary between places of employment; and where the overtime pay is required by law, the applicable federal, State, or local law requiring the overtime pay.

9. Select "YES" to indicate that there are additional wage rates, beyond those identified in sections 8.b. through 8.g., that may apply to the job duties identified under this job order. If "Yes" is selected, a completed Form ETA-790A, Addendum A must be attached to this agricultural clearance order providing additional information covering all identified crops or agricultural activities (and, if applicable, distinct work task(s) performed within that crop activity or agricultural activity) and all hourly or monthly rates, piece rates, or special pay rates. If there are no additional job duties or services and/or wage offer(s) to identify, select "No."
10. Select one of the available options to specify the frequency with which workers will be paid under this agricultural clearance order. In accordance with 20 CFR 655.122(m), the employer must state in the job offer the frequency with which the worker(s) will be paid, which must be at least twice monthly or according to the prevailing practice in the area of intended employment, whichever is more frequent.
11. Select "Yes" or "No" to indicate whether the job duties or services to be performed in any crop or agricultural activity will have any performance expectations and/or minimum productivity standards that will be imposed on workers as a condition of job retention. If "Yes" is selected, use only one (1) Addendum C to fully describe any productivity standards that are a condition of job retention in terms that are static, quantifiable, and that specifically quantify the expected output per worker required for job retention in the specific crop or agricultural activity.

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**Section B**  
**Minimum Job Qualifications/Requirements**

1. If a minimum U.S. diploma or degree is required to perform the agricultural labor or services, select the option that identifies the requirement. If no minimum U.S. diploma or degree is required, select **"NONE."** Only mark one box.
2. If a minimum amount of experience is required to perform the agricultural labor or services, indicate the amount of experience required in months. If no minimum experience is required, enter **"0"** (zero). Information about the nature of the experience required may be disclosed in Item B.6.
3. If a minimum amount of training is required to perform the agricultural labor or services, indicate the amount of training required in months. If no minimum training is required, enter **"0"** (zero). If less than one month of training is required, enter **"0"** (zero) in Item B.3 and provide the specific number of days or weeks of training required in Item B.6. Information about the nature of the training required may be disclosed in Item B.6. Note: When answering this item, do not duplicate time requirements — identify only the time required for the training identified in Item B.3. Do not include (add) time for the education or experience identified in Items B.1 and B.2.
4. Select the list of work tasks and requirements that are normally required to perform the agricultural labor or services. Check all that apply. Information about the nature of the work tasks and requirements checked may be disclosed in Item B.6. For example, if "Certification/license requirements" applies, use Item B.6 to specify the certification(s) and/or license(s) required (e.g., commercial driver's license). Similarly, if "Driver requirements" applies, use Item B.6 to describe nature of the driving requirements, such as the farm equipment involved (e.g., self-propelled custom class combine) or whether a clean driving record is required to drive grain and transporter trucks. If "Extensive sitting or walking" is checked, use Item B.6 to explain the nature of the sitting or walking required.
5. Use Items 5a and 5b to identify whether the worker(s) employed under the job opportunity will be required to perform supervision of other employees.
  - a. Mark "Yes" or "No" as to whether the job opportunity supervises the work of other employees.
  - b. If "Yes" is marked in question 5a, enter the total number of employees the job opportunity will supervise.
6. Describe any other qualifications or requirements to perform the agricultural labor or services, such as quantifiable lifting requirements, level of supervision and number of workers to supervise, and types of licenses or permits. This item may also be used to provide more detailed information about the qualifications and/or requirements identified in Items B.1 through B.5. If no additional qualifications or requirements are needed and no additional information about Items B.1 through B.5 is required, enter **"NONE"** in the space provided. If additional space is required to fully disclose the qualification and requirement details for Item B.6, the employer may use only one (1) Addendum C of the Form ETA-790A.

**Section C**  
**Place of Employment Information**

It is important for the employer to define the place(s) of employment with as much geographic specificity as possible. This information is used to determine the area of intended employment, for purposes of reviewing and verifying regulatory compliance with advertising, positive recruitment requirements, and prevailing wage determinations.

For employers operating on work itineraries covering one or more areas of intended employment or those engaged in the herding or production of livestock on the range, the place of employment disclosed in Items C.1 through C.6 may be the location where the work itinerary is expected to begin, a designated pick-up point where workers will meet, or the employer's business or office location nearest where work will be performed in the area. For agricultural associations filing as a joint employer with members, the place of employment disclosed in these fields may be the address of the agricultural association or the centralized location where workers will report for work assignments with members of the agricultural association. To disclose additional place(s) beyond the entry in Items C.1 through C.6 (e.g., subsequent locations on an itinerary), use Form ETA-790A, Addendum B.

1. Enter the street address of the location where work will be performed. The place of employment address must be a physical location and cannot be a P.O. box. For a rural or other location without a street address, enter **"NONE"** and provide as much information in Items C.2 through C.5 as possible, supplemented with additional information in Item B.6.
2. Enter the city in which the place of employment is located.

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3. Enter the State/District/Territory in which the place of employment is located.
4. Enter the postal (zip) code in which the place of employment is located.
5. Enter the county in which the place of employment is located.
6. Enter any additional information about the place of employment location **AND** identify the crop(s) or agricultural activity(ies) that workers will perform at this location. Examples of additional place of employment information may include more specific information about the fields where work will be performed in close proximity to the address location, more specific directions on how workers can reach the place of employment, and/or Global Positioning System (GPS) coordinates, especially in very rural and isolated geographic areas. If no additional information concerning the place of employment is needed, **LEAVE BLANK**.
7. In circumstances where work needs to be performed at additional places of employment other than the address listed in Items 1 through 5 above, select "Yes" and submit a completed Form ETA-790A, Addendum B, identifying all additional places of employment and, where required, the agricultural business that will employ workers, or to whom the employer will be providing workers. If work will not be performed at additional places of employment other than the address listed in items 1 through 5 above, select "**N/A**."

**Section D**  
**Housing Information**

1. Enter the street address of the location where the housing for workers is located. Use commonly understood street or highway numbers and names. For applications involving agricultural labor or services on work itineraries where the use of mobile housing is permitted, enter the nearest geographic location of the mobile housing unit where it resides at the time of filing the Form ETA-790A.
2. Enter the city or town in which the housing is located.
3. Enter the State/District/Territory in which the housing is located.
4. Enter the postal (zip) code in which the housing is located.
5. Enter the county in which the housing is located.
6. Identify the type of housing that will be provided to workers at this location by indicating either employer-provided, which includes mobile or range units, or rental or public accommodations. Mark only one box.
7. Enter the total number of housing units available to house workers at this location.
8. Enter the total occupancy capacity for all of the housing units identified in Item 7 above.
9. Select from the following options to identify each entity that has determined, or will determine before certification, that the housing identified in Items D.1-8 meets all applicable standards, as required. Check all boxes applicable. **Reminder:** The CO cannot issue certification unless and until the employer submits evidence in connection with the Form ETA-9142A that all housing provided or secured for workers meets applicable standards.
  - Local Authority:** Select this option if a local authority has determined or will determine compliance with applicable housing standards. **Note:** The employer must submit a copy of the inspection report, certification, or other official documentation from the local authority to the CO. This documentation may include, but is not limited to, a certificate from the local Department of Health or building department (e.g., the current certificate of occupancy). See 20 CFR 655.122(d)(1)(ii) and (d)(6)(iii).
  - SWA:** Select this option if the SWA has determined or will determine compliance with applicable housing standards. Select this option where the SWA has inspected or will inspect the housing itself or through a local, State, or Federal authority that the SWA engages. **Note:** The employer must submit a copy of the SWA inspection report or certification to the CO. See 20 CFR 655.122(d)(1)(i) and (d)(6)(ii); see also 20 CFR 655.230 and .304. If the employer is an H-2A Labor Contractor and will use housing owned, operated, or secured by one or more fixed-site agricultural businesses, the employer must secure a written statement from each of the fixed-site agricultural businesses stating that "[a]ll housing used by workers and owned, operated, or secured by [it] complies with the applicable housing standards in 20 CFR 655.122(d) and, if applicable, 655.235 or 655.304" and attach to this statement a copy of the SWA certification. See Form ETA-9142A, Appendix A, Section B.16(v).



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- Other State Authority:** Select this option if a State authority other than the SWA has determined or will determine compliance. **Note:** The employer must submit a copy of the inspection report, certification, or other official documentation from the state authority to the CO. This documentation may include, but is not limited to, a certificate from the State Department of Health (e.g., the current certificate of occupancy). See 20 CFR 655.122(d)(1)(ii) and (d)(6)(iii).
- Federal Authority:** Select this option if a Federal authority has determined or will determine compliance. **Note:** The employer must submit to the CO a copy of the inspection report, certification, or other official documentation from the Federal authority. This documentation may include, but is not limited to, a certificate from the Occupational Safety and Health Administration (OSHA). See 20 CFR 655.122(d)(1)(ii) and (d)(6)(iii).
- Other:** Select this option and enter "Employer" if "rental or public accommodations" is selected in Item D.6 and no inspection is required, or if local and/or State inspection is required, but the local and State standards do not address all housing criteria (e.g., square footage per occupant). **Note:** The employer must submit a written statement to the CO. See 20 CFR 655.122(d)(6)(iii).

Select this option and enter "Employer" if "Employer-provided" is selected in Item D.6 and the employer will submit a still-valid SWA housing certification. Also select the SWA box. **Note:** The employer must submit a written self-certification statement to the CO. See 20 CFR 655.230(c) and 655.235.

Select this option and enter "Canadian" if "Employer-provided" is selected in Item D.6 and the employer's unit is subject to inspection under 20 CFR 655.304(a)(2).

10. Enter any additional information about the housing. Examples may include more specific directions on how workers can reach the housing and/or GPS coordinates, especially in very rural and isolated geographic areas; availability of family units and/or single rooms; utilities (e.g., gas, electricity, and heat); and/or arrangements for utility hookups. For mobile units, explain where the mobile units will be used (e.g., "mobile unit will travel with the workers to various range locations through Jefferson, Fremont, and Bonneville Counties (Idaho) and Teton and Lincoln Counties (Wyoming)"). If no additional information concerning the housing is needed, enter "**NONE**" in the space provided.
11. In circumstances where workers will be provided housing at additional locations and/or additional space is needed to identify all available housing units for workers at the address listed in Items 1 through 5 above, select "Yes" and submit a completed Form ETA-790A, Addendum B, providing additional information on housing that will be provided to workers. If no additional information concerning the housing is needed, select "**N/A**."

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## Section E

### Additional Material Terms and Conditions of the Job Offer

- 1a. Provision of Meals: Check the box in Item E.1a to indicate that the description is available in Addendum C. On Addendum C, describe how the employer will provide each worker with three (3) meals a day or furnish free and convenient cooking and kitchen facilities so that workers can prepare their own meals. Where the employer provides facilities for workers to prepare their own meals, please explain how the workers will have access to stores where they can purchase groceries and describe the facilities and space for food preparation, as well as the necessary equipment, appliances (including refrigeration), cooking accessories, and dishwashing facilities (e.g., adequate sinks with hot and cold water under pressure) that are in working condition and will be used by workers to sufficiently prepare three (3) meals a day. If the employer has an agreement with a third-party that will prepare the meals for the employer's workers, identify the vendor and explain the employer's arrangement with the vendor with sufficient detail to apprise workers how, when, and where the workers will obtain the meals from the vendor and that the employer will pay the vendor directly for the meals provided.

**Important Note: Only one (1) Addendum C may be used to fully disclose the provision of meals and DO NOT repeat the MEALS guarantee language under Section G, which will result in the SWA or CO issuing a NOD to request removal of such duplicative language.** Providing access to third-party vendors and requiring workers to purchase meals from the third-party vendor does not constitute compliance with the requirement to provide meals or cooking and kitchen facilities, even if the employer provides a meal stipend. Employers who provide facilities for workers to prepare their own meals should consider disclosing to workers how meals will be provided, including any appropriate meal charges, in the event kitchen facilities become temporarily inoperable or otherwise unavailable.

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Expiration Date: **XXXX/XX/XX**

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- 1b. Select the option designating whether the employer will or will not charge workers for the provision of meals. If the employer will provide free and convenient cooking and kitchen facilities or will provide meals at no charge, mark the "will not charge" box. If the employer will provide meals, or will provide free and convenient cooking and kitchen facilities but wishes to disclose a meal charge, for example, in the event the kitchen facilities become unavailable, and intends to charge workers for the provision of meals, the daily charge per worker must be entered in currency format (e.g., \$14.00).
2. Daily Transportation. Check the box in Item E.2 to indicate that the description is available in Addendum C. On Addendum C, describe how the employer will provide workers daily transportation to the place(s) of employment. At a minimum, describe the arrangements for transporting workers, at no cost to workers, from employer-provided or secured housing and, if applicable, centralized pick-up points to the places of employment at the beginning of each workday and back at the end of each workday. Describe the employer's daily transportation plan with sufficient detail to apprise workers of the mode(s) of transportation (e.g., vans, buses) that will be used each day as well as the daily transportation schedule. Identify the number of vehicles to be used and type of vehicle and seating capacity for each vehicle. State whether the vehicles to be used will be provided by the fixed-site grower(s), are authorized for use under a valid Farm Labor Contractor Certificate of Registration, or belong to a common carrier, identifying the common carrier by name. In addition, identify whether the daily transportation at no cost to workers is available to workers who do not reside in employer-provided housing. Similarly, describe any other transportation the employer will provide (e.g., for personal errands). **Only one (1) Addendum C may be used to fully disclose the provision of daily transportation and DO NOT repeat the DAILY TRANSPORTATION guarantee language under Section G, which will result in the SWA or CO issuing a NOD to request removal of such duplicative language.**
- 3a. Inbound/Outbound Transportation. Check the box in Item E.3a to indicate that the description is available in Addendum C. On Addendum C, describe how the employer will provide workers with transportation (a) to the place of employment from the place from which the worker has come to work for the employer (i.e., inbound) and (b) from the place of employment to the place from which the worker departed (i.e., outbound). At a minimum, state whether such transportation, and related daily subsistence, will be provided by the employer or paid by the employer to the worker for reasonable costs incurred (e.g., advance payment or reimbursement) and identify the modes of transportation, if known. For example, the employer may state that it will provide or pay for charter bus services or other modes of transportation to groups of workers, or permit workers to select any means of transportation they choose and reimburse workers at no less than the most economical and reasonable common carrier transportation charges for the distances involved. **Only one (1) Addendum C may be used to fully disclose the provision of inbound/outbound transportation and DO NOT repeat the INBOUND/OUTBOUND TRANSPORTATION guarantee language under Section G, which will result in the SWA or CO issuing a NOD to request removal of such language.**
- 3b. Enter the amounts per day that the employer will pay for or reimburse daily subsistence for each worker during the travel described in 3a.
  - a. Enter the minimum daily subsistence amount per day in currency format (e.g., \$14.00).
  - b. Enter the maximum daily subsistence amount per day with receipts in currency format (e.g., \$99.99).
4. Deductions from Pay. If the employer will make any deductions from workers' paychecks, check the box in Item E.4 to indicate that the description of deductions is available in Addendum C. On Addendum C, describe all deductions from a worker's paycheck that the employer is required by law to make and deductions not required by law to make. For each deduction, provide the amount(s) of deduction, if known.

If no deductions will be made from any worker's paycheck, DO NOT mark the checkbox. **Only one (1) Addendum C may be used to fully disclose all deductions from pay and DO NOT repeat the DEDUCTIONS FROM WORKER'S PAY guarantee language under Section G, which will result in the SWA or CO issuing a NOD to request removal of such language.**
5. Other Material Terms and Conditions. If there are other material terms and conditions not already disclosed in other items of the job order, check the box in Item E.5 to indicate that the additional description of material terms and conditions is available in Addendum C. On Addendum C, describe any other material terms, conditions, and benefits (monetary and non-monetary) that will be provided by the employer under this job opportunity that should be disclosed to prospective applicants in recruitment. Additional material terms and conditions of employment must comply with the requirements of the Immigration and Nationality Act and the Department's applicable regulations.

If all material terms and conditions under this job offer have been disclosed in other items of the job order, DO NOT mark the checkbox.

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**Section F**  
**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 and the methods of contacting the employer directly (e.g., email, phone) that may be used to refer prospective U.S. applicants for the job opportunity. Summarize how applicants are to be considered, referred, and hired. For example, indicate the days and hours that the employer or the employer's authorized hiring representative will be available to interview workers by telephone and/or in-person and whether anybody different from the employer has hiring authority.

*Important Note: A complete response must be provided using the space provided on the Form ETA-790A. Use of Addendum C is **NOT PERMITTED**.*

**In Items F.2 through F.4, at least two (2) verifiable methods by which prospective U.S. workers can contact the employer and apply for the job opportunity must be identified.**

2. Enter the employer's area code and business telephone number prospective U.S. applicants may use to call the employer to be considered for the job opportunity. If a phone number is not available, leave this field **BLANK** and the system will insert "N/A" at submission of the application. **DO NOT** include the telephone number of the local or state offices of the SWA.
3. Enter the extension of the employer's telephone number for prospective U.S. applicants to use to call the employer to be considered for the job opportunity, if applicable. If there is no extension number, enter "**N/A**."
4. Enter the employer's business email address prospective U.S. applicants may use to email the employer to be considered for the job opportunity in the format name@emailaddress.top-leveldomain. If email is not a method of contact prospective U.S. applicants may use to be considered for the job opportunity, enter "**N/A**." **DO NOT** include the email address of the local or state offices of the SWA.
5. Enter the employer's business website address (URL) in the format [www.employerwebsitename.top-leveldomain](http://www.employerwebsitename.top-leveldomain). If the employer does not have a business website address or its website is not a method of contact prospective U.S. applicants may use to be considered for the job opportunity, enter "**N/A**." Examples of valid suffixes include:

.com - commercial business  
.org - Organizations (nonprofit)  
.edu - Educational institutions  
.net - Network organizations  
.gov - Government agencies  
.mil – Military

*Important Note: **DO NOT** include the website link for [Seasonaljobs.dol.gov](http://Seasonaljobs.dol.gov) or the website location of the labor exchange system maintained by, or on behalf of, the SWA that is used for intrastate or interstate clearance. Otherwise, the SWA and/or CO will issue a NOD requesting removal of these government websites and request disclosure of a business website maintained by, or on behalf of, the employer where prospective applicants may apply for the job opportunity.*

**Section G**  
**Conditions of Employment and Assurances for H-2A Agricultural Clearance Orders**

The employer must carefully read and agree to compliance with all the conditions of employment, including, but not limited to, those conditions listed in this section, for the positions covered by the agricultural clearance order, including any approved modifications or extensions thereof.

1. Enter the last (family) name(s) of the person with authority to sign on behalf of the employer.
2. Enter the first (given) name of the person with authority to sign on behalf of the employer.
3. Enter the middle name of the person with authority to sign on behalf of the employer, if applicable.
4. Enter the job title of the person with authority to sign on behalf of the employer.
5. The person with authority to sign on behalf of the employer must sign the agricultural clearance order. An electronic or digital signature is acceptable. Read the entire application and verify all contained information prior to signing.

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6. The person with authority to sign on behalf of the employer must date the agricultural clearance order. An electronic or digital date is acceptable. Use a month/day/full year (*mm/dd/yyyy*) format.

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### 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).

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### Public Burden Statement (OMB Control Number 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 .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, reviewing, and submitting the collection of information. Specifically, the public reporting burden for this collection of information is estimated as follows: Form ETA-790 at .03 hours; and Form ETA-790A and addenda at .64 hours. The obligation to respond to this data collection is required to obtain/retain benefits (44 U.S.C. § 3501, Immigration and Nationality Act, 8 U.S.C. § 1101, et seq.). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Room N-5311, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205- 0466). DO NOT send the completed application to this address.

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### FORM ETA-790A ADDENDUM A

#### For Disclosure of Additional Temporary Agricultural Services and Wage Offer Information (Section A, Item 9)

This Addendum must be fully completed and submitted with the Form ETA-790A when the employer needs to disclose additional information about the payment of wages for specific crops and/or agricultural activities and, if applicable, distinct work task(s) performed within that crop or agricultural activity. The employer must disclose wage information covering all the crops or agricultural activities (and, if applicable, distinct work task(s) performed within that crop or agricultural activity) that workers will need to perform under the agricultural clearance order. For example, where an employer has multiple applicable hourly wage rate offers (e.g., due to work being performed in different States subject to different hourly AEWRS), the employer must disclose the distinct hourly wage rate offer covering each crop or agricultural activity and State on the Addendum A. Where one or more geographic areas within a State or territory have different applicable wage rates (e.g., due to work performed in different geographic areas within a State subject to different prevailing piece rates), the employer must disclose the distinct piece wage rate offer covering each crop activity or agricultural and state or territory on each row of the Addendum A and use Column 5 to disclose the sub-state geographic area in which the work will be performed.

Addendum A will collect up to 5 rows of wage offer information for specific crops and/or agricultural activities and State or territory where work will be performed. For electronic filings, if the employer needs to disclose more than 5 rows of wage offer information, the filing system will automatically provide the employer with the option of adding more rows to the Addendum A until the response is completed. For mailed or paper filings, the employer will make one or more copies of the Addendum A to complete and attach to the Form ETA-790A.

#### Column 1: Work State

Enter the two-letter abbreviation for the State or territory in which the crop or agricultural activity will be performed. For example, if the crop or agricultural activity will be performed in the State of California, enter "CA" in this field.

#### Column 2: Crop or Agricultural Activity

Enter the name of the crop or agricultural activity and, if applicable, distinct work task(s) performed within that crop or agricultural activity (e.g., Apple Harvesting – Gala; Custom Harvesting – All Grains; Citrus Harvesting – Valencia for Fresh Pick; Citrus Harvesting - Valencia for Juice).

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**Column 3: Wage Offer/Per**

Enter the wage offer for the crop or agricultural activity and, if applicable, distinct work task(s) performed within that crop or agricultural activity identified by the "Crop or Agricultural Activity" under Column 2 in currency format (e.g., \$9.99) **and** select only one box to identify whether the wage offer will be paid to workers by the **HO**UR or **MON**TH.

**Column 4: Piece Rate Offer**

Enter any piece rate that will be offered, advertised, and paid to workers performing the job duties or services in the "Crop or Agricultural Activity" under Column 2.

**Column 5: Piece Rate Units / Estimated Hourly Rate / Special Pay Information**

Enter the piece rate units (e.g., tree size/spacing, weight/size/number of boxes picked/packed, dimensions of bags or boxes filled) and the estimated hourly wage rate equivalent for each piece rate or base rate that is offered in this row. If applicable, enter additional information and/or any other special pay information (e.g., performance bonuses or incentives) associated with performing the job duties or services in the crop or agricultural activity and, if applicable, distinct work task(s) performed within that crop or agricultural activity covering the geographic area (e.g., State or territory).

**Form ETA-790A ADDENDUM B**

**For Disclosure of Additional Agricultural Business Information (Section C.1), Additional Place of Employment (Section C.2) and/or Housing Information (Section D)**

**Section C.1**

**Additional Agricultural Business Information**

Addendum B, Section C.1, will collect up to three (3) rows of information related to the agricultural businesses employing workers or receiving labor or services. For electronic filings, if the employer needs to disclose information related to more than 3 agricultural businesses, the filing system will automatically provide the employer with the option of adding more rows to Section C.1 of the Addendum B until the response is completed. For mailed or paper filings, the employer will make one or more copies of Section C.1 of the Addendum B to complete and attach to the Form ETA-790A.

1. Enter the nine-digit Federal Employer Identification Number (FEIN) assigned by the IRS. Do not enter a social security number. The entry in this field must be the same as the entry in Section B, Item 12 of the Form ETA-9142A. *Important Note:* All employers, including private households, MUST obtain an FEIN from the IRS before completing this application. Information on obtaining an FEIN can be found at [www.IRS.gov](http://www.IRS.gov).
2. Enter the full legal name of the business, person, association, firm, corporation, or organization, *i.e.*, the employer filing this application. The employer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS).
3. Enter the total number of workers needed to be employed to perform the temporary agricultural services or labor for this agricultural business. The total number of workers includes (1) the number of former non-H-2A employees the employer anticipates will return—both those workers who can and who cannot reasonably return to their residence within the same day; and (2) the number of additional workers the employer seeks to recruit through this H-2A clearance order and other H-2A program recruitment.
4. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization (*i.e.*, the employer filing this application). Do not include "DBA" in front of the full trade name entered or after the full legal name entered in Item 2.
5. Enter the employer's previous full trade name or DBA name, if applicable, of the business, person, association, firm, corporation, or organization used three years prior to the filing of this application. Do not include "DBA" in front of the full trade name. If the employer has additional DBAs used, prior to the filing of this application, insert additional names in Item 6.
6. Enter the employer's previous full trade name(s) or DBA name(s), if applicable, of the business, person, association, firm, corporation, or organization used three years prior to the filing of this application. Do not include "DBA" in front of the full trade name(s).

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7. Enter the street address of the location of the business. The business location address must be a physical location and cannot be a P.O. box. Use commonly understood street or highway numbers and names to identify the place of business. For a rural or other geographic location without a street address, enter "**NONE**" and then provide as much information as possible using Items 9 through 12 .
8. If additional space is needed for the street address, use this line to complete the employer's street address. If no additional space is needed, enter "N/A".
9. Enter the city or town in which the place of business is located.
10. Enter the State/District/Territory in which the place of business is located.
11. Enter the postal (zip) code in which the place of business is located.
12. Enter the county in which the place of business is located.

**Section C.2**  
**Additional Place of Employment Information**

This Addendum must be fully completed and submitted with the Form ETA-790A when the work performed under this agricultural clearance order necessitates disclosure of an anticipated schedule of work at different places of employment, as defined by 20 CFR 655.103. For each place of employment, the employer must complete all required and conditionally required information in Columns 1 through 5. Addendum B, Section C.2, will collect up to five (5) rows of information related to the place(s) of employment where workers will perform work under this agricultural clearance order. For electronic filings, if the employer needs to disclose more than five (5) rows of additional places of employment, the filing system will automatically provide the employer with the option of adding more rows to Section C.2 of the Addendum B until the response is completed. For mailed or paper filings, the employer will make one or more copies of Section C.2 of the Addendum B to complete and attach to the Form ETA-790A.

**Column 1: Legal Business Name**

Enter the full legal name of the business who owns or operates the place of employment identified in either the Form ETA-790, Section II, or Section C.1 of the Addendum B. In circumstances where the same business owns or operates multiple places of employment where work will be performed, the same full legal name may be used in multiple rows.

**Column 2: Place of Employment**

- 2a. Enter the street address of the location where work will be performed. The place of employment address must be a physical location and cannot be a P.O. box. Use commonly understood street or highway numbers and names to identify the place of employment. For a rural or other geographic location without a street address, enter "**NONE**" and then provide as much information in Items C.2b through C.2e as possible, supplemented with additional information in Column 3.
- 2b. Enter the city or town in which the place of employment is located.
- 2c. Enter the State/District/Territory in which the place of employment is located.
- 2d. Enter the postal (zip) code in which the place of employment is located.
- 2e. Enter the county in which the place of employment is located.

**Column 3: Additional Place of Employment Information and Crop or Agricultural Activity**

This column requires the entry of two distinct categories of information. This field will permit the entry of up to 500 characters.

First, enter any additional information about the place of employment location. Examples may include more specific information about the fields where work will be performed in close proximity to the address location, more specific directions on how workers can reach the place of employment, and/or Global Positioning System (GPS) coordinates, especially in very rural and isolated geographic areas. If no additional information concerning the place of employment is needed, **LEAVE BLANK**.

Second, enter the "Crop or Agricultural Activity" identified on the Addendum A, Column 2, to disclose all of the crop(s) or

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agricultural activity(ies) and, if applicable, distinct work task(s) performed within that crop or agricultural activity that will be performed by workers at the place of employment. The "Crop or Agricultural Activity" assigned to a crop or agricultural activity may be used in multiple rows in circumstances, for instance, where the employer associated with the "Legal Business Name" identified in Column 1 will have a need for workers to the same work at different places of employment it owns or operates.

**COLUMNS 4-5: ONLY FOR USE BY AGRICULTURAL ASSOCIATIONS FILING JOINT EMPLOYER APPLICATIONS UNDER 20 CFR 655.131(a)(2) AND EMPLOYERS WITH WORK ITINERARIES FILING UNDER 20 CFR 655.215 AND 655.303**

**Column 4: Begin Date**

Enter the begin date for the period of intended employment at this place of employment. Use a month/day/year (mm/dd/yyyy) format.

**Column 5: End Date**

Enter the end date for the period of intended employment at this place of employment. Use a month/day/year (mm/dd/yyyy) format.

**Section D  
Housing Information**

Addendum B, Section D will collect up to five (5) rows of information about additional facilities that the employer will use to house workers under this job order. For electronic filings, if the employer needs to disclose more than five (5) rows of additional housing facilities, the filing system will automatically provide the employer with the option of adding more rows to Section D of the Addendum B until the response is completed. For mailed or paper filings, the employer will make one or more copies of Section D of the Addendum B to complete and attach to the Form ETA-790A.

1. Identify the type of housing that will be provided to workers by indicating either employer-provided, which includes mobile or range housing, or rental and/or public accommodations. Mark only one box.
2. Enter the address or geographic location where the housing for workers is located.
  - 2a. Enter the street address of the location where the housing for workers is located. Use commonly understood street or highway numbers and names to identify the location. For applications involving agricultural labor or services on work itineraries where the use of mobile housing is permitted, enter the nearest geographic location of the mobile housing unit where it resides at the time of filing the Form ETA-790A
  - 2b. Enter the city or town in which the housing facility is located.
  - 2c. Enter the State/District/Territory in which the housing facility is located.
  - 2d. Enter the postal (zip) code in which the housing facility is located.
  - 2e. Enter the county in which the housing facility is located.
3. Enter any additional information about the housing. Examples may include more specific directions on how workers can reach the housing, especially in very rural and isolated geographic areas; availability of family units and/or single rooms available; utilities (e.g., gas, electricity, and heat); and/or arrangements for utility hookups. If no additional information concerning the housing is needed, enter "N/A" in the space provided. This field will permit an entry of up to 500 characters.
4. Enter the total number of housing units available to house workers at this location.
5. Enter the total occupancy capacity for all of the housing units identified in Item 4 above.
6. Identify the entity (e.g., State Housing Authority or State Workforce Agency) that has determined or will determine that the housing identified in this row meets, or will meet, all applicable standards, as required. Select the appropriate boxes for each row, following the instructions for Item D.9.



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**ADDENDUM C**

**For Disclosure of Additional Material Terms and Conditions of the Job Offer**

Addendum C must only be used to explain the material terms or conditions of the job offer required to be disclosed on this clearance order or to disclose a material term or condition of the job offer that is not covered by a specific question on the Form ETA-790A.

Each Addendum C entry will collect one section of additional information is provided per page. For electronic filings, if the employer needs to disclose more sections of information, the filing system will automatically provide the employer with the option of adding more sections of the Addendum C until the response is completed. For mailed or paper filings, the employer will make one or more copies of the Addendum C to complete and attach to the Form ETA-790A.

1. Enter the Form ETA-790A Section and Item number associated with the additional information required to be disclosed. For example, if overtime wage rate(s) and the circumstances under which the wage rate(s) for such overtime hours would be paid to workers must be disclosed for responding "Yes" to Item A.8g of the Form ETA-790A, enter "A.8g" in Item 1 on Addendum C.

Otherwise, in circumstances where a material term or condition of the job offer needs to be disclosed but is not covered by a specific question on the Form ETA-790A, enter "E.5" as the section and item number.

For electronic and mailed or paper filings, the filing system will **ONLY accept** the following valid section and item number entries:

A.8a	E.2
A.8g	E.3a
A.11	E.4
B.6	E.5
E.1a	

2. Enter the Form ETA-790A Section name associated with the Section and Item Number entered in Item 1. For example, if "A.8g" was entered in Item 1 to disclose overtime wage rate(s) and the circumstances under which the wage rate(s) for such overtime hours would be paid to workers, enter "Overtime Pay" in Item 2 on Addendum C.

Otherwise, in circumstances where a material term or condition of the job offer needs to be disclosed but is not covered by a specific question on the Form ETA-790A and "E.5" is entered in Item 1, enter "Other Material Terms and Conditions".

For electronic and mailed or paper filings, the filing system will **ONLY accept** the following valid section name entries:

Job Duties	Daily Transportation
Overtime Pay	Inbound/Outbound Transportation
Minimum Productivity/Performance Standards	Deductions from Pay
Job Qualifications/Requirements	Other Material Terms and Conditions.
Provision of Meals	

3. Enter the additional information to be disclosed related to Items 1 and 2 above. The space in this field will permit the entry of up to 5,000 characters.