



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

A. Job Offer Information

1. Job Title *							
2. U.S. Workers Needed *		a. Total *	Period of Intended Employment				
			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 9. 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. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
	a. Total Hours		c. Monday		e. Wednesday		g. Friday
	b. Sunday		d. Tuesday		f. Thursday		h. Saturday
8a. Specify any hours, days, or weeks for which work is guaranteed. If there are no hours, days, or weeks for which work is guaranteed, write " NONE. " *							b. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
8b. For each guaranteed week of work, except as provided in 20 CFR 653.501(c)(3)(i), describe the exclusive manner in which the guarantee may be abated due to weather conditions or other acts of God beyond the employer's control. If there is no manner to abate the guarantee, write " NONE. " *							
Temporary Agricultural Services and Wage Offer Information							
9. Job Duties - Description of the specific services or labor to be performed * (A response must begin in the space provided below on this form. Use Addendum C only if additional space is needed.)							
9b. Wage Offer *		9c. Per *	9d. Piece Rate Offer §		9e. Piece Rate Units / Estimated Hourly Rate §		
\$ ____.		<input type="checkbox"/> HOUR <input type="checkbox"/> MONTH	\$ ____.				

9f. Special Pay / Estimated Hourly Rate - Will the employer pay bonus or work incentive payments or other expenses in addition to the basic wage rate? If so, provide all material details, including the anticipated time period(s) within which such

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



<p>payments will be made. A response must begin in the space provided below on this form. Use Addendum C only if additional space is needed.</p>	
<p>9g. Overtime Pay - Is overtime pay available at any worksite locations? * If yes, use Addendum C to describe the applicable overtime premium wage rate(s) for overtime hours worked and the circumstances under which the wage rate(s) for such overtime hours would be paid.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Are there any other wage rates, including non-hourly wage rates, beyond those identified above, that may apply to the job duties identified under this clearance order? <i>If yes, use Addendum A to disclose the additional wage rate(s) for each crop or agricultural activity and geographic area of employment.</i> *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Are there any non-monetary benefits to be provided by the employer? * <i>If yes, use Addendum A to disclose all non-monetary benefits.</i> *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. 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? *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Frequency of Pay: * <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Other (specify): _____</p>	
<p>14. Minimum Productivity Standards - Are there any minimum productivity standards that will be required of any worker(s) performing work under this job opportunity as a condition of job retention, or are there any other criteria the employer will use to evaluate job performance? <i>If yes, use Addendum C to describe the minimum productivity standards or criteria the employer will use to evaluate job performance.</i> *</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

B. Minimum Job Qualifications/Requirements

<p>1. Education: minimum U.S. diploma/degree required. *</p> <p><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.)</p>											
<p>2. Work Experience: number of <u>months</u> required. * <input style="width: 50px;" type="text"/></p>	<p>3. Training: number of <u>months</u> required. * <input style="width: 50px;" type="text"/></p>										
<p>4. Basic Job Requirements (check all that apply) §</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> a. Certification/license requirements</td> <td style="width: 50%; border: none;"><input type="checkbox"/> f. Exposure to extreme temperatures</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> b. Driver requirements</td> <td style="border: none;"><input type="checkbox"/> g. Extensive pushing or pulling</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> c. Criminal background check</td> <td style="border: none;"><input type="checkbox"/> h. Extensive sitting or walking</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> d. Drug screen</td> <td style="border: none;"><input type="checkbox"/> i. Frequent stooping or bending over</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> e. Lifting requirement _____ lbs.</td> <td style="border: none;"><input type="checkbox"/> j. Repetitive movements</td> </tr> </table>		<input type="checkbox"/> a. Certification/license requirements	<input type="checkbox"/> f. Exposure to extreme temperatures	<input type="checkbox"/> b. Driver requirements	<input type="checkbox"/> g. Extensive pushing or pulling	<input type="checkbox"/> c. Criminal background check	<input type="checkbox"/> h. Extensive sitting or walking	<input type="checkbox"/> d. Drug screen	<input type="checkbox"/> i. Frequent stooping or bending over	<input type="checkbox"/> e. Lifting requirement _____ lbs.	<input type="checkbox"/> j. Repetitive movements
<input type="checkbox"/> a. Certification/license requirements	<input type="checkbox"/> f. Exposure to extreme temperatures										
<input type="checkbox"/> b. Driver requirements	<input type="checkbox"/> g. Extensive pushing or pulling										
<input type="checkbox"/> c. Criminal background check	<input type="checkbox"/> h. Extensive sitting or walking										
<input type="checkbox"/> d. Drug screen	<input type="checkbox"/> i. Frequent stooping or bending over										
<input type="checkbox"/> e. Lifting requirement _____ lbs.	<input type="checkbox"/> j. Repetitive movements										
<p>5a. Supervision: does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5b. If "Yes" to question 5a, enter the number of employees worker will supervise. § <input style="width: 50px;" type="text"/></p>										
<p>6. Additional Information Regarding Job Qualifications/Requirements. * <i>(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)</i></p>											

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



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 and Crop or Agricultural Activity. (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 clearance 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) *				
10. Is a completed Addendum B providing additional information on housing that will be provided to workers attached to this clearance order? *				<input type="checkbox"/> Yes <input type="checkbox"/> N/A

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.a Provision of Meals: If the employer will provide workers with meals, use Addendum C to describe how the employer will provide each worker who resides in employer-provided or secured housing with meals. §	<input type="checkbox"/>
2.b. The employer: §	<input type="checkbox"/> WILL NOT charge workers for meals. <input type="checkbox"/> WILL charge each worker for meals at \$ ____ . ____ per day, if meals are provided.
3. 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	<input type="checkbox"/>

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



worker's paycheck, and, if known, the amount(s) for each deduction. §	
4. 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. **PARTIES:**

- A. In view of the statutorily established basic function of the ES as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the 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).

2. **ASSURANCES FOR CLEARANCE ORDERS:**

- A. Employer will provide to workers placed through the clearance system the number of hours of work disclosed in this clearance order for the 14 calendar days 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 date of need as described in 20 CFR 653.501(c)(3)(iv). 20 CFR 653.501(c)(3)(i).
- B. Employer will notify the order-holding office or 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. Notification to workers must be made in accordance with the language access requirements of 29 CFR 38.9 for workers with limited English proficiency. If a worker provides electronic contact information, such as an email address or telephone number, the employer will send notice using one of the electronic contact methods provided. If the employer provides non-written telephonic notice, such as a phone call, voice message, or an equivalent, the employer will also send written notice using the email or postal address provided by the worker at least 10 business days prior to the original date of need. The employer will maintain records of the notification and the date notification was sent to the order-holding office or SWA and workers for 3 years. Consistent with 20 CFR 653.501(c)(5), if the employer does not properly send notification

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



to the order-holding office or SWA and workers at least 10 business days prior to the original date of need, the employer will provide the housing described on the clearance order to all migrant workers placed on the clearance order who are already traveling to the place of employment, without cost to the workers, until work commences. The employer will pay all placed workers for the hours listed on the clearance order and will provide or pay all other benefits and expenses described on the clearance order for each day work is delayed up to 14 calendar days 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 or paying transportation expenses to the worker's home. 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 order-holding 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 the availability of no cost or public housing which meets the Federal standards and which is sufficient to house the specified number of workers requested through the clearance system. The employer assures the availability of housing for only those workers, and when applicable, family members who are not reasonably able to return to their residence in the same day. 20 CFR 653.501(c)(3)(vi).
- H. 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.