

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. Begin Date: *	4. End Date:
5. Anticipated days and hours of work per week			
	a. Total Hours	c. Monday	e. Wednesday
	b. Sunday	d. Tuesday	f. Thursday
			g. Friday
			h. Saturday
Temporary Agricultural Services and Wage Offer Information			
6a. Name of Crop or Agricultural Activity			
6b. Description of the job duties or services to be performed. <i>(All job duties must be disclosed on this form or using Addendum A. Separate attachments will not be accepted.)</i>			
6c. Wage Offer	6d. Per	6e. Piece Rate Offer	6f. Piece Rate Units/Special Pay Information
\$ _____.		\$ _____.	
7. Is a completed Addendum A identifying additional job duties or services to be performed and/or wage offers covering all crops or agricultural activities attached to this job offer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Frequency of Pay. <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify): _____			
9. Additional conditions about the wage offer(s). <i>(If no additional conditions on the wage offer(s) are required, enter "NONE" below)</i>			
10. State all deduction(s) from pay not required by law and, if known, the amount(s). <i>(If no deductions other than those required by law, enter "NONE" below)</i>			



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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. <input style="width: 50px;" type="text"/>	3. Training: number of <u>months</u> required. <input style="width: 50px;" type="text"/>
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	<input type="checkbox"/> g. Exposure to extreme temperatures <input type="checkbox"/> h. Extensive pushing or pulling <input type="checkbox"/> i. Extensive sitting or walking <input type="checkbox"/> j. Frequent stooping or bending over <input type="checkbox"/> k. Repetitive movements
5. Additional Information Regarding Job Qualifications/Requirements. <i>(If no additional skills or requirements, enter "NONE" below)</i>	

C. Worksite Information

1. Worksite Address/Location				
2. City	3. State	4. Postal Code	5. County	
6. Additional Worksite Information. <i>(If no additional information, enter "NONE" below)</i>				
7. Is a completed Addendum B identifying all additional worksites and 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"/> No

D. Housing Information

1. Housing Address/Location				
2. City	3. State	4. Postal Code	5. County	
6. Type of Housing			7. Total Units	8. Total Occupancy <i>(all units)</i>
9. Additional Housing Information/ . <i>(If no additional information, enter "NONE" below)</i>				

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10. Is a completed **Addendum B** identifying the location(s) and description(s) of all other housing that will be provided to workers attached to this job order?

Yes No

E. Provision of Meals

1. Describe how the employer will provide each worker with 3 meals a day or furnish free and convenient cooking and kitchen facilities.

2. If meals are provided, the employer:

WILL NOT charge workers for such meals.

WILL charge workers for such meals at \$ ____ . ____ per day per worker.

F. Transportation and Daily Subsistence

1. Describe how the employer will provide workers with transportation each day from the housing to the worksite(s).

2. Describe how the employer will provide workers with transportation (a) to the place of employment (i.e., inbound) and (b) from the place of employment (i.e., outbound).

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3. During the travel described in Item 2, the employer will pay for or reimburse daily meals by providing each worker.	a. no less than	\$ ____ . ____	per day
	b. no more than	\$ ____ . ____	per day with receipts

G. 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, or the employer's authorized hiring representative, methods of contact, and the days and hours applicants will be considered for the job opportunity.

H. Other Material Terms and Conditions of the Job Offer

1. Specify any other material terms, conditions, and benefits (monetary and non-monetary) that will be provided by the employer under this job opportunity. (If no additional material terms and conditions, enter "**NONE**" below)



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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 date of need, unless the employer has amended the date of need at least 10 business days before the original date of need by so notifying the Order-Holding Office (OHO) in writing (e.g., e-mail notification). The employer understands that it is the responsibility of the SWA to make a record of all notifications and attempt to inform referred workers of the amended date of need expeditiously. 20 CFR 653.501(c)(3)(i).
- B. If there is a change to the anticipated date of need and the employer fails to notify the OHO at least 10 business days before the original date of need, the employer agrees that it will pay eligible workers referred through the clearance system the specified rate of pay disclosed in this clearance order for the first week starting with the originally anticipated date of need or will provide alternative work if such alternative work is stated on the clearance order. 20 CFR 653.501(c)(5).
- 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, as required under paragraph 7.B above. 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).
- H. Employer agrees that this ETA Form 790B informs the employer that pursuant to 20 CFR 653.503, if a U.S. worker is placed on a clearance order, the SWA, through its ES offices, and/or Federal staff, must conduct random, unannounced field checks to determine and document whether wages, hours, and working and housing conditions are being provided as specified in the clearance order. Field checks must include visit(s) to the worksite at a time when workers are present. When conducting field checks, ES staff must consult both the employees and the employer to ensure compliance with the full terms and conditions of employment. For more information on Field Checks, the employer may consult 20 CFR 653.503.

I declare under penalty of perjury that I have read and reviewed this entire 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 false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is violation of federal law under 18 U.S.C. 1001.

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

Employment Service Statement



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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).

Public Burden Statement (1205-0562)

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 1.67 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 and reviewing the collection of information. 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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Workforce Investment * U.S. Department of Labor * Room C4510 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**