H-2B Application for Temporary Employment Certification Form ETA-9142B U.S. Department of Labor



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at-the Office of Foreign Labor Certification's website at https://www.dol.gov/agencies/eta/foreign-labor. If you are not submitting this 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.

A. Nature of H-2B Application H-2B A	Application Visa Cap Esti	<u>mates</u>	
Is the employer seeking to employ any H-2B workers under this application who will be exempt from the statutory numerical limit, or "cap," on the total number of foreign nationals w			→ Yes → No
may be issued an H-2B visa or otherwise gr			
1. Of the total number of H-2B workers requ			a. Cap-Subject
estimate the number of H-2B workers the er from the H-2B numerical visa cap.*	nployer anticipates will be cap	-subject and cap-exempt	b. Cap-Exempt
B. Temporary Need Information			
1. Job Title *			
2. SOC Code *	3. SOC Occupation Title	* *	
Number of Workers *	5. Begin Date * (mm/dd/yyyy)		nd Date * n/dd/yyyy)
7. Nature of Temporary Need (Choose of			
☐ Seasonal ☐ Peakload	One-Time Occu	rrence	ittent
C. Employer Information 1. Legal Business Name *			1
1. Legal business Name			
2. Trade Name/Doing Business As (DI	BA), if applicable §		
3. Address 1 *			
4. Address 2 (apartment/suite/floor and numb	er) §		
5. City *		6. State *	7. Postal Code *
8. Country *		9. Province §	
10. Telephone Number *		11. Extension §	
12. Federal Employer Identification Nu	mber (FEIN from IRS) *	13. NAICS Code *	
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D. Employer Point of Contact Information

The information contained in this section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this section must be different from the agent or attorney information listed in Section E. unless the attorney is an employee of the employer.

The information in this section must be different from th	e agent or attorne	ey information listed in Section	on E, uniess the attorr	ney is an employee of the employer.
Contact's Last (family) Name *	2. F	irst (given) Name *	3.	Middle Name(s) §
4. Contact's Job Title *			1	
5. Address 1 *				
6. Address 2 (apartment/suite/floor and number)	§			
7. City *		8. State	* 9	Postal Code *
7. Oily		o. oldic	, o.	1 Colai Codo
10. Country *		11. Pro	vince §	
12. Telephone Number * 13.	Extension §	14. Business Email	Address *	
E Attornov or Agent Information (If and	liooble\			
E. Attorney or Agent Information (If app			,	
1. Indicate the type of representation for			lication. *	Attorney Agent None
Complete the remainder of this section				
2. Attorney or Agent's Last (family) Name	§ 3. ⊢	First (given) Name §	4.	Middle Name(s) §
5. Address 1 §			<u>.</u>	
6. Address 2 (apartment/suite/floor and number)	Ş			
7. City §		8. State	8 :	9. Postal Code §
The Stay 3		o. State	3	5
10. Country §		11. Pro	vince §	
40 T				
12. Telephone Number § 13. Extension § 14. Law Firm/Business Email Address §				
15. Law Firm/Business Name §			16. Law Firm/B	susiness FEIN §
If "∆ttornev" is	s marked in o	uestion E.1, comple	te questions 17	to 19 below
17. State Bar Number(s) §	inarkea iii e	•	•	ney is in good standing §
17. Otato Bai Hamber(b) 3		To: Otato of Highloot C	ourt whole atten	ioy io in good olanding g
19. Name of the highest state court when	e attorney is i	n good standing &		
19. Name of the highest state coult when	c alloring is i	n good standing g		
If "Agent" is n	narked in que	estion E.1, complete	questions 20 ar	nd 21 below.
20. Is a copy of the current agreement or	other docume	entation demonstrating	g the agent's autl	nority Nac DNa
to represent the employer in this appl	ication attach	ed? §		Yes No
21. Is a copy of the agent's current Migra				_
(MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is				
authorized to perform attached to this	application?	8		

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F. Employment and Wage Information

a. Job Opportunity and Minimum Rec	quirements	s
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a. 30b Opportunity and Minimum Requirements			
1. Indicate whether a copy of the job order submitted to the State Workforce A satisfying the requirements at 20 CFR 655.18 is attached to this application		☐ Yes	☐ No
2. Name of the State *	3. Date Job O Submitted		
4. Job Duties – Description of the specific services or labor to be performed. (All job duties must be disclosed on this form. One separate attachment will be accepted to fully		nse.)	
5. Anticipated days and hours of work per week (an entry is required for each box below	OW) *	6. Hourly work sch	adule *
		o. Hourry work som	□ AM
a. Total Hours c. Monday e. Wednesday	g. Friday	a	□ PM
b. Sunday d. Tuesday f. Thursday	h. Saturday	b:	□ AM □ PM
7. Education: minimum U.S. diploma/degree required. *	.		
□ None □ High School/GED □ Associate's □ Bachelor's □ Master's □	<u> </u>		JD, MD, etc.)
		months required. *	
	oyees worker wi	, enter the number ill supervise. §	
11. Special Requirements - List specific skills, licenses/certifications, field(s) of	training, and red	quirements of the job	. *

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b. Place of Employment and Wage Information

Worksite Address *							
2. Worksite Address § (apartment/suite/floor and num	nber)						
3. City *		4.	State *		5. Postal Cod	le *	
6. County *	7. Metro	politan Statis	tical Area (M	ISA) Name/	OES Area Title	· *	
8 <u>a</u> . Basic Wage Rate Paid *		8a. Overtim	•	_			
From: \$	•		o. Per (Choose only one) *				
			Hour Week Bi-Weekly				
		■ Month	☐ Year	Piece Ra	<u>ate</u>		
	dditional co	onditions abo	ut the wage	rate to be p	aid. §		
Hour - Week - Bi-Weekly Month - Year - Piece Rate							
8c. Are overtime hours available for this job opp	portunity at	t any work loc	ations for th	e 9142B an	d Appendix A?	*	
☐ Yes ☐ No							
8d. Wage Rate Range for Overtime Pay §	. 1						
<u>From:</u> \$ <u>To:</u>	_\$	•					
9. Additional conditions about the wage rate to	be paid at	any work loca	ations §				
2012			· (*) (*)	\ 1 · 6 · · · · · · · · · · · · · · · · ·			
L		ge Determina Case Numbe		<u> </u>	WD Case Nur	nher &	
10. ISTI WD Gase Number	ZIIG I WD	Case Numbe	3	100. 514 1	VVD Case Nui	inci 3	
11. If a valid PWD has <u>not</u> been obtained due indicate whether a completed Form ETA-9					^{7,}	s 🛭 No	□ N/A
c. Additional Place of Employment and Wage	Information	on					
Will work be performed at worksite location	ns other tha	an the one ide	entified in Se	ection F.b.?	* Ye	s 🗖 No	
2. If "Yes" is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. §			□ Ye	s 🛭 No			
d. Other Material Terms and Conditions of the	e Job Offe	r			•		
Daily Transportation: Workers will be proworksite in compliance with all applicable F					☐ Ye	s 🔲 N/A	١

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2. Overtime Available: Overtime hours will be available disclosed in Section F.b.8a of this application. *	→ Yes → N/A			
On-the-Job Training Available: Workers will be the duties assigned. *	☐ Yes ☐ N/A			
3. Employer-Provided Tools and Equipment: Wor deposit charge, all tools, supplies, and equipment	☐ Yes ☐ N/A			
4. Board, Lodging, or Other Facilities: Workers wi facilities and/or the employer will assist workers in	securing board, lodging, or other facilities. *	☐ Yes ☐ N/A		
5. Deductions From Pay : State all deduction(s) from	n pay and, if known, the amount(s).			
e. Recruitment Information				
Telephone Number to Apply *	2. Email Address to Apply *			
	Z. Email Address to Apply			
3. Website address (URL) to Apply *				
G. Other Supporting Documentation				
Type of Employer Application (Choose only one) *	☐ Individual Employer ☐ <u>Joint Employer</u>	<u>oyer (e.g.,</u> Job Contractor)		
2. Is a copy of the employer's current MSPA Certificate contracting activities the employer is authorized to p		☐ Yes ☐ No ☐ N/A		
	tor <u>) – Joint Employer</u> " is marked in question uestion and 4 below.	G.1, complete		
Indicate whether a completed Appendix D identifyir employer-client for a job contractor) has been completed.	ng the employer-client joint employer (or	☐ Yes ☐ No		
4. If a job contractor, indicate whether an executed cor job contractor and the employer-client establishing a bounder this application. §	☐ Yes ☐ No ☐ N/A			
Foreigr	Labor Recruiter Information			
5. Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? *		☐ Yes ☐ No		
Indicate whether a copy of all agreements with any a planning to engage in the recruitment of H-2B worker	☐ Yes ☐ No ☐ N/A			
 Indicate whether a completed Appendix C providing entities hired by or working for the agent or recruiter of the agents or employees of those persons and er 	☐ Yes ☐ No ☐ N/A			
H. Declaration of Employer and Attorney/Agent In accordance with Federal regulations, the employer(s) must attest to labor certification from the U.S. Department of Labor. Applications that f				
 Please confirm that you have read and agree to all to obligations contained in Appendix B and have attack with this application. * 		☐ Yes ☐ No		
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2. Please confirm that the joint employer (or employer-client for a job contractor) identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix B and has attached a separate signed and dated copy of Appendix B with this application. *

I. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or Section E (attorney or agent) of this application.

1. Last (family) Name §

2. First (given) Name §

3. Middle Initial §

4. Law Firm/Business FEIN §

5. Law Firm/Business Name §

For public burden statement information, please see Form ETA-9142B General Instructions.

Public Burden Statement (1205-0509)

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 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B – 55 minutes, Appendix A – 15 minutes, Appendix B – 15 minutes, Appendix B – 15 minutes, Appendix D – 10 minutes, and recordkeeping – 15 minutes. The obligation to respond to this data collection is required to obtain/retain benefits (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 U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFEC.Forms@dol.gov. **Please do not send the completed application to this address.**

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