***IMPORTANT****: In accordance with 20 CFR 653.500, 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 (Form ETA-790) to the State Workforce Agency (SWA) for placement on its intrastate and interstate job clearance systems. Employers submitting a job order in connection with an H-2A Application for Temporary Employment Certification (Form ETA-9142A) must complete the Form ETA-790 and attach a completed 790A. All other employers submitting agricultural clearance orders must complete the Form ETA-790 and attach a completed 790B. Employers and authorized preparers must read the general instructions carefully, complete ALL required fields/items containing an asterisk (\*), and any fields/items where a response is conditional as indicated by the section (§) symbol.*

**I. Clearance Order Information**

|  |
| --- |
| **FOR STATE WORKFORCE AGENCY (SWA) USE ONLY*****Questions 1 through 17*** |
| 1. Clearance Order Number \* | 2. Clearance Order Issue Date \* | 3. Clearance Order Expiration Date \*  |
| 4. SOC Occupation Code \*  | 5. SOC Occupation Title \*  |
| **SWA Order Holding Office Contact Information** |
| 6. Contact’s last (family) name \*  | 7. First (given) name \*  | 8. Middle name(s) § |
| 9. Contact’s job title \*   |
| 10. Address 1 \* |
| 11. Address 2 *(suite/floor and number)* § |
| 12. City \*  | 13. State \* | 14. Postal code \* |
| 15. Telephone number \*  | 16. Extension §   | 17. E-Mail address ***\**** |

**II. Employer Contact Information**

|  |
| --- |
| 1. Legal Business Name \* |
| 2. Trade Name/Doing Business As (DBA), if applicable § |
| 3. Contact’s last (family) name \*  | 4. First (given) name \*  | 5. Middle name(s) § |
| 6. Contact’s job title \*  |
| 7. Address 1 \* |
| 8. Address 2 *(apartment/suite/floor and number)* § |
| 9. City \*  | 10. State \* | 11. Postal code \* |
| 12. Telephone number \*  | 13. Extension §  | 14. Business e-mail address ***\**** |
| 15. Federal Employer Identification Number *(FEIN from IRS)* \* | 16. NAICS Code\* |

**III. Type of Clearance Order**

|  |  |
| --- | --- |
| 1. Indicate the type of agricultural clearance order being placed with the SWA for  recruitment of U.S. workers. *(choose only one)* \* |  ❑ 790A (H-2A clearance order)  ❑ 790B (regular clearance order) |

**Public Burden Statement** *(1205-0134)*

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 .03 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. 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, Suite PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0134). DO NOT send the completed application to this address.

**A. Job Offer Information**

|  |  |
| --- | --- |
| 1. Job Title  |  |
| 2. U.S. Workers Needed  | 1. 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 |  |  | g. Friday |
|  |  | b. Sunday |  |  | d. Tuesday |  |  | f. Thursday |  |  | 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.  *(All job duties must be disclosed on this form or using Addendum A. Separate attachments will not be accepted.)*  |
| 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?  |  ❑ Yes ❑ No  |
| 8. Frequency of Pay.  Weekly  Biweekly  Monthly  Other (specify):  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Additional conditions about the wage offer(s). *(If no additional conditions on the wage offer(s) are required, enter “****NONE****”* below) |
| 10. State all deduction(s) from pay not required by law and, if known, the amount(s).  *(If no deductions other than those required by law, enter “****NONE****” below)* |

**B. Minimum Job Qualifications/Requirements**

|  |
| --- |
| 1. Education: minimum U.S. diploma/degree required.   None  High School/GED  Associate’s  Bachelor’s  Master's or Higher  Other degree (JD, MD, etc.) |
| 2. Work Experience: number of months required.  |  | 3. Training: number of months required.  |  |
| 4. Basic Job Requirements (check all that apply)   a. Certification/license requirements   b. Driver requirements   c. Criminal background check   d. Drug screen   e. Lifting requirement  |  g. Exposure to extreme temperatures h. Extensive pushing or pulling i. Extensive sitting or walking j. Frequent stooping or bending over k. Repetitive movements |
| 5. Additional Information Regarding Job Qualifications/Requirements. *(If no additional skills or requirements, enter “****NONE****” below)*  |

**C. Worksite Information**

|  |
| --- |
| 1. Worksite Address/Location  |
| 2. City  | 3. State   | 4. Postal Code   | 5. County  |
| 6. Additional Worksite Information. *(If no additional information, enter “****NONE****” below)*  |
| 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?  |  ❑ Yes ❑ 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  *(all units)*  |
| 9. Additional Housing Information/ . *(If no additional information, enter “****NONE****” below)*  |
| 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).  |
| 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)*  |

1. **ASSURANCES FOR CLEARANCE ORDERS**:
2. 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).
3. 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).
4. 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).
5. 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).
6. 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).
7. 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).
8. 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).
9. 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**

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** *(1205-0134)*

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.**