

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 <http://www.foreignlaborcert.doleta.gov/>. 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

1. 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 who may be issued an H-2B visa or otherwise granted H-2B status? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
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B. Temporary Need Information

1. Job Title *		
2. SOC Code *	3. SOC Occupation Title *	
4. Number of Workers *	5. Begin Date * <small>(mm/dd/yyyy)</small>	6. End Date * <small>(mm/dd/yyyy)</small>
7. Nature of Temporary Need <i>(Choose only one)</i> * <input type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent		
8. Statement of Temporary Need * <i>(Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i>		

C. Employer Information

1. Legal Business Name *		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
4. Address 2 <i>(apartment/suite/floor and number)</i> §		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	
10. Telephone Number *	11. Extension §	
12. Federal Employer Identification Number <i>(FEIN from IRS)</i> *	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.

1. Contact's Last (family) Name *		2. First (given) Name *		3. Middle Name(s) §	
4. Contact's Job Title *					
5. Address 1 *					
6. Address 2 (apartment/suite/floor and number) §					
7. City *			8. State *		9. Postal Code *
10. Country *			11. Province §		
12. Telephone Number *		13. Extension §	14. Business Email Address *		

E. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.			<input type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None		
2. Attorney or Agent's Last (family) Name §		3. First (given) Name §		4. Middle Name(s) §	
5. Address 1 §					
6. Address 2 (apartment/suite/floor and number) §					
7. City §			8. State §		9. Postal Code §
10. Country §			11. Province §		
12. Telephone Number §		13. Extension §	14. Law Firm/Business Email Address §		
15. Law Firm/Business Name §			16. Law Firm/Business FEIN §		

If "Attorney" is marked in question E.1, complete questions 17 to 19 below.

17. State Bar Number(s) §		18. State of highest court where attorney is in good standing §	
19. Name of the highest state court where attorney is in good standing §			

If "Agent" is marked in question E.1, complete questions 20 and 21 below.

20. Is a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application attached? §		<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Is a copy of the agent's current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform attached to this application? §		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

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F. Employment and Wage Information

a. Job Opportunity and Minimum Requirements

1. Indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) satisfying the requirements at 20 CFR 655.18 is attached to this application. *		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Name of the State *		3. Date Job Order Submitted *	
4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i>			
5. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *		6. Hourly work schedule *	
	a. Total Hours	c. Monday	e. Wednesday
	b. Sunday	d. Tuesday	f. Thursday
			g. Friday
			h. Saturday
7. 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 <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)			
8. Training: number of <u>months</u> required. *		9. Work Experience: number of <u>months</u> required. *	
10. Supervision: does this position supervise the work of other employees? *		10a. If "Yes" to question 10, enter the number of employees worker will supervise. §	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
11. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. *			

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b. Place of Employment and Wage Information

1. Worksite Address *		
2. Worksite Address § (apartment/suite/floor and number)		
3. City *	4. State *	5. Postal Code *
6. County *	7. Metropolitan Statistical Area (MSA) Name/OES Area Title *	
8. Basic Wage Rate Paid *		8a. Overtime Wage Rate Paid §
From: \$ _____ . _____ *		To: \$ _____ . _____
9. Per (Choose only one) *		9a. Additional conditions about the wage rate to be paid. §
<input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate		
DOL Prevailing Wage Determination (PWD) Information		
10. 1st PWD Case Number *	10a. 2nd PWD Case Number §	10b. 3rd PWD Case Number §
11. If a valid PWD has <u>not</u> been obtained due to an emergency situation under 20 CFR 655.17, indicate whether a completed Form ETA-9141 is attached to this application. §		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

c. Additional Place of Employment and Wage Information

1. Will work be performed at worksite locations other than the one identified in Section F.b.? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. If "Yes" is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. §	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. Other Material Terms and Conditions of the Job Offer

1. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal, State and local laws and regulations. *	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
2. Overtime Available: Overtime hours will be available to the workers and payable at the rate disclosed in Section F.b.8a of this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
3. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
4. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
5. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	<input type="checkbox"/> Yes <input type="checkbox"/> N/A
6. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). *	

e. Recruitment Information

1. Telephone Number to Apply *	2. Email Address to Apply *
3. Website address (URL) to Apply *	

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G. Other Supporting Documentation

1. Type of Employer Application (Choose only one) *	<input type="checkbox"/> Individual Employer	<input type="checkbox"/> Job Contractor – Joint Employer
2. Is a copy of the employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform attached to this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

If "Job Contractor – Joint Employer" is marked in question G.1, complete questions 3 and 4 below.

3. Indicate whether a completed Appendix D identifying the employer-client has been completed. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Indicate whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application. §	<input type="checkbox"/> Yes <input type="checkbox"/> No

Foreign 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? *	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Indicate whether a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B workers is attached to this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Indicate whether a completed Appendix C providing the identity and location of all persons and entities hired by or working for the agent or recruiter subject to the agreement(s), including any of the agents or employees of those persons and entities, is attached to this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

H. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to abide by certain terms, assurances, and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix B will not be certified by the Department.

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix B and have attached a signed and dated copy of Appendix B with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Please confirm that the <u>employer-client</u> identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix B and has attached a <u>separate</u> signed and dated copy of Appendix B with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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 §	
6. Law Firm/Business Email Address §		

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 C- 20 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.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**