

U.S. Department of Labor
Employment and Training Administration
Office of Foreign Labor Certification

Public Disclosure File: H-2A, Forms ETA-9142A and ETA-790A
Federal Fiscal Year: 2021
Reporting Period: October 1, 2020 through December 31, 2020

Important Note: This public disclosure file contains administrative data from agricultural businesses' H-2A Applications, as provided by the employer or representative, for Temporary Employment Certification (Forms ETA-9142A and ETA-790A) and the final determinations issued by the Department's Office of Foreign Labor Certification (OFLC), Employment and Training Administration (ETA), during the reporting period above.

The following form items are not included in the public disclosure file because they contain Personally Identifiable Information (PII): Employer's Federal Employer Identification Number (FEIN), Attorney's FEIN, and Attorney's State Bar Number. The following form items are not included in the public disclosure file because they are large open text fields: Job Duties; Provision of Meals Description; Transportation and Daily Subsistence Terms and Arrangements; Referral and Hiring Instructions; and Additional Material Terms and Conditions.

FIELD	DESCRIPTION
CASE_NUMBER	Unique identifier assigned to each application submitted for processing to OFLC.
CASE_STATUS	Status associated with the last significant event or decision. Valid values include "Determination Issued – Certification", "Determination Issued – Certification Expired", "Determination Issued – Denied", "Determination Issued – Partial Certification", "Determination Issued – Partial Certification Expired", "Determination Issued – Withdrawn".
RECEIVED_DATE	Date the application was received at OFLC.
DECISION_DATE	Date on which the last significant event or determination was issued by OFLC.
TYPE_OF_EMPLOYER_APPLICATION	Refers to the filing status of the application. Values include "Individual Employer", "Association – Sole Employer", "Joint Employer; "Association – Joint Employer", or "Association – Agent Form ETA-9142A, Section A, Item 1.
H-2A_LABOR_CONTRACTOR	Y = Employer is defined as an H-2A Labor Contractor (H-2ALC); N = Employer is not an H-2ALC. Form ETA-9142A, Section A, Item 2.
NATURE_OF_TEMPORARY_NEED	Values include "Seasonal" or "Other Temporary Need". Form ETA-9142A, Section A, Item 3.
EMERGENCY_FILING	Y = Employer is requesting to waive the regulatory time period of filing due to an emergency situation; N = waiver is not being requested. Form ETA-9142A, Section A, Item 5.
EMPLOYER_NAME	Legal business name of the employer requesting temporary labor certification. Form ETA-9142A, Section B, Item 1.
TRADE_NAME_DBA	Trade name or "Doing Business As" (DBA) name, if applicable. Form ETA-9142A, Section B, Item 2.
EMPLOYER_ADDRESS_1	Contact information of the Employer requesting temporary labor certification. Form ETA-9142A, Section B, Items 3 through 11.
EMPLOYER_ADDRESS_2	

FIELD	DESCRIPTION
EMPLOYER_CITY	
EMPLOYER_STATE	
EMPLOYER_POSTAL_CODE	
EMPLOYER_COUNTRY	
EMPLOYER_PROVINCE	
EMPLOYER_PHONE	
EMPLOYER_PHONE_EXT	
NAICS_CODE	Industry code associated with the employer requesting temporary labor certification, as classified by the North American Industrial Classification System (NAICS). Form ETA-9142A, Section B, Item 13.
EMPLOYER_POC_LAST_NAME	Employer Point of Contact Name. Form ETA-9142A Section C, Items 1 through 4.
EMPLOYER_POC_FIRST_NAME	
EMPLOYER_POC_MIDDLE_NAME	
EMPLOYER_POC_JOB_TITLE	
EMPLOYER_POC_ADDRESS1	Contact information of the Employer Point of Contact requesting temporary employment certification. Form ETA-9142A, Section C, Items 5 through 14.
EMPLOYER_POC_ADDRESS2	
EMPLOYER_POC_CITY	
EMPLOYER_POC_STATE	
EMPLOYER_POC_POSTAL_CODE	
EMPLOYER_POC_COUNTRY	
EMPLOYER_POC_PROVINCE	
EMPLOYER_POC_PHONE	
EMPLOYER_POC_PHONE_EXT	
EMPLOYER_POC_EMAIL	

FIELD	DESCRIPTION
TYPE_OF_REPRESENTATION	Valid values include "Attorney", or "Agent". If blank, employer is not a being represented by an Attorney or Agent. Form ETA-9142A, Section D, Item 1.
ATTORNEY_AGENT_LAST_NAME	Name of Attorney or Agent representing Employer requesting a temporary labor certification. Form ETA-9142A, Section D, Items 2 through 4.
ATTORNEY_AGENT_FIRST_NAME	
ATTORNEY_AGENT_MIDDLE_NAME	
ATTORNEY_AGENT_ADDRESS_1	Contact information of the Attorney/Agent representing the Employer requesting temporary labor certification. Form ETA-9142A, Section D, Items 5 through 13.
ATTORNEY_AGENT_ADDRESS_2	
ATTORNEY_AGENT_CITY	
ATTORNEY_AGENT_STATE	
ATTORNEY_AGENT_POSTAL_CODE	
ATTORNEY_AGENT_COUNTRY	
ATTORNEY_AGENT_PROVINCE	
ATTORNEY_AGENT_PHONE	
ATTORNEY_AGENT_PHONE_EXT	
ATTORNEY_AGENT_EMAIL	
LAWFIRM_NAME_BUSINESS_NAME	Name of the Law Firm or Business filing an H-2A application on behalf of the employer. Form ETA-9142A, Section D, Item 15.
STATE_OF_HIGHEST_COURT	If Representation is defined as "Attorney" the state of the highest court where the attorney is in good standing. Form ETA-9142A, Section D, Item 18.
NAME_OF_HIGHEST_STATE_COURT	If Representation is defined as "Attorney", the name of the highest court where the attorney is in good standing. Form ETA-9142A, Section D, Item 19.
SOC_CODE	Occupational code associated with the job being requested for temporary labor certification, as classified by the Standard Occupational Classification (SOC) System. Form ETA-9142A, Section E, Item 1.
SOC_TITLE	Occupational title associated with the SOC/O*NET Code. Form ETA-9142A, Section E, Item 2.
790A_ADDENDUM_B_ATTACHED	If Employer is identified as H-2ALC. Y = Form ETA-790A Addendum B is attached to the application identifying names and locations of agricultural businesses that will be provided H-2A workers (if applicable); N = ADDENDUM B is not attached to the application (if applicable). Form ETA-9142A, Section E, Item 5.

FIELD	DESCRIPTION
WORK_CONTRACTS_ATTACHED	If Employer is identified as H-2ALC, Y = copies of full-executed work contracts for each agricultural business attached to the application; N = work contracts are not attached to the application. Form ETA-9142A, Section E, Item 6.
EMPLOYER_MSPA_ATTACHED	If Employer is identified as H-2ALC, Y = A copy of the MSPA is attached to the application; N = a copy of the MSPA is not attached to the applications; N/A = not applicable. Form ETA-9142A, Section E, Item 7.
SURETY_BOND_ATTACHED	If Employer is identified as H-2ALC, Y = Surety Bond is attached to this applications; N = surety bond is not attached to this applications. Form ETA-9142A, Section E, Item 8.
HOUSING_TRANSPORTATION	If Employer is identified as H-2ALC, Y = Employers will provide workers with housing and/or transportation; N = housing or transportation will not be provided. Form ETA-9142A, Section E, Item 9.
APPENDIX_A_ATTACHED	Y = employer read and agrees with all terms and a copy of Appendix A is attached to the application; N = does not read and agree with all terms and a copy of Appendix A is not attached to the application. Form ETA-9142A, Section F, Item 1.
JOINT_EMPLOYER_APPENDIX_A_ATTACHED	If Employer is identified as Join Employer. Y = employer read and agrees with all terms and a copy of Appendix A is attached to the application; N = employer has not read or agreed to all terms and a copy of Appendix A is not attached to the application. Form ETA-9142A, Section F, Item 2.
PREPARER_LAST_NAME	Name of person preparing the Labor Certification Application on behalf of the employer, if not the employer point-of-contact or Attorney/Agent. Form ETA-9142A Section G, Items 1 through 6.
PREPARER_FIRST_NAME	
PREPARER_MIDDLE_INITIAL	
PREPARER_BUSINESS_NAME	
PREPARER_EMAIL	
JOB_ORDER_NUMBER	Unique identifier assigned to each Form ETA-790 submitted for processing to the ETA National Processing Center.
JOB_TITLE	Title of the agricultural job. Form ETA-790A, Section A, Item 1.
TOTAL_WORKERS_NEEDED	Total number of US and H-2A full-time workers needed to perform the agricultural services or labor. Form ETA-790A, Section A, Item 2a.
TOTAL_WORKERS_H-2A_REQUESTED	Total number of H-2A workers requested by the Employer(s). Form ETA-790A, Section A, Item 2b.
TOTAL_WORKERS_H-2A_CERTIFIED	Total number of H-2A workers certified by the ETA National Processing Center.
REQUESTED_BEGIN_DATE	Requested beginning date of the period of employment. Form ETA-790A, Section A, Item 3.
REQUESTED_END_DATE	Requested ending date of the period of employment. Form ETA-790A, Section A, Item 4.
EMPLOYMENT_BEGIN_DATE	Beginning date of the period of employment for certified applications.

FIELD	DESCRIPTION
EMPLOYMENT_END_DATE	Ending date of the period of employment for certified applications.
ON_CALL_REQUIREMENT	Y = Job will require worker to be on-call 24 hours a day and 7 days a week; N = Job does not require worker to be on-call. Form ETA-790A, Section A, Item 5.
ANTICIPATED_NUMBER_OF_HOURS	Total work hours anticipated each week. Form ETA-790A, Section A, Item 6.
SUNDAY_HOURS	Total work hours anticipated for Sunday. Form ETA-790A, Section A, Item 6b.
MONDAY_HOURS	Total work hours anticipated for Monday. Form ETA-790A, Section A, Item 6c.
TUESDAY_HOURS	Total work hours anticipated for Tuesday. Form ETA-790A, Section A, Item 6d.
WEDNESDAY_HOURS	Total work hours anticipated for Wednesday. Form ETA-790A, Section A, Item 6e.
THURSDAY_HOURS	Total work hours anticipated for Thursday. Form ETA-790A, Section A, Item 6f.
FRIDAY_HOURS	Total work hours anticipated for Friday. Form ETA-790A, Section A, Item 6g.
SATURDAY_HOURS	Total work hours anticipated for Saturday. Form ETA-790A, Section A, Item 6h.
HOURLY_SCHEDULE_BEGIN	Proposed Work Schedule Start Time. Form ETA-790A, Section A, Item 7a.
HOURLY_SCHEDULE_END	Proposed Work Schedule End Time. Form ETA-790A, Section A, Item 7b.
WAGE_OFFER	Wage paid to workers subject to the temporary labor certification. Form ETA-790A, Section A, Item 8b.
PER	Unit of Pay for wage offer. Valid values are "Hour" or "Month". Form ETA-790A, Section A, Item 8c.
PIECE_RATE_OFFER	Piece Rate offered (if applicable). Form ETA-790A, Section A, Item 8d.
PIECE_RATE_UNIT	Piece Rate Units or Special Pay (if applicable). Form ETA-790A, Section A, Item 8e.
790A_ADDENDUM_A_ATTACHED	Y = Form ETA-790A Addendum A is attached to application identifying name, address, total number of workers needed, and crops for each employer; N = Addendum A is not attached to the application. Form ETA-790A, Section A, Item 9.
FREQUENCY_OF_PAY	Frequency in which the worker will be paid. Valid values include "Weekly", "Biweekly", "Monthly" or "Other". Form ETA-790A, Section A, Item 10.
OTHER_FREQUENCY_OF_PAY	"Other" type of Frequency of Pay (if applicable). Form ETA-790A, Section A, Item 10.
DEDUCTIONS_FROM_PAY	States all deduction(s) from pay and if known, the amount(s). Form ETA-790A, Section A, Item 11.
EDUCATION_LEVEL	The minimum US diploma or degree required by the employer for the position. Variables include "None", "High School/GED", "Associate's", "Bachelor's", "Master's", "Master's or Higher", or "Other Degree (JD, MD,

FIELD	DESCRIPTION
	etc.)." Form ETA-790A, Section B, Item 1.
WORK_EXPERIENCE_MONTHS	If Work Experience Required, Number of Months Needed. Form ETA-790A, Section B, Item 2.
TRAINING_MONTHS	If Additional Training Required, Number of Months Needed. Form ETA-790A, Section B, Item 3.
CERTIFICATION_REQUIREMENTS	Basic Job Requirements (if applicable). Form ETA-790A, Section B, Items 4a through 4k.
DRIVER_REQUIREMENTS	
CRIMINAL_BACKGROUND_CHECK	
DRUG_SCREEN	
LIFTING_REQUIREMENTS	
LIFTING_AMOUNT	
EXPOSURE_TO_TEMPERATURES	
EXTENSIVE_PUSHING_PULLING	
EXTENSIVE_SITTING_WALKING	
FREQUENT_STOOPING_BENDING_OVER	
REPETITIVE_MOVEMENTS	
SUPERVISE_OTHER_EMP	Y = Worker will supervise other employees; N = Worker will not supervise other employees. Form ETA-790A, Section B, Item 5a.
SUPERVISE_HOW_MANY	Number of Employees supervised (if applicable). Form ETA-790A, Section B, Item 5b.
ADDITIONAL_JOB_REQUIREMENTS	Description of any other qualifications or requirements to perform the agricultural services or labor. Form ETA-790A, Section B, Item 6.
WORKSITE_ADDRESS	Geographic Information for First Worksite Location. Form ETA-790A, Section C, Items 1 through 5.
WORKSITE_CITY	
WORKSITE_STATE	
WORKSITE_POSTAL_CODE	
WORKSITE_COUNTY	

FIELD	DESCRIPTION
ADDENDUM_B_WORKSITE_ATTACHED	Completed Addendum B providing information on the places of employment and/or agricultural businesses who will employ workers. Y = Yes, for attached with additional worksites; N = No. Form ETA-790A Section C. Item 7
TOTAL_WORKSITE_RECORDS	Total number of row record entries listed on the Form ETA-790A, Addendum B. Section C. (See H-2A Addendum B Place of Employment Record Layout).
HOUSING_ADDRESS_LOCATION	Geographic Information for where the housing for workers is located. Form ETA-790A, Section D, Items 1 through 5.
HOUSING_CITY	
HOUSING_STATE	
HOUSING_POSTAL_CODE	
HOUSING_COUNTY	
TYPE_OF_HOUSING	The type of housing that will be provided to workers at the listed housing location. Form ETA-790A, Section D, Item 6.
TOTAL_UNITS	The total number of housing units available to house workers at the listed housing location. Form ETA-790A, Section D, Item 7.
TOTAL_OCCUPANCY	The total occupancy capacity for all of the housing units identified in total units of the listed housing location. Form ETA-790A, Section D, Item 8.
HOUSING_COMPLIANCE_LOCAL	Y = the housing units comply with local standards; N = the housing units do not comply with local standards. Form ETA-790A, Section D, Item 9.
HOUSING_COMPLIANCE_STATE	Y = the housing units comply with state standards; N = the housing units do not comply with state standards. Form ETA-790A, Section D, Item 9.
HOUSING_COMPLIANCE_FEDERAL	Y = the housing units comply with federal standards; N = the housing units do not comply with federal standards. Form ETA-790A, Section D, Item 9.
ADDENDUM_B_HOUSING_ATTACHED	Completed Addendum B providing additional information on housing that will be provided to workers. Y = Yes, for attached with housing information; N = No. Form ETA-790A Section D. Item 11.
TOTAL_HOUSING_RECORDS	Total number of row record entries listed on the Form ETA-790A, Addendum B. Section D. (See H-2A Addendum B Housing Information Record Layout).
MEALS_PROVIDED	If meals are provided, whether or not meals will be charged. Valid values include "Will Not" or "Will". Form ETA-790A, Section E, Item 2.
MEALS_CHARGED	The amount to be charged to worker for meals per day (if applicable). Form ETA-790A, Section E, Item 2.
MEAL_REIMBURSEMENT_MINIMUM	During travel, minimum amount employer will pay for or reimburse worker for meals. Form ETA-790A, Section F, Item 3a and Section F, Item 3b.
MEAL_REIMBURSEMENT_MAXIMUM	During travel, maximum amount employer will pay for or reimburse worker for meals with receipts. Form ETA-790A, Section F, Item 3a and Section F, Item 3b.
PHONE_TO_APPLY	Telephone number to apply for job opportunity. Form ETA-9142A Section G, Item 2.
EMAIL_TO_APPLY	Email address to apply for job opportunity. Form ETA-9142A Section G, Item 3.

FIELD	DESCRIPTION
WEBSITE_TO_APPLY	Website address to apply for job opportunity. Form ETA-9142A Section G, Item 4.
TOTAL_ADDENDUM_A_RECORDS	The total number of crops or agricultural activities listed in Form ETA 790A, Addendum A, Section A, Item 9.