

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: 2026

Reporting Period: *October 1, 2025 through December 31, 2025*

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.*

As of September 12, 2024, two different sets of H-2A forms are being used depending on whether the Farmworker Protection Final Rule has been implemented and not subject to a federal court injunction. For any application that is not a party to the Kansas v. DOL litigation, as explained in OFLC's September 10, 2024, announcement, field descriptions will refer to "v2" as the form version, while any application that IS a party to the Kansas v. DOL litigation will refer to "v3" as the form version.

| 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Issued – Partial Certification", "Determination Issued – Partial Certification (Expired)", "Determination Issued – Withdrawn".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" and "Joint Employer". Form ETA-9142A, Section A, Item 1. |
| AG_ASSN_OR_AGENCY_STATUS | Refers to whether the filer is an Agricultural Association Employer or Agency Status. Values include "Association - Sole Employer", "Association - Joint Employer", or "Association - Agent". Form ETA-9142A, Section A, Item 1a. |
| H2A_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. |
| PREV_TRADE_NAME_DBA_1 | Previous trade name or "Doing Business As" (DBA) name, if applicable. Form ETA-9142A v3, Section B, Item 3. |

| FIELD | DESCRIPTION |
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| PREV_TRADE_NAME_DBIA_2 | Other previous trade name or “Doing Business As” (DBA) name, if applicable. Form ETA-9142A v3, Section B, Item 4. |
| EMPLOYER_ADDRESS_1 | Contact information of the Employer requesting temporary labor certification. Form ETA-9142A v2, Section B, Items 3 through 11. Form ETA-9142A v3, Section B, Items 5 through 13. |
| EMPLOYER_ADDRESS_2 | |
| EMPLOYER_CITY | |
| EMPLOYER_STATE | |
| EMPLOYER_POSTAL_CODE | |
| EMPLOYER_COUNTRY | |
| EMPLOYER_PROVINCE | |
| EMPLOYER_PHONE | |
| EMPLOYER_PHONE_EXT | |
| EMPLOYER_FEIN | Federal Employer Identification Number (FEIN from IRS). Form ETA-9142A v2, Section B, Item 12. Form ETA-9142A v3, Section B, Item 14. |
| 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 v2, Section B, Item 13. Form ETA-9142A v3, Section B, Item 15. |
| 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 | |

| FIELD | DESCRIPTION |
|----------------------------|--|
| EMPLOYER_POC_COUNTRY | |
| EMPLOYER_POC_PROVINCE | |
| EMPLOYER_POC_PHONE | |
| EMPLOYER_POC_PHONE_EXT | |
| EMPLOYER_POC_EMAIL | |
| TYPE_OF_REPRESENTATION | Valid values include "Attorney", or "Agent". If blank, employer is not 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 | Attorney or Agent's law firm or business Email address. Form ETA-9142A, Section D, Item 14. |
| 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. |
| LAWFIRM_BUSINESS_FEIN | Federal Employer Identification Number (FEIN from IRS) of the Law Firm or Business filing an H-2A application on behalf of the employer. Form ETA-9142A, Section D, Item 16. |
| 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. |

| FIELD | DESCRIPTION |
|------------------------------------|--|
| 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. |
| APPENDIX_C_ATTACHED | Indicates that a completed 9142A Appendix C form has been attached. Y = Form 9142A Appendix C is attached. Form ETA-9142A v3, Section E, Item 4. |
| 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 v2, Section E, Item 5. Form ETA-9142A v3, Section E, Item 6. |
| 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 v2, Section E, Item 6. Form ETA-9142A v3, Section E, Item 7. |
| 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 v2, Section E, Item 7. Form ETA-9142A v3, Section E, Item 8. |
| 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 v2, Section E, Item 8. Form ETA-9142A v3, Section E, Item 9. |
| 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 v2, Section E, Item 9. Form ETA-9142A v3, Section E, Item 10. |
| USING_AGENT_RECRUITER | Indicates whether an Employer is engaging or planning to engage any agent(s) or recruiter(s) in the recruitment process. Y = Employer is engaging or planning to engage, N = Employer is not engaging or planning to engage. Form ETA-9142A v3, Section E, Item 11. |
| AGENT_RECRUITER AGREEMENT_ATTACHED | If Employer is engaging or planning to engage any agent(s) or recruiter(s) in the recruitment process, indicates whether agreements are attached. Y = Agreements are attached, N/A = Not applicable. Form ETA-9142A v3, Section E, Item 11a. |
| APPENDIX_D_ATTACHED | If Employer is engaging or planning to engage any agent(s) or recruiter(s) in the recruitment process, indicates whether a completed Appendix D is attached. Y = Appendix D attached, N/A = Not applicable. Form ETA-9142A v3, Section E, Item 11b. |
| 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 Joint 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; N/A = not applicable. Form ETA-9142A, Section F, Item 2. |
| PREPARER_LAST_NAME | |

| FIELD | DESCRIPTION |
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| PREPARER_FIRST_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_MIDDLE_INITIAL | |
| PREPARER_FEIN | |
| 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. |
| 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. |

| FIELD | DESCRIPTION |
|----------------------------|---|
| 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. |
| PIECE_RATE_ADDITIONAL_INFO | Additional information on Special Pay/Estimated Hourly Rate (if applicable). Form ETA-790A v3, Section A, Item 8f. |
| OVERTIME_PAY | Indicates whether overtime pay is available for this job opportunity. Y = Overtime is available, N = Overtime is not available. Form ETA-790A v3, Section A, Item 8g. |
| 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", 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 v2, Section A. Item 11. Form ETA-790A v3, Section E. Item 4. |
| MIN_STANDARDS | Indicates whether there are other minimum productivity or performance standards which the employer will require of the worker(s). Y = There are minimum standards, N = There are no minimum standards. Form ETA-790A v3, 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, 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 | |

| FIELD | DESCRIPTION |
|--------------------------------|---|
| 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 | |
| WORKSITE_CITY | |
| WORKSITE_STATE | Geographic Information for First Worksite Location. Form ETA-790A, Section C, Items 1 through 5. |
| WORKSITE_POSTAL_CODE | |
| WORKSITE_COUNTY | |
| 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 | |
| HOUSING_CITY | Geographic Information for where the housing for workers is located. Form ETA-790A, Section D, Items 1 through 5. |
| HOUSING_STATE | |

| FIELD | DESCRIPTION |
|----------------------------------|--|
| 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_SWA | Y = the housing units comply with SWA standards; N = the housing units do not comply with SWA 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. |
| HOUSING_COMPLIANCE_OTHER | Y = the housing units comply with other standards; N = the housing units do not comply with other standards. Form ETA-790A, Section D, Item 9. |
| HOUSING_COMPLIANCE_OTHER_SPECIFY | Specification if "Other" is selected. 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/A = Not applicable. 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 v2, Section E, Item 2. Form ETA-790A v3, Section E, Item 1b. |
| MEALS_CHARGED | The amount to be charged to worker for meals per day (if applicable). Form ETA-790A v2, Section E, Item 2. Form ETA-790A v3, Section E, Item 1b. |
| MEAL_REIMBURSEMENT_MINIMUM | During travel, minimum amount employer will pay for or reimburse worker for meals. Form ETA-790A v2, Section F, Item 3a. Form ETA-790A v3, Section E, Item 3a. |
| MEAL_REIMBURSEMENT_MAXIMUM | During travel, maximum amount employer will pay for or reimburse worker for meals with receipts. Form ETA-790A v2, Section F, Item 3b. Form ETA-790A v3, Section E, Item 3b. |
| PHONE_TO_APPLY | Telephone number to apply for job opportunity. Form ETA-9142A Section G, Item 2. |
| PHONE_EXT_TO_APPLY | Telephone number extension to apply for job opportunity. Form ETA-790A Section G, Item 3. |
| EMAIL_TO_APPLY | Email address to apply for job opportunity. Form ETA-9142A Section G, Item 4. |
| WEBSITE_TO_APPLY | Website address to apply for job opportunity. Form ETA-9142A Section G, Item 5. |

| FIELD | DESCRIPTION |
|--------------------------|---|
| ADDENDUM_C_ATTACHED | Completed Addendum C providing additional information on material terms, conditions and benefits that will be provided to workers. Y = Yes, for attached with housing information; N = No. Form ETA-790A v2, Section H. Item 1. Form ETA-790A v3, Item E.5. |
| TOTAL_ADDENDUM_A_RECORDS | The total number of crops or agricultural activities listed in Form ETA 790A, Addendum A, Section A, Item 9. |