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

Public Disclosure File: H-2B, Form ETA-9142B
Federal Fiscal Year: 2022
Reporting Period: *October 1, 2021, through September 30, 2022*

Important Note: *This public disclosure file contains administrative data from employers' H-2B Applications, as provided by the employer or representative, for Temporary Employment Certification (Form ETA-9142B) and the final determinations issued by the Department's Office of Foreign Labor Certification (OFLC), Employment and Training Administration (ETA), where the date of the determination was issued 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, Attorney's State Bar Number and Preparer Law Firm/Business FEIN. The following form items are not included in the public disclosure file because they are large open text fields: Statement of Temporary Need and Job Duties.

FIELD NAME	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 (Returned)", "Determination Issued – Denied", "Determination Issued – Partial Certification", "Determination Issued – Partial Certification (Returned)", "Determination Issued – Rejected", and "Withdrawn".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.
CAP_EXEMPT	Indicates if H-2B workers will be exempt from the statutory cap. Yes = Exempt from the statutory cap; No = Not exempt from the statutory cap. Form ETA-9142B Section A, Item 1.
JOB_TITLE	Title of the non-agricultural job. Form ETA-9142B Section B, Item 1.
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-9142B Section B, Item 2.
SOC_TITLE	Occupational title associated with the SOC/O*NET Code. Form ETA-9142B Section B, Item 3.
TOTAL_WORKERS_REQUESTED	Total number of foreign workers requested by the Employer(s). Form ETA-9142B Section B, Item 4.
TOTAL_WORKERS_CERTIFIED	Total number of foreign workers certified by OFLC.
REQUESTED_BEGIN_DATE	Beginning date for the worker's period of employment. Form ETA-9142B Section B, Item 5.

FIELD NAME	DESCRIPTION
REQUESTED_END_DATE	Ending date for the worker's period of employment. Form ETA-9142B Section B, Item 6.
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.
NATURE_OF_TEMPORARY_NEED	Valid values include "Seasonal", "Peakload", "One-Time Occurrence", or "Intermittent". Form ETA-9142B Section B, Item 7.
EMPLOYER_NAME	Legal business name of the employer requesting temporary labor certification. Form ETA-9142B Section C, Item 1.
TRADE_NAME_DBA	Trade name or "Doing Business As" (DBA) name, if applicable. Form ETA-9142B Section C, Item 2.
EMPLOYER_ADDRESS1	Contact information of the Employer requesting temporary labor certification. Form ETA-9142B Section C, Items 3 through Item 11.
EMPLOYER_ADDRESS2	
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-9142B Section C, Item 13.
EMPLOYER_POC_LAST_NAME	Employer Point of Contact Name. Form ETA-9142B Section D, Items 1 through 4.
EMPLOYER_POC_FIRST_NAME	
EMPLOYER_POC_MIDDLE_NAME	
EMPLOYER_POC_JOB_TITLE	

FIELD NAME	DESCRIPTION
EMPLOYER_POC_ADDRESS1	Contact information of the Employer Point of Contact request temporary labor certification. Form ETA-9142B Section D Item 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	
TYPE_OF_REPRESENTATION	Valid values include "Attorney", "Agent" or "None". Form ETA-9142B Section E, Item 1.
ATTORNEY_AGENT_LAST_NAME	Name of Attorney or Agent representing Employer requesting a temporary labor certification. Form ETA-9142B Section E, Items 2 through 4.
ATTORNEY_AGENT_FIRST_NAME	
ATTORNEY_AGENT_MIDDLE_NAME	
ATTORNEY_AGENT_ADDRESS1	Contact information of the Agent/Attorney representing the Employer requesting temporary labor certification. Form ETA-9142B Section E, Items 5 through 13.
ATTORNEY_AGENT_ADDRESS2	
ATTORNEY_AGENT_CITY	
ATTORNEY_AGENT_STATE	
ATTORNEY_AGENT_POSTAL_CODE	
ATTORNEY_AGENT_COUNTRY	

FIELD NAME	DESCRIPTION
ATTORNEY_AGENT_PROVINCE	
ATTORNEY_AGENT_PHONE	
ATTORNEY_AGENT_PHONE_EXT	
ATTORNEY_AGENT_EMAIL_ADDRESS	Attorney or Agent's law firm or business Email address. Form ETA-9142B Section E, Item 14.
LAWFIRM_NAME_BUSINESS_NAME	Name of the Law Firm or Business filing an H-2B application on behalf of the employer. Form ETA-9142B Section E, 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-9142B Section E, 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-9142B Section E, Item 19.
SWA_STATE	State Workforce Agency (SWA) State. Form ETA-9142B Section F.a., Item 2.
JOB_ORDER_SUBMIT_DATE	Date that the Job Order was submitted to the SWA. Form ETA-9142B Section F.a., Item 3.
ANTICIPATED_NUMBER_OF_HOURS	Total work hours anticipated each week. Form ETA-9142B Section F.a., Item 5a.
SUNDAY_HOURS	Total work hours anticipated for Sunday. Form ETA-9142B, Section F.a., Item 5b.
MONDAY_HOURS	Total work hours anticipated for Monday. Form ETA-9142B, Section F.a., Item 5c.
TUESDAY_HOURS	Total work hours anticipated for Tuesday. Form ETA-9142B, Section F.a., Item 5d.
WEDNESDAY_HOURS	Total work hours anticipated for Wednesday. Form ETA-9142B, Section F.a., Item 5e.
THURSDAY_HOURS	Total work hours anticipated for Thursday. Form ETA-9142B, Section F.a., Item 5f.
FRIDAY_HOURS	Total work hours anticipated for Friday. Form ETA-9142B, Section F.a., Item 5g.
SATURDAY_HOURS	Total work hours anticipated for Saturday. Form ETA-9142B, Section F.a., Item 5h.
HOURLY_SCHEDULE_BEGIN	Proposed Work Schedule Start Time. Form ETA-9142B Section F.a., Item 6a.
HOURLY_SCHEDULE_END	Proposed Work Schedule End Time. Form ETA-9142B Section F.a., Item 6b.
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", "Doctorate (PhD)", or "Other Degree (JD, MD,

FIELD NAME	DESCRIPTION
	etc.)." Form ETA-9142B Section F.a., Item 7.
TRAINING_MONTHS	If Additional Training Required, Number of Months Needed. Form ETA-9142B Section F.a., Item 8.
WORK_EXPERIENCE_MONTHS	If Work Experience Required, Number of Months Needed. Form ETA-9142B Section F.a., Item 9.
SUPERVISE_OTHER_EMP	Y = Worker will supervise other employees; N = worker will not supervise other employees. Form ETA-9142B Section F.a., Item 10.
SUPERVISE_HOW_MANY	Number of Employees supervised (if applicable). Form ETA-9142B Section F.a., Item 10a.
SPECIAL_REQUIREMENTS	List specific skills, licenses/certifications, field(s) of training and requirements of the job. Form ETA-9142B Section F a. Item 11.
WORKSITE_ADDRESS1	Geographic Information for Worksite Location. Form ETA-9142B Section F.b Items 1 through 6.
WORKSITE_ADDRESS2	
WORKSITE_CITY	
WORKSITE_STATE	
WORKSITE_POSTAL_CODE	
WORKSITE_COUNTY	
MSA_NAME_OES_AREA_TITLE	Metropolitan Statistical Area (MSA)/OES Area Title covering the worksite. Form ETA-9142B Section F.b., Item 7.
BASIC_WAGE_RATE_FROM	Wages paid to workers subject to the temporary labor certification. Form ETA-9142B Section F.b., Item 8.
BASIC_WAGE_RATE_TO	
OVERTIME_RATE_FROM	Overtime Rate Amount (if applicable).Form ETA-9142B Section F.b., Item 8a.
OVERTIME_RATE_TO	
PER	Unit of pay for basic and overtime wage rates. Valid values include "Hour", "Week", "Bi-Weekly", "Month", "Year", or "Piece Rate". Form ETA-9142B Section F.b., Item 9.
ADDITIONAL_WAGE_CONDITIONS	Description of any conditions about the wage rate to be paid. Form ETA-9142B Section F.b. Item 9a.
1ST_PWD_CASE_NUMBER	Unique identifier assigned to first Prevailing Wage Determination associated with the job opportunity. Form ETA-9142B Section F.b., Item 10.

FIELD NAME	DESCRIPTION
2ND_PWD_CASE_NUMBER	Unique identifier assigned to second Prevailing Wage Determination (if applicable).Form ETA-9142B Section F.b., Item 10a.
3RD_PWD_CASE_NUMBER	Unique identifier assigned to the third Prevailing Wage Determination (if applicable).Form ETA-9142B Section F.b., Item 10b.
EMERGENCY_FILING_PWD_ATTACHED	Y = Employer is requesting to waive the regulatory time period of filing due to an emergency situation and completed PWD Form ETA-9141 is attached; N = Employer is requesting to waive the regulatory time period of filing due to an emergency situation and completed form is not attached; N/A = Not Applicable. Form ETA-9142B Section F.b., Item 11.
OTHER_WORKSITE_LOCATION	Indicates if work will be performed in location(s) other than the first worksite. Y = Work will be performed at additional Worksite Locations; N = Work will not be performed at additional Worksite Locations. Form ETA-9142B Section F.c., Item 1.
DAILY_TRANSPORTATION	Y = Workers will be provided with daily transportation to and from the worksite; N/A = Not applicable. Form ETA-9142B Section F.d., Item 1.
OVERTIME_AVAILABLE	Y = Overtime hours will be available to the worker; N/A = Not applicable. Form ETA-9142B Section F.d., Item 2.
ON_THE_JOB_TRAINING_AVAILABLE	Y = Workers will be provided on-the-job training; N/A = Not applicable. Form ETA-9142B Section F.d., Item 3.
EMP_PROVIDED_TOOLS_ EQUIPMENT	Y = Workers will be provided all tools, supplies and equipment; N/A = Not applicable. Form ETA-9142B Section F.d., Item 4.
BOARD_LODGING_OTHER_FACILITIES	Y = Workers will be provided with lodging or assisted in securing lodging; N/A = Not applicable. Form ETA-9142B Section F.d., Item 5.
DEDUCTIONS_FROM_PAY	All dedications from pay not required by law and (if known) the amounts. Form ETA-9142B Section F.d.6.
PHONE_TO_APPLY	Telephone number to apply for job opportunity. Form ETA-9142B Section F.e., Item 1.
EMAIL_TO_APPLY	Email address to apply for job opportunity. Form ETA-9142B Section F.e., Item 2.
WEBSITE_TO_APPLY	Website address to apply for job opportunity. Form ETA-9142B Section F.e., Item 3.
TYPE_OF_EMPLOYER	Valid values include "Individual Employer" and "Job Contractor-Joint Employer". Form ETA-9142B Section G, Item 1.
APPENDIX_D_COMPLETED	If Employer identified as Job Contractor, Y = Appendix D has been completed, N = Appendix D has not been completed. If blank, employer is not a Job Contractor-Joint Employer. Form ETA-9142B Section G, Item 3.
FOREIGN_LABOR_RECRUITER	Y = Employer or Agent/Attorney plan to engage agents to recruit H-2B workers and Appendix C is attached; N = Employer or Agent/Attorney will not engage agents to recruit H-2B workers. Form ETA-9142B Section G, Item 5.
EMPLOYER_APPENDIX_B_ATTACHED	Declaration that Employer and its Attorney or Agent agrees with the terms contained in Appendix B. Y = Employer and its Attorney or Agent agrees with terms and has attached a signed Appendix B to the application; N = Employer and its Attorney or Agent do not agree with the terms, or Appendix B is not attached. Form ETA-9142B Section H,

FIELD NAME	DESCRIPTION
	Item 1.
EMP_CLIENT_APPENDIX_B_ ATTACHED	For Job Contractor – Joint Employers, a Declaration that the Employer Client agrees with the terms contained in Appendix B. Y = Employer client agrees with terms and has attached a signed Appendix B to the application; N = Employer-client do not agree with the terms, or Appendix B is not attached. Form ETA-9142B Section H, 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 the Attorney/Agent. Form ETA-9142B Section I, Items 1 through 3, 5 and 6.
PREPARER_FIRST_NAME	
PREPARER_MIDDLE_NAME	
PREPARER_BUSINESS_NAME	
PREPARER_EMAIL	