### H-2A Application for Temporary Employment Certification Form ETA-9142A **U.S. Department of Labor**



**IMPORTANT**: Employers and authorized preparers must read the general instructions carefully before completing the Forms ETA-9142A and ETA-790/790A. A copy of the instructions can be found at <u>http://www.foreignlaborcert.doleta.gov/</u>. If you are not submitting these forms electronically, please complete <u>ALL</u> 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-2A Application

1. Type of Employer Application (choose only one) *					
Individual Employer	☐ Joint Employer (2 or more individual employers)				
Association – Sole Employer	Association - Joint Employer	Association - Agent			
2. Is the employer operating as an H-2A Labor ( 20 CFR 655.103(b)? *	Yes No				
3. Nature of Temporary Need (choose only one) *	<ul> <li>Seasonal</li> <li>Other Temporary Need</li> </ul>				
4. Is a statement of temporary need attached to	🛛 Yes 🔲 No				
5. Is this application being filed with a request to emergency situation, as defined by 20 CFR 6	Yes No				
6. Is a statement justifying the employer's emerged	gency situation attached to this application? *	Yes No N/A			

# B. Employer Information

1. Legal Business Name *				
2. Trade Name/Doing Business As (DBA), if applicable §				
3. Address 1 *				
4. Address 2 (apartment/suite/floor and number) §				
5. City *	6. State *	7. Postal Code *		
8. Country *	9. Province §			
10. Telephone Number *	11. Extension §			
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS Code *			

# C. 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 <u>must be different</u> from the agent or attorney information listed in Section D, unless the attorney is an employee of the employer.

1. Contact's Last (family) Na	ame *	2. First (give	en) Name *	3. Middle Nam	ie(s) §
4. Contact's Job Title *		1		L	
5. Address 1 *					
6. Address 2 (apartment/suite/fl	oor and number) §				
7. City *			8. State *	9. Postal Code	e *
10. Country *			11. Province §		
12. Telephone Number *	13. Extensi	on <b>§</b> 14. Bu	siness Email Address	S *	
Form ETA-9142A	FOR I	DEPARTMENT OF	F LABOR USE ONLY		Page 1 of 3
H-2A Case Number:	Case Status:	Determ	ination Date:	Validity Period:	to

D. Attorney or Agent Information (If applicable)



### 1. Indicate the type of representation for the employer in the filing of this application. \* Attorney Agent None Complete the remainder of this section if "Attorney" or "Agent" is marked. 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 D.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 D.1, complete questions 20 and 21 below. 20. Is a copy of the current agreement or other documentation demonstrating the agent's authority Yes No to represent the employer in this application attached? § 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 Yes No N/A authorized to perform attached to this application? § E. Job Opportunity & Supporting Documentation 1. SOC Occupational Code \* 2. SOC Occupation Title \* 3. Is a copy of the completed job order (Form ETA-790/790A) satisfying the requirements at Yes No 20 CFR 653, subpart F, and 20 CFR 655.122 attached to this application? \* 4. If "Joint Employer" or "Association - Joint Employer" is marked in question A.1, does the Yes No Form ETA-790A identify the name, address, total number of workers needed, and crops and agricultural work of each employer that will employ workers? § For H-2A Labor Contractors ONLY If "Yes" is marked in question A.2, complete questions E.5 through E.9 below 5. Does the Form ETA-790A identify the name(s) and location(s) of each fixed-site agricultural business the employer will be providing H-2A workers, the expected beginning and end dates, Yes No and a description of crops and activities the workers will perform? § 6. Is a copy of fully-executed work contract(s) with each fixed-site agricultural business identified Yes No on the Form ETA-790A attached to this application? § 7. Is a copy of the employer's current MSPA Certificate of Registration identifying the farm labor Yes No N/A contracting activities the employer is authorized to perform attached to this application? § 8. Is a surety bond meeting the requirements of 20 CFR 655.132(b)(3) attached to this application?§ Yes No 9. Will any of the fixed-site agricultural businesses provide workers with housing and/or Yes No transportation between the worksite and the living quarters under this application? §

Form ETA-9142A	FOR DEPARTMENT OF LABOR USE ONLY				Page 2 of 3
H-2A Case Number:	Case Status:	Determination Date:	Validity Period:	to	

# H-2A Application for Temporary Employment Certification Form ETA-9142A



# **U.S. Department of Labor**

# F. 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 A will not be certified by the Department.

<ol> <li>Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix A <u>and</u> have attached a signed and dated copy of Appendix A with this application. *</li> </ol>	Yes No
2. Except for agricultural associations filing as a joint employer, please confirm that each employer filing <u>as a joint employer</u> on the job order (Form ETA-790/790A) has read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix A</b> and has attached a <u>separate</u> signed and dated copy of Appendix A with this application. *	Yes No N/A

### G. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section C (employer point of contact) or D (attorney or agent) of this application.

1. Last (family) Name <b>§</b>		2. First (given) Name <b>§</b>	3. Middle Initial §		
4. Law Firm/Business FEIN §	5. Law Firm/Business I				
6. Business Email Address §					

### Public Burden Statement (1205-0466)

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 3.66 hours per response for all H-2A information collection requirements, including the time for reviewing instructions, searching or information is estimated to average 3.06 nours per response for all H-2A 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 (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 1205-0466). DO NOT send the completed application to this address.

Form ETA-9142A	FOR DEPARTMENT OF LABOR USE ONLY				Page 3 of 3
H-2A Case Number:	Case Status:	Determination Date:	Validity Period:	_ to	