



**Agricultural and Food Processing Clearance Order ETA Form 790
Orden de Empleo para Obreros/Trabajadores Agrícolas y Procesamiento de Alimentos**

(Print or type in each field block – To include additional information, go to block # 28 – Please follow Step-By-Step Instructions)
(Favor de usar letra de molde en la solicitud – Para incluir información adicional vea el punto # 28 – Favor de seguir las instrucciones paso-a-paso)

<p>1. Employer's and/or Agent's Name and Address (Number, Street, City, State and Zip Code / Nombre y Dirección del Empleador/Patrón y/o Agente (Número, Calle, Ciudad, Estado y Código Postal):</p> <p>a) Federal Employer Identification Number (FEIN) / Número federal de Identificación del Empleador:</p> <p>b) Telephone Number / Número de Teléfono:</p> <p>c) Fax Number / Número de Fax:</p> <p>d) E-mail Address / Dirección de Correo Electrónico:</p>	<p>Nos. 4 through 8 for STATE USE ONLY Números 4 a 8 para USO ESTATAL</p>	
	<p>4. SOC (O*NET/OES) Occupational Code / Código Industrial:</p> <p>a. SOC (ONET/OES) Occupational Title / Título Ocupacional</p>	<p>5. Job Order No. / Num. de Orden de Empleo:</p>
<p>2. Address and Directions to Work Site / Domicilio y Direcciones al lugar de trabajo:</p>	<p>6. Address of Order Holding Office (include Telephone number) / Dirección de la Oficina donde se radico la oferta (incluya el número de teléfono):</p> <p>a. Name of Local Office Representative (include direct dial telephone number) / Nombre del Representante de la Oficina Local (Incluya el número de teléfono de su línea directa).</p>	
	<p>7. Clearance Order Issue Date / Fecha de Emisión de la Orden de Empleo:</p>	
<p>3. Address and Directions to Housing / Domicilio y Direcciones al lugar de vivienda:</p> <p>a) Description of Housing / Descripción de la vivienda:</p>	<p>8. Job Order Expiration Date / Fecha de Vencimiento o Expiración de la Orden de Empleo:</p>	
	<p>9. Anticipated Period of Employment / Período anticipado o previsto de Empleo:</p> <p>From / Desde: _____ To / Hasta: _____</p>	
	<p>10. Number of Workers Requested / Número de Trabajadores Solicitados:</p>	
<p>11. Anticipated Hours of Work per Week / Horas Anticipadas/Previstas de Trabajo por Semana. Total:</p> <p>Sunday / Domingo _____ Thursday / Jueves _____ Monday / Lunes _____ Friday / Viernes _____ Tuesday / Martes _____ Saturday / Sábado _____ Wednesday / Miércoles _____</p>	<p>12. Anticipated range of hours for different seasonal activities: / Rango previsto de horas par alas diferentes actividades de la temporada:</p>	
	<p>13. Collect Calls Accepted from: / Aceptan Llamadas por Cobrar de:</p> <p>Employer / Empleador: _____ Yes / Si <input type="checkbox"/> No <input type="checkbox"/></p>	

14. Describe how the employer intends to provide either 3 meals a day to each worker or furnish free and convenient cooking and kitchen facilities for workers to prepare meals / Describa cómo el empleador tiene la intención de ofrecer, ya sea 3 comidas al día a cada trabajador, o proporcionar gratuitamente instalaciones para cocinar.

15. Referral Instructions and Hiring Information / Instrucciones sobre cómo Referir Candidatos/Solicitantes - (Explain how applicants are to be hired or referred, and the Employer's/Agent's available hour to interview workers / Explique cómo los candidatos serán contratados o referidos, y las horas disponibles del empleador/agente para entrevistar a los trabajadores). See instructions for more details / Vea las instrucciones para más detalles.

16. Job description and requirements / Descripción y requisitos del trabajo:

1. Is previous work experience preferred? / Se prefiere previa experiencia? Yes / Si No If yes, number of months preferred: / Si es así, numero de meses de experiencia: _____

2. Check all requirements that apply:

- | | |
|---|---|
| <input type="checkbox"/> Certification/License Requirements / Certificación/Licencia Requisitos | <input type="checkbox"/> Criminal Background Check / Verificación de antecedentes penales |
| <input type="checkbox"/> Driver Requirements / Requisitos del conductor | <input type="checkbox"/> Drug Screen / Detección de Drogas |
| <input type="checkbox"/> Employer Will Train / Empleador entrenará o adiestrará | <input type="checkbox"/> Extensive Pushing and Pulling / Empujar y Jalar Extensamente |
| <input type="checkbox"/> Extensive Sitting / Estar sentado largos ratos | <input type="checkbox"/> Extensive Walking / Caminar por largos ratos |
| <input type="checkbox"/> Exposure to Extreme Temp. / Expuesto a Temperaturas Extremas | <input type="checkbox"/> Frequent Stooping / Inclinandose o agachándose con frecuencia |
| <input type="checkbox"/> Lifting requirement / Levantar o Cargar _____lbs./libras | <input type="checkbox"/> OT/Holiday is not mandatory / Horas Extras (sobre tiempo) / Días Feriados no obligatorio |
| <input type="checkbox"/> Repetitive Movements / Movimientos repetitivos | |

17. Wage Rates, Special Pay Information and Deductions / Tarifa de Pago, Información Sobre Pagos Especiales y Deducciones (Rebajas)							
Crop Activities	Hourly Wage	Piece Rate / Unit(s)	Special Pay (bonus, etc.)	Deductions*	Yes/Sí	No	Pay Period / Período de Pago
Cultivos	Salario por Hora	Pago por Pieza / Unidad(es)	Pagos Especiales (Bono, etc.)	Deducciones			/ /
	\$	\$		Social Security / Seguro Social	<input type="checkbox"/>	<input type="checkbox"/>	Weekly / Semanal
	\$	\$		Federal Tax / Impuestos Federales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$		State Tax / Impuestos Estatales	<input type="checkbox"/>	<input type="checkbox"/>	Bi-weekly/ Quincenal
	\$	\$		Meals / Comidas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$		Other (specify) / Otro (especifica)	<input type="checkbox"/>	<input type="checkbox"/>	Monthly/Mensual
							Other/Otro
							<input type="checkbox"/>

18. More Details About the Pay / Mas Detalles Sobre el Pago:

19. Transportation Arrangements / Arreglos de Transportación

20. Is it the prevailing practice to use Farm Labor Contractors (FLC) to recruit, supervise, transport, house, and/or pay workers for this (these) crop activity (ies)? / ¿Es la práctica habitual usar Contratistas de Trabajo Agrícola para reclutar, supervisar, transportar, dar vivienda, y/o pagarle a los trabajadores para este(os) tipo(s) de cosecha(s)? Yes / Si No

If you have checked yes, what is the FLC wage for each activity? / Si contesto "Si," cuál es el salario que le paga al Contratista de Trabajo Agrícola por cada actividad?

21. Are workers covered for Unemployment Insurance? / ¿Se le proporcionan Seguro de Desempleo a los trabajadores? Yes/Si No

22. Are workers covered by workers' compensation? / ¿Se le provee seguro de compensación/indemnización al trabajador: Yes/Si No

23. Are tools, supplies, and equipment provided at no charge to the workers? / ¿Se les proveen herramientas y equipos sin costo alguno a los trabajadores?

Yes/Si No

24. List any arrangements which have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. (If there are no such arrangements, enter "None".) / Enumere todos los acuerdos o convenios hechos con los propietarios del establecimiento o sus agentes para el pago de una comisión u otros beneficios por ventas hechas a los trabajadores. (Si no hay ningún acuerdo o convenio, indique "Ninguno".)

25. List any strike, work stoppage, slowdown, or interruption of operation by the employees at the place where the workers will be employed. (If there are no such incidents, enter "None".) / Enumere toda huelga, paro o interrupción de operaciones de trabajo por parte de los empleados en el lugar de empleo. (Si no hay incidentes de este tipo, indique "Ninguno".)

26. Is this job order to be placed in connection with a future Application for Temporary Employment Certification for H-2A workers? / ¿Esta orden de empleo ha sido puesta en conexión con una futura solicitud de certificación de empleo temporal para trabajadores H-2A?

Yes/Si No

27. Employer's Certification: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job. / Certificación del Empleador: Esta orden de trabajo describe los términos y condiciones del empleo que se le ofrece, y contiene todos los términos y condiciones materiales ofrecidos.

Employer's Printed Name & Title / Nombre y Título en Letra de Molde/Imprenta del Empleador

Employer's Signature / Firma y Título del Empleador

Date / Fecha

READ CAREFULLY, In view of the statutorily established basic function of the Employment Service as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the Employment and Training Administration (ETA) nor the State agencies are guarantors of the accuracy or truthfulness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the American Job Center constitute a contractual job offer to which the American Job Center, ETA or a State agency is in any way a party.

LEA CON CUIDADO, En vista de la función básica del Servicio de Empleo establecida por ley, como una entidad de intercambio laboral sin comisiones, es decir, como un foro para reunir a los empleadores y los solicitantes de empleo, ni ETA ni las agencias del estado pueden garantizar la exactitud o veracidad de la información contenida en las órdenes de trabajo sometidas por los empleadores. Ni ninguna orden de trabajo aceptado o contratado en el Centro de Carreras (American Job Center) constituyen una oferta de trabajo contractuales a las que el American Job Center, ETA o un organismo estatal es de ninguna manera una de las partes.

PUBLIC BURDEN STATEMENT

The public reporting burden for responding to ETA Form 790, which is required to obtain or retain benefits (44 USC 3501), is estimated to be approximately 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection. The public need not respond to this collection of information unless it displays a currently valid OMB Control Number. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

DECLARACION DE CARGA PÚBLICA

La carga de información pública para responder a la Forma ETA 790, que se requiere para obtener o retener beneficios (44 USC 3501), se estima en aproximadamente 60 minutos por respuesta, incluyendo el tiempo para revisar las instrucciones, buscar fuentes de datos existentes, recopilar y revisar la colección. El público no tiene por qué responder a esta recopilación de información a menos que muestre un número de control OMB válido. Esta información es pública y no hay ninguna expectativa de confidencialidad. Envíe sus comentarios acerca de esta carga o cualquier otro aspecto de esta colección, incluyendo sugerencias para reducir esta carga, al U.S. Department of Labor, Employment and Training Administration, Office of Workforce Investment, Room C-4510, 200 Constitution Avenue, NW, Washington, DC 20210.

28. Use this section to provide additional supporting information (including section Box number). Include attachments, if necessary. / Utilice esta sección para proporcionar información adicional de apoyo; incluya el número de la sección e incluya archivos adjuntos, si es necesario.

20 CFR 653.501
Assurances

INTRASTATE AND INTERSTATE CLEARANCE ORDER

The employer agrees to provide to workers referred through the clearance system the number of hours of work per week cited in Item 10 of the clearance order for the week beginning with the anticipated date of need, unless the employer has amended the date of need at least 10 working days prior to the original date of need by so notifying the Order-Holding Office (OHO). If the employer fails to notify the OHO at least 10 working days prior to the original date of need, the employer shall pay eligible workers referred through the intrastate/interstate clearance system the specified hourly rate or pay, or in the absence of a specified hourly rate or pay, the higher of the Federal or State minimum wage rate for the first week starting with the original anticipated date of need. The employer may require workers to perform alternative work if the guarantee is invoked and if such alternative work is stated on the job order.

The employer agrees that no extension of employment beyond the period of employment shown on the job order will relieve the employer from paying the wages already earned, or specified in the job order as a term of employment, providing transportation or paying transportation expenses to the worker's home.

The employer assures that all working conditions comply with applicable Federal and State minimum wage, child labor, social security, health and safety, farm labor contractor registration and other employment-related laws.

The employer agrees to expeditiously notify the OHO or State agency by telephone immediately upon learning that a crop is maturing earlier or later, or that weather conditions, over recruitment, or other factors have changed the terms and conditions of employment.

The employer, if acting as a farm labor contractor, has a valid farm labor contractor registration certificate.

The employer assures the availability of no cost or public housing which meets applicable Federal and State standards and which is sufficient to house the specified number of workers requested through the clearance system.

The employer also assures that outreach workers shall have reasonable access to the workers in the conduct of outreach activities pursuant to 20 CFR 653.107.

Employer's Name _____ Date: _____

Employer's Signature _____

Besides the material terms and conditions of the employment, the employer must agree to these assurances if the job order is to be placed as part of the Agricultural Recruitment System. This assurance statement must be signed by the employer, and it must accompany the ETA Form 790.

Step-By-Step Instructions for Completing Form ETA-790

These instructions will help employers understand the information that is being requested. Please read the instructions carefully and follow them to minimize the chances of your application package being returned due to incomplete information. **Please try to include as much detail as possible on the face of the form itself. Even if attachments are necessary, the essential terms and conditions must be spelled out on the face of this form.** Compliance with the disclosure requirements of the Migrant and Seasonal Farmworker Protection Act and all assurances required by Federal regulations are the responsibility of the employer.

- **Box 1** - Enter full name of individual employer or agent; the complete address; the Federal Employer Identification Number (FEIN) of the employer; and the complete phone number, fax number, and e-mail address.
- **Box 2** - Provide the address of and directions to your work site or intended place of employment. Use commonly understood street or highway numbers and accurate distances.
- **Box 3** - Provide the address of and directions to the housing. Use commonly understood street or highway numbers and accurate distances. Enter the capacity of the housing and a brief description of the housing in English and Spanish. Describe housing facilities such as: a) structures provided, e.g., camp, cabin, barracks or house. Describe general composition of the living quarters such as wood or concrete; b) the number of persons for whom housing is available. Note the number of barracks, family units and/or, single rooms available, and the total capacity of these types of units; c) furnishings and equipment supplied by the employer, e.g., furniture, eating and cooking utensils; d) utilities available, such as gas, electricity, heat; e) parking spaces for trailers, arrangements for utility hookups and charges; f) medical and recreational facilities available for worker's benefit and their locations; g) whether or not public housing is provided; and, h) are any charges required of workers to use the housing.
- **Boxes 4 through 8 are for State Agency use only** – 4 for Occupational Code, 4a for Occupational Title, 5 for Job Order number, 6 for Order Holding Office address, 6a for name of local office representative, 7 for Clearance Order Issue date, and 8 for the job order expiration date.
- **Box 9** - Enter the anticipated period of employment or the date when work is scheduled to begin or is to be performed by these workers. Enter date when work is expected to be completed.
- **Box 10** - Enter total number of workers that you are requesting. Also, state total number of workers to be employed in this activity or service for the period of time involved.
- **Box 11** - Enter anticipated total hours of work per week. Enter normal hours worker is expected to work each day of the week. Describe any special work schedule situations in Box 31.
- **Box 12** – Enter the anticipated range of hours for different seasonal activities.
- **Box 13** - Indicate if employer accepts or does not accept collect calls from job applicants.
- **Box 14** - Describe how the employer intends to provide either three meals a day to each worker or furnish free and convenient cooking and kitchen facilities so that workers can prepare their own meals. The charge for three meals must be within the approved range unless the regional administrator has approved a higher charge. Where the employer provides facilities for cooking, explain how the workers will have access to stores where they can purchase groceries.
- **Box 15** - Explain how applicants are to be interviewed, hired or referred. Indicate, for example, the hours that the employer or agent will be available to interview workers by telephone and whether anybody different from the employer has hiring authority.

- **Box 16** - Provide a detailed summary of the job description and requirements inside the box. Even if additional information is to be provided in an attachment, the summary must be provided in the box and must be as complete as possible. In the box provided list all major crop activities, summarize the major duties associated with those duties and estimate the percentage of time that will be spent doing them. Describe the duties (work tasks) which make up the job, in step-by-step detail, as appropriate. Avoid technical terms when possible, or define them where usage is necessary. Describe use of any equipment necessary to carry out tasks (e.g. harvesting onions – pull onions from the ground, snip off the tops using a sniper, deposit onions in a 50 pound sack, (80%); harvest tomatoes – detach green tomatoes from plants and deposit them in a 20 pound bucket, carry bucket to a truck to be located at the edge of the field, throw bucket up to the person on the truck (20%)).

Indicate the extent of work experience required for the job and other specific job-related experience, requirements or required qualifications.

Provide whatever additional detail is required to explain the full range of tasks and duties required. Explain any worker performance standards that will apply. Describe any training provided. Describe any experience that is required. Describe any licenses or permits that are required. Describe what level of supervision will be provided. Explain the provision of necessary tools and equipment.

- **Box 17** - Enter appropriate wage rate information for each distinct activity. In no event may rate be less than the applicable FLSA or State minimum, or the applicable prevailing hourly wage rate, whichever is higher. Piece rates may not be less than those prevailing in the area and occupation. Include an attachment explaining your handling of this Box. H-2A Agricultural Workers must be paid the highest of the (a) Adverse Effect Wage Rate (AEWR), (b) the prevailing rate for a given crop/area or (c) the Federal or the State's minimum wage. The law also contains requirements regarding employer-provided meals and transportation of workers and restricts the deductions that may be legally made from workers' wages. If H2A workers are requested, the Adverse Effect Wage Rate (AEWR) <http://www.foreignlaborcert.doleta.gov/adverse.cfm> is the guaranteed minimum unless FLSA or State minimum, or the applicable prevailing hourly wage rate is higher. Enter the unit used when piece rates are being paid. Describe the unit size that governs how the piece rate is paid, such as tree size/spacing, weight/size/number of boxes picked/packed, dimensions of bags or boxes filled. For example: 5/8 bushel, 90 pound bag or box, 10 box bin.

Hourly Rate Equivalent

The piece rate must be expressed in estimated hourly wage rate equivalents for each activity and unit size, i.e., what a worker might expect to earn per hour at this rate. The estimated hourly equivalent is not guaranteed. However, the estimated hourly equivalent can be no less than the highest of the applicable Federal or State minimum (or AEWR if applicable) or the prevailing hourly wage rate. See web link to DOL's Adverse Effect Wage Rate Chart 2007-2012 <http://www.dol.gov/opa/media/press/eta/ETA20111794fs.pdf> .

Box 18 - Other details about pay may include: 1) Any bonus or incentives aside from the flat rate or piece rate, e.g., garden space, milk, eggs, meat, health insurance; 2) Special conditions on guaranteed weeks of work, under what conditions bonuses or incentives are to be paid, if any; 3) If the activity is covered by a "schedule of rates," indicate conditions under which each of the rates on the schedule applies; 4) Describe frequency of pay arrangements, e.g., daily, weekly, biweekly; 5) Indicate deductions to be made from workers' wages, such as Social Security, workers' compensation, health insurance, Federal or State tax. If applicable, note whether employer of record or farm labor contractor will be responsible for deductions.

- **Box 19** - Describe how the employer intends to reimburse transportation costs or advance or provide for the cost of transportation and subsistence, when such is the prevailing practice in the area. Describe in detail transportation arrangements, if any, such as: any arrangement whereby employer will provide transportation for workers from the place of recruitment to the place of employment; whether employers will reimburse workers for their travel expenses in getting to the job or arrange for charter by transport for group of workers; any arrangement whereby employers advance transportation costs to workers; instructions to workers on what to do in case of emergencies, accidents, breakdowns; and the name of the contact person when such events occur.
- **Box 20** – This box applies only if a farm labor contractor was ever used to provide you with workers or if it is a common or prevailing practice in the area of intended employment to pay farm labor contractors to recruit, hire, transport, or supervise the sorts of workers requested. If so, state the wage that you have paid in the past and/or would be willing to pay a farm labor contractor for providing you with the quantity of workers that you are requesting and performing the duties that are prevailing.
- **Box 21** - Indicate whether the employer pays unemployment insurance taxes and therefore the worker is covered for Unemployment Insurance benefits.
- **Box 22** - Indicate whether the employer has a valid workers' compensation insurance policy that will cover the workers requested.
- **Box 23** - Indicate whether tools, supplies, and equipment are going to be provided to the worker at no cost to the worker.
- **Box 24** - Question is self explanatory.
- **Box 25** – Question is self explanatory.
- **Box 26** - Indicate whether this form is being filed in connection to a future filing for H-2A workers.
- **Box 27** - Read the employer's certification statement before signing. To be signed and dated by the employer. Type or print full name and title.
- **Box 28** - Use this section to provide additional supporting information (include section Box number) and include attachments, if necessary. / Utilice esta sección para proporcionar información adicional de apoyo; incluya el número de la sección e incluya archivos adjuntos, si es necesario.