### A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application *(Write classification symbol): *

### B. Temporary Need Information

1. Job Title *

2. SOC (ONET/OES) code *

3. SOC (ONET/OES) occupation title *

4. Is this a full-time position? *
   - Yes
   - No

5. Begin Date *
   - (mm/dd/yyyy)

6. End Date *
   - (mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

   - Total Worker Positions Being Requested for Certification *

   Basis for the visa classification supported by this application
   *(indicate the total workers in each applicable category based on the total workers identified above)*

   - a. New employment *
   - b. Continuation of previously approved employment *
     - without change with the same employer
   - c. Change in previously approved employment *
   - d. New concurrent employment *
   - e. Change in employer *
   - f. Amended petition *

8. Nature of Temporary Need: (Choose only one of the standards) *
   - Seasonal
   - Peakload
   - One-Time Occurrence
   - Intermittent or Other Temporary Need

9. Statement of Temporary Need *
### C. Employer Information

**Important Note:** Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. **Legal business name** *
2. **Trade name/Doing Business As (DBA), if applicable**
3. **Address 1** *
4. **Address 2**
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 (must be at least 4-digits)** *
14. **Number of non-family full-time equivalent employees**
15. **Annual gross revenue**
16. **Year established**
17. **Type of employer application (choose only one box below)** *
   - [ ] Individual Employer
   - [ ] Association – Sole Employer (H-2A only)
   - [ ] H-2A Labor Contractor or Job Contractor
   - [ ] Association – Joint Employer (H-2A only)
   - [ ] Association – Filing as Agent (H-2A only)

### D. Employer Point of Contact Information

**Important Note:** 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 must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. **Contact’s last (family) name** *
2. **First (given) name**
3. **Middle name(s)**
4. **Contact’s job title** *
5. **Address 1** *
6. **Address 2**
7. **City** *     8. **State** *     9. **Postal code** *
10. **Country** *     11. **Province**
12. **Telephone number** *
13. **Extension**
14. **E-Mail address**
### E. Attorney or Agent Information (If applicable)

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<tr>
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<tbody>
<tr>
<td>1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If “Yes”, complete Section E. *</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td></td>
</tr>
<tr>
<td>2. Attorney or Agent's last (family) name §</td>
<td>3. First (given) name §</td>
<td>4. Middle name</td>
<td></td>
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<tr>
<td>5. Address 1 §</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6. Address 2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15. Law firm/Business name §</td>
<td>16. Law firm/Business FEIN §</td>
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</tr>
<tr>
<td>17. State Bar number (only if attorney) §</td>
<td>18. State of highest court where attorney is in good standing (only if attorney) §</td>
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<tr>
<td>19. Name of the highest court where attorney is in good standing (only if attorney) §</td>
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</table>

### F. Job Offer Information

#### a. Job Description

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<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1. Job Title *</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Number of hours of work per week</td>
<td></td>
<td></td>
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<tr>
<td>Basic *: _______</td>
<td>Overtime: _______</td>
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<tr>
<td>3. Hourly Work Schedule *</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.M. (h:mm): ___ : ___</td>
<td>P.M. (h:mm): ___ : ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does this position supervise the work of other employees? *</td>
<td>☐ Yes</td>
<td>☐ No</td>
<td>4a. If yes, number of employees worker will supervise (if applicable) § ______</td>
</tr>
<tr>
<td>5. Job duties – A description of the duties to be performed MUST begin in this space. If necessary, add attachment to continue and complete description. *</td>
<td></td>
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</tbody>
</table>
### F. Job Offer Information (continued)

#### b. Minimum Job Requirements

1. Education: minimum U.S. diploma/degree required *
   - [ ] None
   - [ ] High School/GED
   - [ ] Associate's
   - [ ] Bachelor's
   - [ ] Master's
   - [ ] Doctorate (PhD)
   - [ ] Other degree (JD, MD, etc.)

   **1a.** If "Other degree" in question 1, specify the diploma/degree required $^\S$

   **1b.** Indicate the major(s) and/or field(s) of study required $^\S$
   (May list more than one related major and more than one field)

2. Does the employer require a second U.S. diploma/degree? *
   - [ ] Yes
   - [ ] No

   **2a.** If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required $^\S$

3. Is training for the job opportunity required? *
   - [ ] Yes
   - [ ] No

   **3a.** If "Yes" in question 3, specify the number of months of training required $^\S$

   **3b.** Indicate the field(s)/name(s) of training required $^\S$
   (May list more than one related field and more than one type)

4. Is employment experience required? *
   - [ ] Yes
   - [ ] No

   **4a.** If "Yes" in question 4, specify the number of months of experience required $^\S$

   **4b.** Indicate the occupation required $^\S$

5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *

#### c. Place of Employment Information

1. Worksite address 1 *

2. Address 2

3. City *

4. County *

5. State/District/Territory *

6. Postal code *

7. Will work be performed in multiple worksites within an area of intended employment or at location(s) other than the address listed above? *
   - [ ] Yes
   - [ ] No

   **7a.** If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to continue and complete a listing of all anticipated worksites. $^\S$
H-2A Application for Temporary Employment Certification  
Form ETA-9142A  
U.S. Department of Labor

G. Rate of Pay

<table>
<thead>
<tr>
<th>1. Basic Rate of Pay Offered *</th>
<th>1a. Overtime Rate of Pay (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: $ ______ . ____</td>
<td>To (Optional): $ ______ . ____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Per: (Choose only one) *</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate</td>
</tr>
</tbody>
</table>

2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: 

3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to continue and complete description.

H. Recruitment Information

1. Name of State Workforce Agency (SWA) serving the area of intended employment *

2. SWA job order identification number 2a. Start date of SWA job order * 2b. End date of SWA job order *

3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * ☐ Yes ☐ No

Name of Newspaper/Publication (in area of intended employment for H-2B only)*  Dates of Print Advertisement §

4. From: To: 5. From: To:

6. Referral and Hiring Information: Enter at least two verifiable methods by which prospective U.S. workers can contact the employer and apply for the job opportunity.

a. Telephone Number to Apply *  b. Email Address to Apply *

c. Website address (URL) to Apply *
H-2A Application for Temporary Employment Certification
Form ETA-9142A
U.S. Department of Labor

I. Declaration of Employer and Attorney/Agent
In accordance with Federal regulations, the employer must attest that it will 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 or Appendix B will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix A. §
   - Yes
   - No
   - N/A

2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix B. §
   - Yes
   - No
   - N/A

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

1. Last (family) name §
2. First (given) name §
3. Middle name

4. Job Title §

5. Firm/Business name §

6. E-Mail address §

K. U.S. Government Agency Use (ONLY)
Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from ______________ to ______________.

Department of Labor, Office of Foreign Labor Certification Determination Date (date signed)

__________________________________ ______________________________
Case number Case Status

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 1 hour to complete the form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing 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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Box 12-200 * 200 Constitution Ave., NW, * Washington, DC *. Please do not send the completed application to this address.