HOW TO CREATE & SUBMIT FORM ETA-9142B IN FLAG.DOL.GOV

June 6, 2019

AILA Doc. No. 19061091. (Posted 6/10/19)

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Iew Application My Cases Profiles My Network

Choose Application Type

Form ETA-9141C

Form ETA-9142B

Labor Certification

File an application for a H-2B

Temporary Labor Certification.

H-2B

CW-1 Prevailing Wage

File an application for a Prevailing Wage Determination to be used for a CW-1 Temporary Labor Certification.

Create New

Form ETA-9142C

CW-1 Labor Certification

File a CW-1 application for Temporary Labor Certification with the Chicago National Processing Center.

Create New

Form ETA-9141

H-2B | H-1B | PERM Prevailing Wage

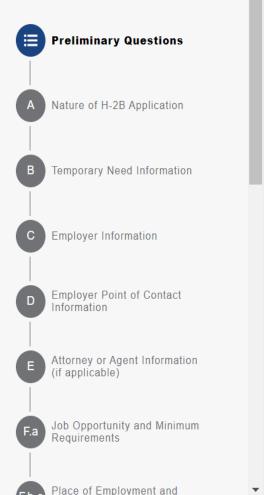
File an application for a Prevailing Wage Determination.

Create New

More forms will be available

to file through FLAG soon.





Preliminary Questions

Employers seeking H-2B workers must file a completed Application for Temporary Employment Certification (ETA Form 9142B and the appropriate appendices and valid PWD), a copy of the job order being submitted concurrently to the SWA serving the area of intended employment, and copies of all contracts and agreements with any agent and/or recruiter, executed in connection with the job opportunities. X

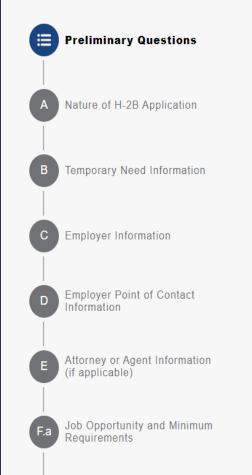
Employers seeking a waiver of the time period for filing due to an emergency situation must submit a request for a waiver of the time period requirement, a completed Application for Temporary Employment Certification and the proposed job order identifying the SWA serving the area of intended employment, and must otherwise meet the filing requirements above.

Emergency Filing and your Prevailing Wage

F.b.11: Are you requesting a waiver of the period for filing this application (i.e., 90 to 75 days before the expected start date of work) due to an emergency situation under 20 CFR 655.17? *

No





Place of Employment and

Emergency Filing and your Prevailing Wage

F.b.11: Are you requesting a waiver of the period for filing this application (i.e., 90 to 75 days before the expected start date of work) due to an emergency situation under 20 CFR 655.17? *



Form ETA 9141 Case Lookup

F.b.10/F.b.10a/F.b.10b: Locate your Form ETA-9141, Application for Prevailing Wage Determination (PWD) below.*

PWD Case Lookup

1 If you do not have a relevant **Form ETA-9141**, Application for Prevailing Wage Determination, please complete one and return to this form once you have submitted.

You must link a Prevailing Wage determination.

Save & Quit



		submit a request for a wa	aiver of the time perio	l for filing due to an emergend d requirement, a completed A proposed job order identifying	pplication for	
nin≉ Locate (Use th	e search below to refine l	plication for Prevailing Wa	er Name, FEIN, Job 1	ND) obtained for the job oppo Fitle or Determined SOC.)	ortunity.	Click to search a Prevailing Wage submitted in iCERT Find a PW submitted in iCert
of F Type Se	earch Term Here	1	Search			
	Case Number	Employer Name	FEIN	Job Title	Determined SOC	Determination Date ▼
rary	P-400-19155-059	Legal Business N…	123456789	Butchers and Mea	51-3021.00	2019-06-04T20:35
yer F ation	ek to select ermined case					Next
dete		complete one and return to	this form once you have	submitted.		Next
dete	ermined case	complete one and return to You must link a Prevailing Wage		submitted.		Next

Employers seeking a waiver of the time period for filing due to an emergency situation must submit a request for a waiver of the time period requirement, a completed Application for Temporary Employment Certification and the proposed job order identifying the SWA serving

X

X

Form ETA-9142B Application for

Prelimin

Here's your Requestor POC information from your Prevailing Wage determination:

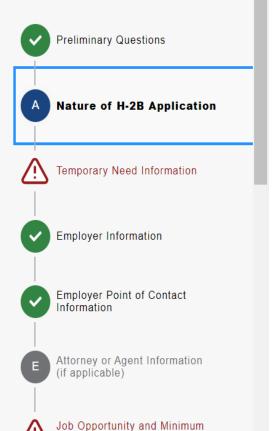
REQUESTOR POINT OF CONTACT INFORMATION

Contact's Last (family) Name	Last
First (given) Name	First
Middle Name(s)	Middle
Contact's Job Title	Account testing

Select how this should populate in your Temporary Labor Certification Application:

Employer I Employer F	Employer Point of Co 9142B Section D	ntact	0	Attorney/Agent Agreeme 9142B Section E	ent	٥	
Attorney or (if applicat					Back	Next	
Job Opportunity Requirements	y and minimum	Additional PWD(s)					
Place of Emplo	vment and						





Requirements

Place of Employment and

Nature of H-2B Application

IMPORTANT: Employers and authorized preparers must read these instructions carefully before completing the Form ETA-9142B, H-2B Application for Temporary Employment Certification and Appendices A to D. These instructions contain full explanations of the questions and attestations that make up the Form ETA-9142B and Appendices A to D. *In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. Those items marked with an asterisk (*) are required and must be completed. Items marked with a section symbol (§) are conditional and must be completed if applicable.*

Х

Read more

Cap-Exempt Workers

A.1: Is the employer seeking to employ any H-2B workers under this application who will be <u>exempt</u> from the statutory numerical limit, or "cap," on the total number of foreign nationals who may be issued an H-2B visa or otherwise granted H-2B status? * ⑦

) Yes

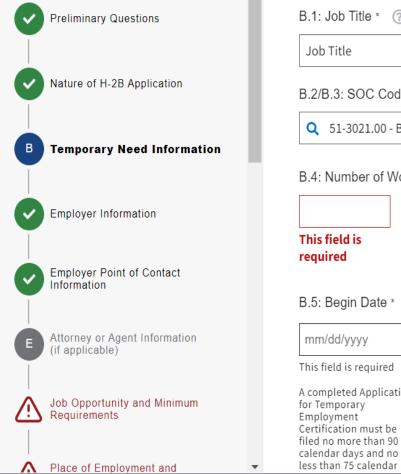
O No



Temporary Need Information

X

Form ETA-9142B Application for Temporary Labor Certification



Job Title * ②
Title
3.3: SOC Code and Occupation Title * (?)
51-3021.00 - Butchers and Meat Cutters
Number of Workers * ⑦
Begin Date *
dd/yyyy X
eld is required
pleted Application



Preliminary Questions

Nature of H-2B Application

Employer Information

Employer Point of Contact Information

Attorney or Agent Information (if applicable)

Job Opportunity and Minimum Requirements

A Place of Employment and

Temporary Need Information

B.7: Nature of Temporary Need * (?)

Х

🔘 Seasonal

mm/dd/yyyy

B.6: End Date * 🕐

Peakload

One-Time Occurrence

Intermittent

This field is required

B.8: Statement of Temporary Need * 📀



Document Upload - Temporary Need

B.8: The brief statement of temporary need must be provided in the space above, however, you may include one separate attachment where the allotted space is insufficient. ⑦



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	Preliminary Questions	This field is required	0 / 4000 character	⊿ limit
	Nature of H-2B Application			
		Document Upload - Tem		
В	Temporary Need Information		temporary need must be provided in the ate attachment where the allotted space	
	Employer Information	Drop files here or	<u>Browse</u>	
	Employer Point of Contact Information			
E	Attorney or Agent Information (if applicable)			
	Job Opportunity and Minimum Requirements	Save & Quit	Back	Continue
	Place of Employment and		No. 19061091 (Posted 6/1))/10)

D.O. Otatement of temporary Need





Employer Information <

This information has been pre-populated from the 9141 case you selected in the Preliminary Questions section X

Employer Name(s)

C.1: Legal Business Name * 📀

Legal Business Name

C.2: Trade name/Doing Business As (DBA), if applicable 📀

Trade name

Employer Address

C.3: Address 1 * 🕐

Address 1

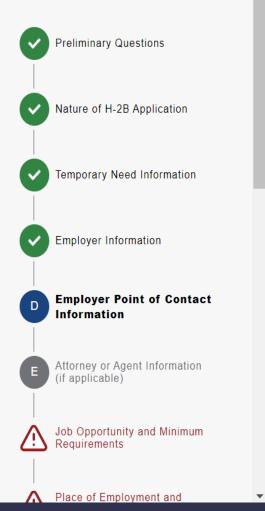
C.4: Address 2 ((apartment/suite/floor and number) ②

Address 2

C.5: City * 🕐

Miami





Employer Point of Contact Information

This information has been prepopulated from the 9141 case you selected in the Preliminary Questions section

X

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 E, unless the attorney is an employee of the employer.

Employer Point of Contact Name & Title

D.1: Contact's Last (family) Name * (?)

Last

D.2: First (given) Name * (?)

First

D.3: Middle Name(s) (?)

Middle

D.4: Contact's Job Title * (?)

Account testing



Form ETA-9142B

Application for Temporary Labor Certification

Place of Employment and

Attorney or Agent Information (if applicable)

X

Type of Representation

E.1: Indicate the type of representation for the employer in the filing of this application. * (?) Preliminary Questions If Attorney or Agent is \bigcirc Attorney selected additional fields will be required Agent below Nature of H-2B Application None Attorney / Agent Name Temporary Need Information E.2: Attorney or Agent's Last (family) Name * (?) Employer Information Employer Point of Contact Information E.3: First (given) Name * (?) Attorney or Agent Information Ε (if applicable) Job Opportunity and Minimum E.4: Middle Name(s) ⑦ Requirements



Preliminary Questions	Document U
Nature of H-2B Application	F.a.1: You mus serving the are Only .pdf, .doo
Temporary Need Information	🚹 Drop
Employer Information	0_Doc2.docx
Employer Point of Contact Information	F.a.2: Name o
Attorney or Agent Information (if applicable)	F.a.3: Date Jo
F.a Job Opportunity and Minimum Requirements	05/22/2019

 \mathbf{T}

Job Opportunity and Minimum Requirements

Jpload - SWA Job Order

ust upload the job order submitted concurrently to the State Workforce Agency (SWA) rea of intended employment.

X

c, .docx, .txt, .xls, .xlsx files under 30 MB can be uploaded. * 🕜

files here or Browse

Clear

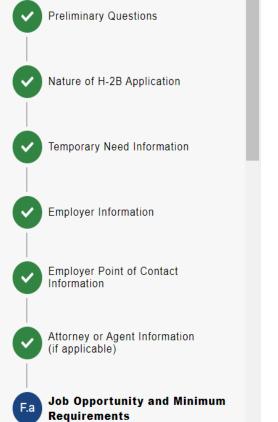
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ob Order Submitted *



Place of Employment and





unday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	hours in this field m 5 hours per we					
-	work sche	-	below) *			

X

F.a.6b: End Time *

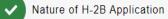
Education & Training

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A Place of Employment and



Preliminary Questions



Temporary Need Information

Employer Information

	Employer Point of Contact
	Information
_	

F.a

Attorney or Agent Information (if applicable)

Job Opportunity and Minimu Requirements

F.a.9: Work Experience: number of months required * (?)

3

6

F.a.10: Supervision: does this position supervise the work of other employees? * (?)



)	No	

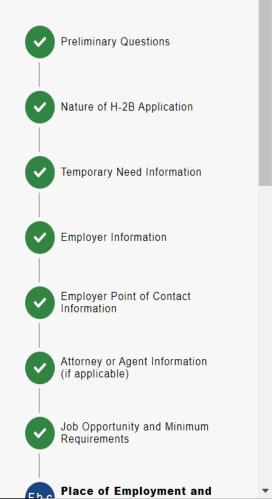
F.a.11: Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * (?)

	Save & Quit	Back	Continue
m			
		21 / 4000 character limit	
	specific requirements		

A Place of Employment and

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Place of Employment and Wage Information

X



F.b.1: Worksite Address * 🕐

Worksite address

F.b.2: Worksite Address (apartment/suite/floor and number) ③

F.b.3: City * 🕜

City Test

F.b.4: State * 🕐

VIRGINIA

F.b.5: Postal Code * (?)

2020989

F.b.6: County * 🕜

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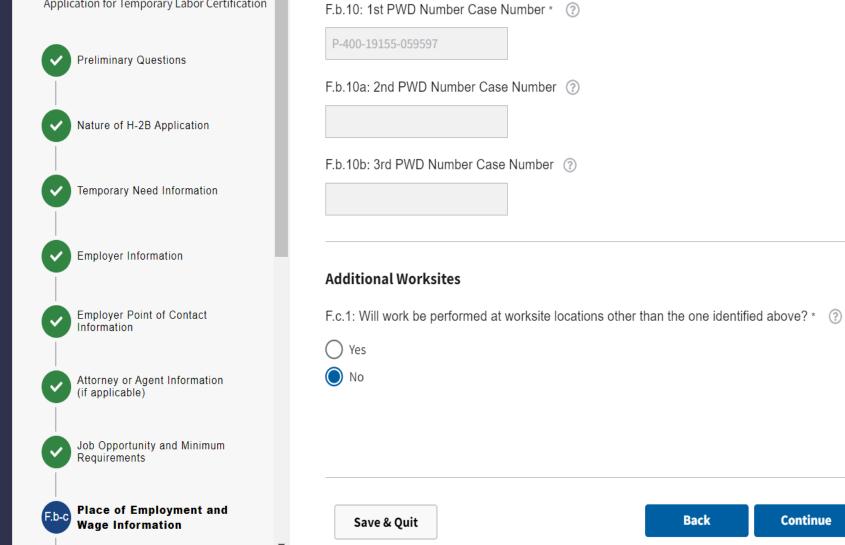
Form ETA-9142B Application for Temporary Labor Certification

Preliminary Questions	Fb.8: Basic Wage Rate Paid * ②
	From \$ To \$
Nature of H-2B Application	F.b.8a: Overtime Wage Rate Paid ③
emporary Need Information	From \$ To \$
	F.b.9: Per (Choose only one) * 🕜
Employer Information	Hour
Employer Point of Contact nformation	 Week Bi-weekly Month
Attorney or Agent Information if applicable)	 Year Piece Rate N/A
lob Opportunity and Minimum Requirements	F.b.9a: Additional conditions about the wage ra
Place of Employment and	

.

Your 9141 Prevailing Wage 19.05 Your 9141 Prevailing Wage rate Hourly





Prevailing Wage Determination Information

-

Back

Continue





Other Material Terms and Conditions of the Job Offer

X

Daily Transportation

F.d.1: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal and Commonwealth laws and regulations. * (?)

Yes

Overtime Available

F.d.2: Overtime hours will be available to the worker under this job offer and payable for every hour worked at the rate disclosed in this application. *

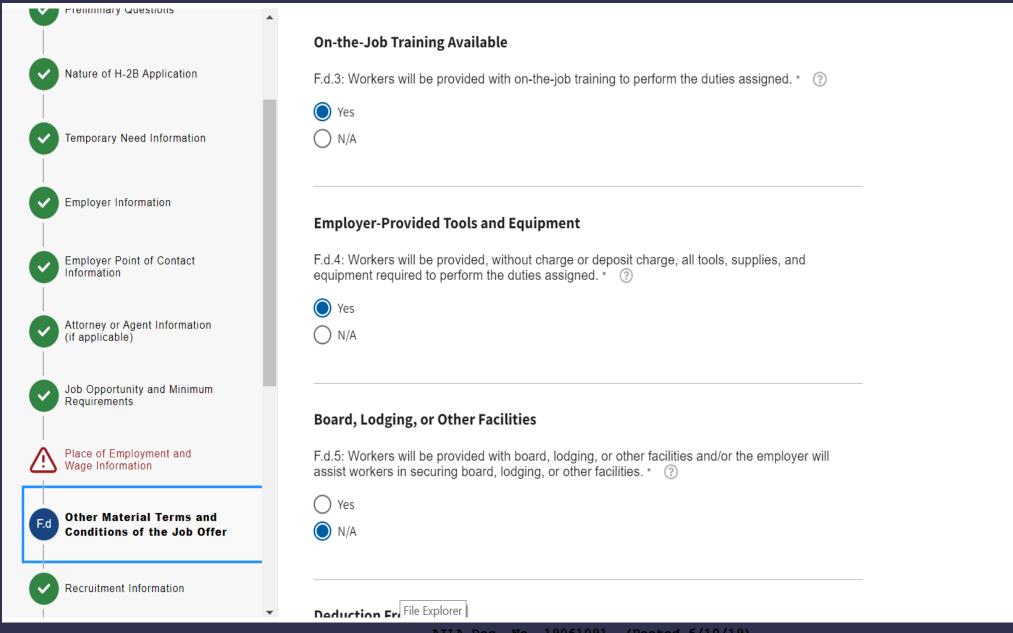
Yes

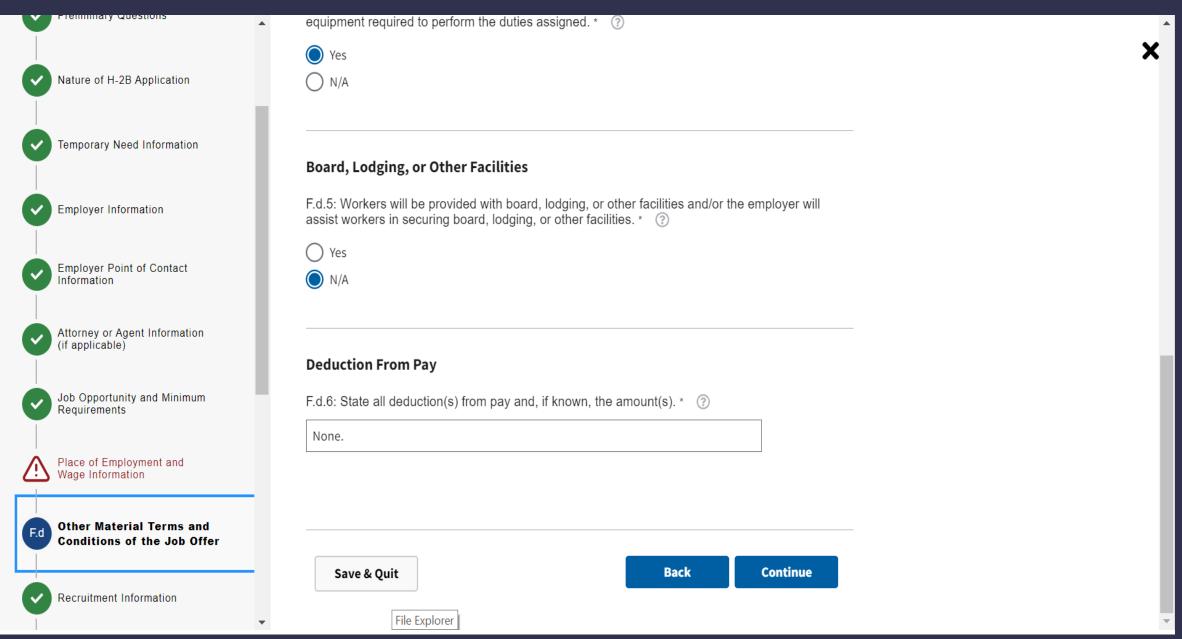
O N/A

This field is required

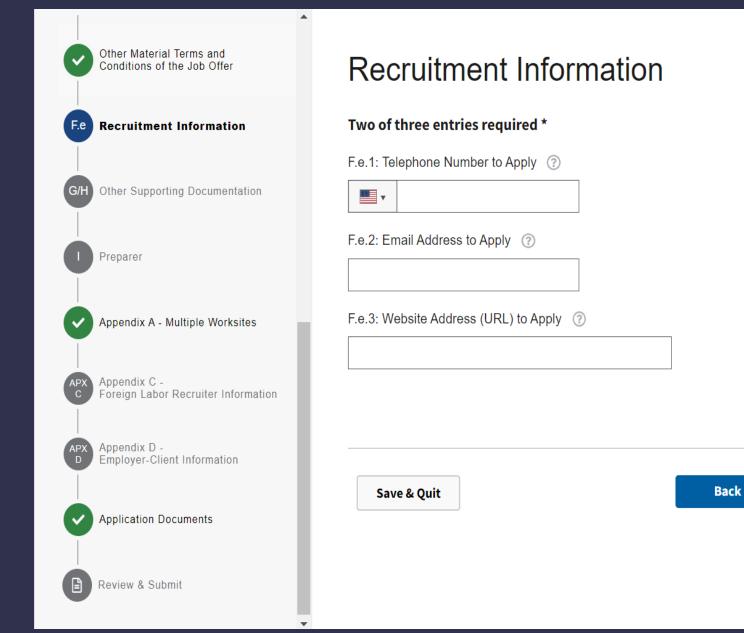
On-the-Job Training Available

AILA Doc. No. 19061091. (Posted 6/10/19)

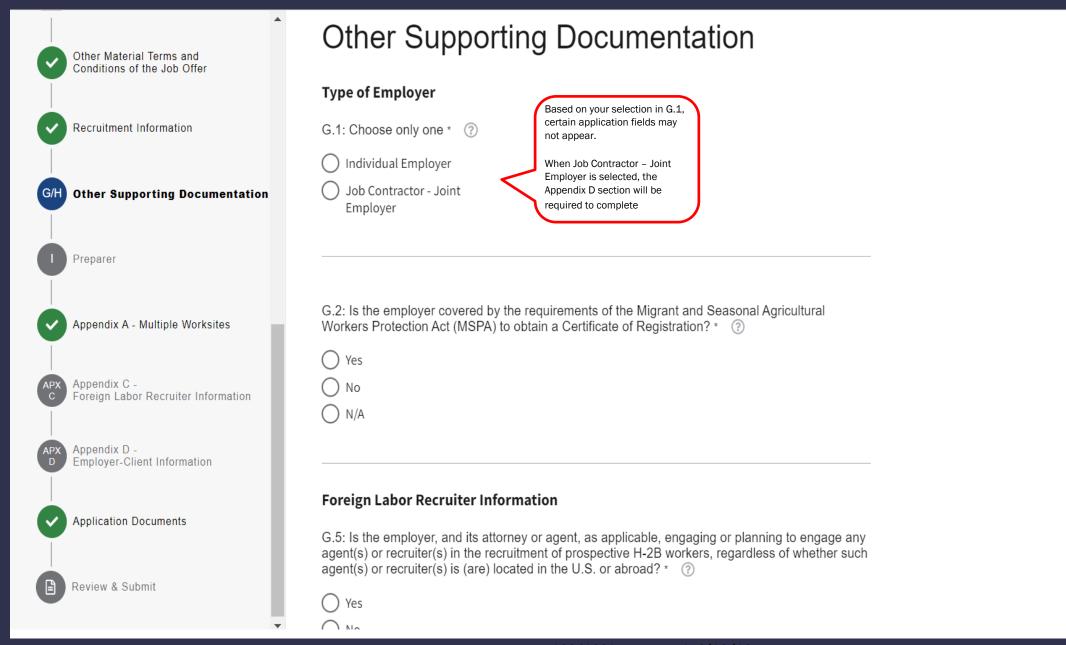




AILA Doc. No. 19061091. (Posted 6/10/19)

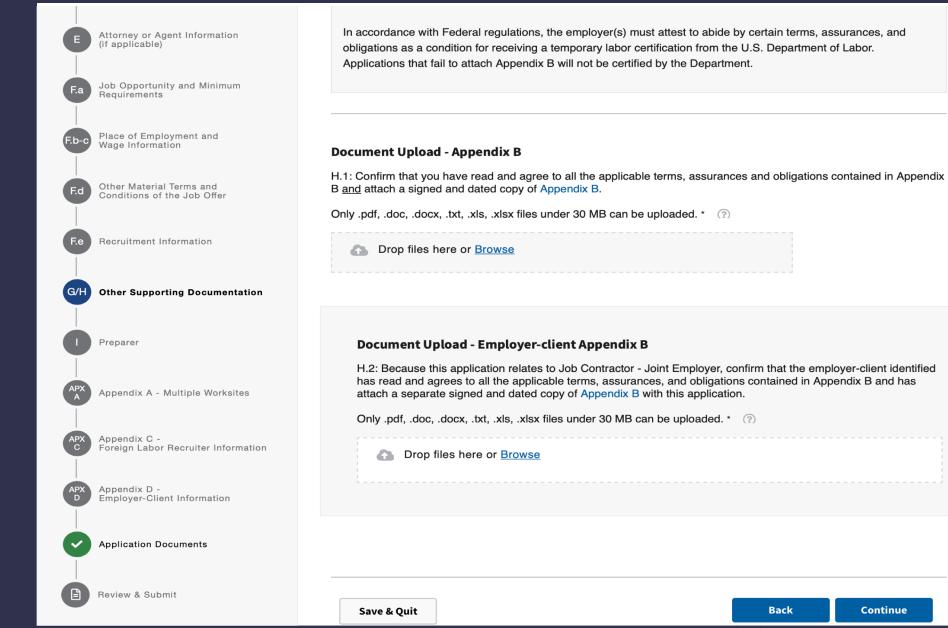


Continue



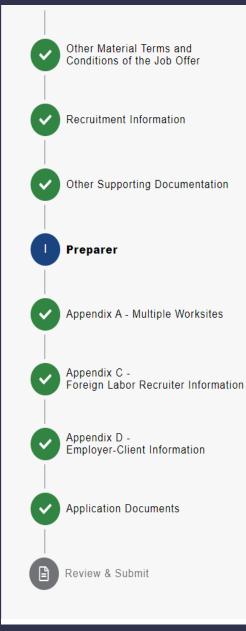
Attorney or Agent Information (if applicable)		
F.a Job Opportunity and Minimum Requirements	G.2: Is the employer covered by the requirements of the Migrant and Seasonal Agricultural Workers Protection Act (MSPA) to obtain a Certificate of Registration? * (?) Yes	
F.b-c Place of Employment and Wage Information	 ○ N/A 	
F.d Other Material Terms and Conditions of the Job Offer		
F.e Recruitment Information	Document Upload - Employer MSPA You can upload a copy of the employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the empoloyer is authorized to perform attached to this application.	
G/H Other Supporting Documentation	Only .pdf, .doc, .docx, .txt, .xls, .xlsx files under 30 MB can be uploaded. * ⑦ Drop files here or Browse	
1 Preparer		
Appendix A - Multiple Worksites		
Appendix C - Foreign Labor Recruiter Information	Document Upload - Job Contractor Agreement/Contract G.4: Because this application relates to Job Contractor - Joint Employer, confirm that the employer-client identified has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix B and has	
Appendix D - D Employer-Client Information	attach a separate signed and dated copy of Appendix B with this application. Only .pdf, .doc, .docx, .txt, .xls, .xlsx files under 30 MB can be uploaded. * (?)	
Application Documents	Drop files here or Browse	
Review & Submit		

		L	
E	Attorney or Agent Information (if applicable)		
F.a	Job Opportunity and Minimum Requirements	Foreign Labor Recruiter Information	
F.b-c	Place of Employment and Wage Information	G.5: Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? * (?)	
F.d	Other Material Terms and Conditions of the Job Offer	 Yes No The entry of Foreign Labor Recruiters will be completed in the Appendix C section 	
F.e	Recruitment Information		
G/H	Other Supporting Documentation	Document Upload - Recruiter Agreement G.6: You must upload a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B Workers.	
	Preparer	Only .pdf, .doc, .docx, .txt, .xls, .xlsx files under 30 MB can be uploaded. * (?) Top files here or Browse	
APX A	Appendix A - Multiple Worksites		
APX C	Appendix C - Foreign Labor Recruiter Information		
APX D	Appendix D - Employer-Client Information	Declaration of Employer and Attorney/Agent	
C	Application Documents	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 B will not be certified by the Department.	
	Review & Submit		



Continue

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Preparer

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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 section E (attorney or agent) of this application.

X

I.1: Last (family) name (?

I.2: First (given) name (

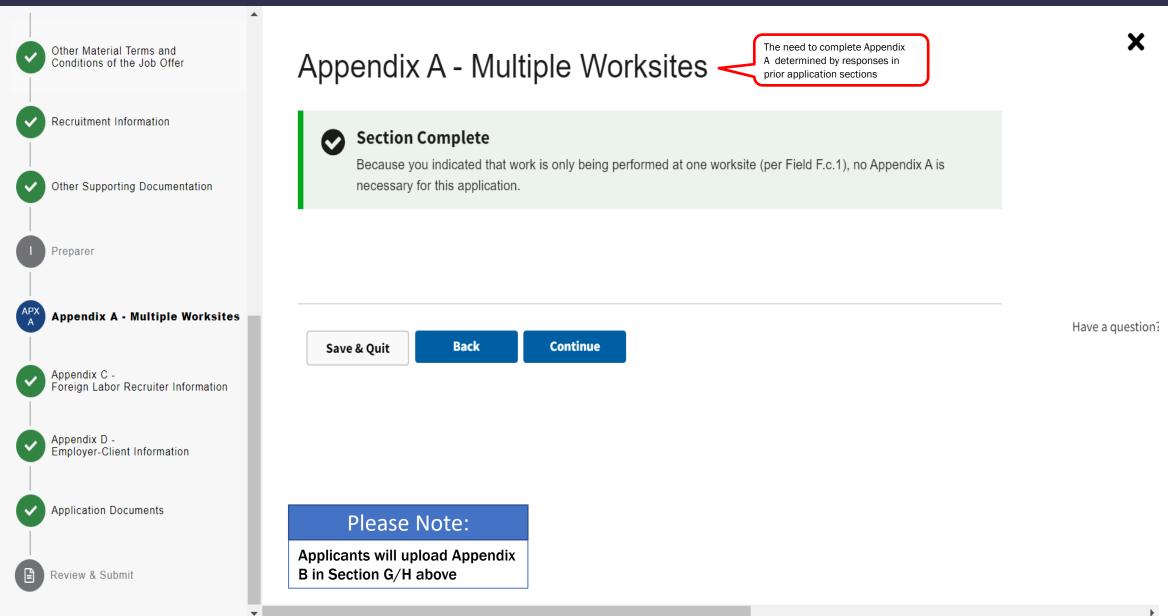


I.3: Middle Initial (?)



I.4: Law Firm/Business FEIN (?)

I.5: Law Firm/Business Name (





Appendix C - Foreign Labor Recruiter — Information

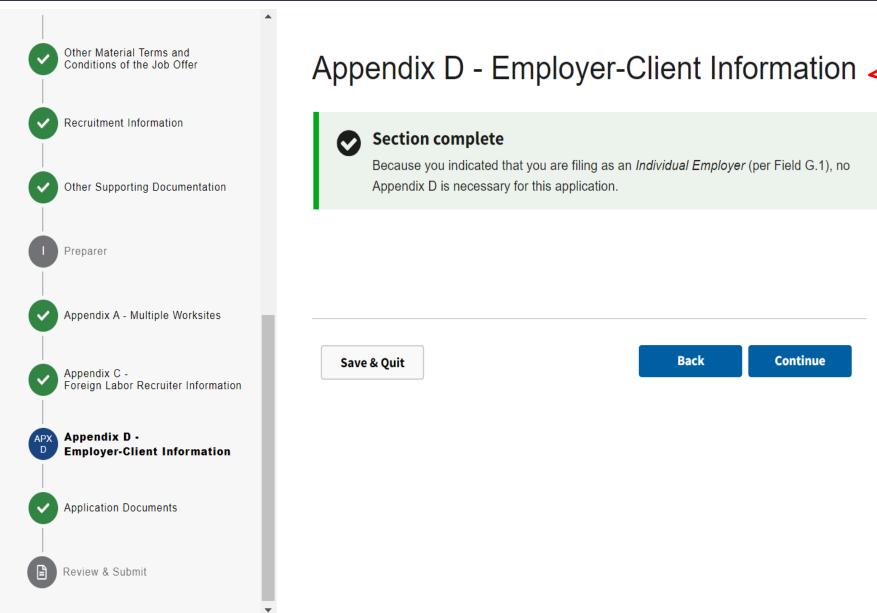
Section complete

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Because you indicated that you are not engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H2-B workers (per Field G.5), no Appendix C is necessary for this application.

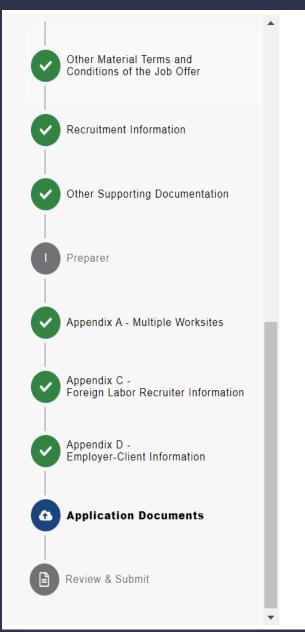
The need to complete Appendix C is determined by responses in prior application sections

When G.5 is Yes, Append C will require Foreign Labor Recruitment Information to be entered



The need to complete Appendix D is determined by responses in prior application sections

When filing as a Job Contractor – Joint Employer, Appendix D will collect specific Employer-Client Information



Application Documents

Below, you will find a summary of documents that you have uploaded to this application throughout the form. You may also add and categorize additional supplemental documents below.

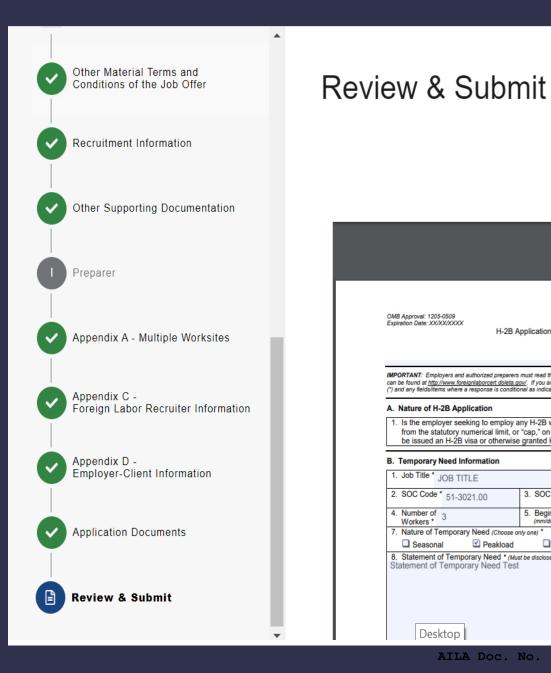
X

Add Document

3 Additional Documents

You can modify documents which were added in previous application sections by returning to those sections.

Document Name	Category	Actions
0_Doc2.docx	SWA Job Order	
0_Doc2.docx	Employer MSPA	
0_Doc2.docx	Appendix B	



OMB Approval: 1205-0509 Expiration Date: XX/XX/XXXX H-2B Application for Temporary Employment Certification Form ETA-9142B U.S. Department of Labor IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at <u>http://www.foreigniaboccent.doikta.gov/</u>. If you are not submitting this 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-2B Application 1. Is the employer seeking to employ any H-2B workers under this application who will be exempt from the statutory numerical limit, or "cap," on the total number of foreign nationals who may 🔲 Yes 🗹 No be issued an H-2B visa or otherwise granted H-2B status? * **B. Temporary Need Information** 1. Job Title * JOB TITLE 2. SOC Code * 51-3021.00 3. SOC Occupation Title * Slaughterers and Meat Packers 4. Number of Workers * 3 Begin Date * 6. End Date 07/04/2019 01/09/2020 (mm/dd/yyyy) (mm/dd/yyyy) 7. Nature of Temporary Need (Choose only one) Seasonal Peakload One-Time Occurrence Intermittent 8. Statement of Temporary Need * (Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) Statement of Temporary Need Test

X

Desktop