

Agricultural Clearance Order  
 Form ETA-790  
 U.S. Department of Labor



**IMPORTANT:** In accordance with 20 CFR 653.500, all employers seeking U.S. workers to perform agricultural services or labor on a temporary, less than year-round basis through the Agricultural Recruitment System for U.S. Workers, must submit a completed job clearance order (Form ETA-790) to the State Workforce Agency (SWA) for placement on its intrastate and interstate job clearance systems. Employers submitting a job order in connection with an H-2A Application for Temporary Employment Certification (Form ETA-9142A) must complete the Form ETA-790 and attach a completed 790A. All other employers submitting agricultural clearance orders must complete the Form ETA-790 and attach a completed 790B. Employers and authorized preparers must read the general instructions carefully, complete ALL required fields/items containing an asterisk (\*), and any fields/items where a response is conditional as indicated by the section (§) symbol.

**I. Clearance Order Information**

FOR STATE WORKFORCE AGENCY (SWA) USE ONLY			
Questions 1 through 17			
1. Clearance Order Number *	2. Clearance Order Issue Date *	3. Clearance Order Expiration Date *	
4. SOC Occupation Code *	5. SOC Occupation Title *		
SWA Order Holding Office Contact Information			
6. Contact's last (family) name *	7. First (given) name *	8. Middle name(s) §	
9. Contact's job title *			
10. Address 1 *			
11. Address 2 (suite/floor and number) §			
12. City *	13. State *	14. Postal code *	
15. Telephone number *	16. Extension §	17. E-Mail address *	

**II. Employer Contact Information**

1. Legal Business Name *			
2. Trade Name/Doing Business As (DBA), if applicable §			
3. Contact's last (family) name *	4. First (given) name *	5. Middle name(s) §	
6. Contact's job title *			
7. Address 1 *			
8. Address 2 (apartment/suite/floor and number) §			
9. City *	10. State *	11. Postal code *	
12. Telephone number *	13. Extension §	14. Business e-mail address *	
15. Federal Employer Identification Number (FEIN from IRS) *		16. NAICS Code *	

**III. Type of Clearance Order**

1. Indicate the type of agricultural clearance order being placed with the SWA for recruitment of U.S. workers. (choose only one) *	<input type="checkbox"/> 790A (H-2A clearance order) <input type="checkbox"/> 790B (regular clearance order)
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**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 .03 hours per response for all 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 (44 U.S.C. 3501, 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.



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**A. Job Offer Information**

1. Job Title *			
2. Workers Needed *	a. Total	b. H-2A	3. Begin Date *
	<input type="text"/>	<input type="text"/>	
5. Will this job generally require the worker to be on-call 24 hours a day and 7 days a week? * If "Yes", proceed to question 8. If "No", complete questions 6 and 7 below.			<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Anticipated days and hours of work per week *			7. Hourly work schedule
<input type="text"/>	a. Total Hours	<input type="text"/>	c. Monday
<input type="text"/>	b. Sunday	<input type="text"/>	d. Tuesday
<input type="text"/>		<input type="text"/>	e. Wednesday
<input type="text"/>		<input type="text"/>	f. Thursday
<input type="text"/>		<input type="text"/>	g. Friday
<input type="text"/>		<input type="text"/>	h. Saturday
			a. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
			b. ____ : ____ <input type="checkbox"/> AM <input type="checkbox"/> PM
8a. Job Duties - Description of the specific services or labor to be performed. * (Please begin response on this form and use Addendum C if additional space is needed.)			
8b. Wage Offer *	8c. Per *	8d. Piece Rate Offer \$	8e. Piece Rate Units/Special Pay Information §
\$ _____.____	<input type="checkbox"/> HOUR <input type="checkbox"/> MONTH	\$ _____.____	
9. Is a completed <b>Addendum A</b> providing additional information on the crops or agricultural activities and wage offers attached to this job offer? *			<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Frequency of Pay. * <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify): _____			
11. State all deduction(s) from pay and, if known, the amount(s). * (Please begin response on this form and use Addendum C if additional space is needed.)			

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**B. Minimum Job Qualifications/Requirements**

1. Education: minimum U.S. diploma/degree required. *			
<input type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's or Higher <input type="checkbox"/> Other degree (JD, MD, etc.)			
2. Work Experience: number of <u>months</u> required. *		3. Training: number of <u>months</u> required. *	
4. Basic Job Requirements (check all that apply) *			
<input type="checkbox"/> a. Certification/license requirements <input type="checkbox"/> b. Driver requirements <input type="checkbox"/> c. Criminal background check <input type="checkbox"/> d. Drug screen <input type="checkbox"/> e. Lifting requirement _____ lbs.		<input type="checkbox"/> g. Exposure to extreme temperatures <input type="checkbox"/> h. Extensive pushing or pulling <input type="checkbox"/> i. Extensive sitting or walking <input type="checkbox"/> j. Frequent stooping or bending over <input type="checkbox"/> k. Repetitive movements	
5a. Supervision: does this position supervise the work of other employees? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	5b. If "Yes" to question 5a, enter the number of employees worker will supervise. §	
6. Additional Information Regarding Job Qualifications/Requirements. <i>(Please begin response on this form and use Addendum C if additional space is needed. If no additional skills or requirements, enter "NONE" below) *</i>			

**C. Place of Employment Information**

1. Address/Location *				
2. City *	3. State *	4. Postal Code *	5. County *	
6. Additional Place of Employment Information <i>(If no additional information, enter "NONE" below) *</i>				
7. Is a completed <b>Addendum B</b> providing additional information on the places of employment and/or agricultural businesses who will employ workers, or to whom the employer will be providing workers, attached to this job order? *				<input type="checkbox"/> Yes <input type="checkbox"/> No

**D. Housing Information**

1. Housing Address/Location *				
2. City *	3. State *	4. Postal Code *	5. County *	
6. Type of Housing *			7. Total Units *	8. Total Occupancy *
9. Housing complies or will comply with the following applicable standards: *			<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal	
10. Additional Housing Information. <i>(If no additional information, enter "NONE" below) *</i>				
11. Is a completed <b>Addendum B</b> providing additional information on housing that will be provided to workers attached to this job order? *				<input type="checkbox"/> Yes <input type="checkbox"/> No



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**G. Referral and Hiring Instructions**

1. Explain how prospective applicants may be considered for employment under this job order, including verifiable contact information for the employer, or the employer's authorized hiring representative, methods of contact, and the days and hours applicants will be considered for the job opportunity. \*  
*(Please begin response on this form and use Addendum C if additional space is needed.)*

2. Telephone Number to Apply \*

3. Email Address to Apply \*

4. Website address (URL) to Apply \*

**H. Additional Material Terms and Conditions of the Job Offer**

1. Is a completed **Addendum C** providing additional information about the material terms, conditions, and benefits (monetary and non-monetary) that will be provided by the employer attached to this job order? \*

Yes  No



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**I. Conditions of Employment and Assurances for H-2A Agricultural Clearance Orders**

By virtue of my signature below, I **HEREBY CERTIFY** my knowledge of and compliance with applicable Federal, State, and local employment-related laws and regulations, including employment-related health and safety laws, and certify the following conditions of employment:

1. **JOB OPPORTUNITY:** Employer assures that the job opportunity identified in this clearance order (hereinafter also referred to as the "job order") is a full-time temporary position being placed with the SWA in connection with an H-2A *Application for Temporary Employment Certification* for H-2A workers and this clearance order satisfies the requirements for agricultural clearance orders in 20 CFR 653, subpart F and the requirements set forth in 20 CFR 655.122. This job opportunity offers U.S. workers no less than the same benefits, wages, and working conditions that the employer is offering, intends to offer, or will provide to H-2A workers and complies with the requirements at 20 CFR 655, Subpart B. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship.
2. **NO STRIKE, LOCKOUT, OR WORK STOPPAGE:** Employer assures that this job opportunity, including all worksites for which the employer is requesting H-2A labor certification does not currently have workers on strike or being locked out in the course of a labor dispute. 20 CFR 655.135(b).
3. **HOUSING FOR WORKERS:** Employer agrees to provide for or secure housing for H-2A workers and those workers in corresponding employment who are not reasonably able to return to their residence at the end of the work day. That housing complies with the applicable local, State, or Federal standards and is sufficient to house the specified number of workers requested through the clearance system. The employer will provide the housing without charge to the worker. Any charges for rental housing will be paid directly by the employer to the owner or operator of the housing. If public accommodations are provided to workers, the employer agrees to pay all housing-related charges directly to the housing's management. The employer agrees that charges in the form of deposits for bedding or other similar incidentals related to housing (e.g., utilities) must not be levied upon workers. However, the employer may require workers to reimburse them for damage caused to housing by the individual worker(s) found to have been responsible for damage which is not the result of normal wear and tear related to habitation. When it is the prevailing practice in the area of intended employment and the occupation to provide family housing, the employer agrees to provide family housing at no cost to workers with families who request it. 20 CFR 655.122(d), 653.501(c)(3)(vi).

*Request for Conditional Access to Intrastate or Interstate Clearance System:* Employer assures that the housing disclosed on this clearance order will be in full compliance with all applicable local, State, or Federal standards at least 20 calendar days before the housing is to be occupied. 20 CFR 653.502(a)(3). The Certifying Officer will not certify the application until the housing has been inspected and approved.

4. **WORKERS' COMPENSATION COVERAGE:** Employer agrees to provide workers' compensation insurance coverage in compliance with State law covering injury and disease arising out of and in the course of the worker's employment. If the type of employment for which the certification is sought is not covered by or is exempt from the State's workers' compensation law, the employer agrees to provide, at no cost to the worker, insurance covering injury and disease arising out of and in the course of the worker's employment that will provide benefits at least equal to those provided under the State workers' compensation law for other comparable employment. 20 CFR 655.122(e).
5. **EMPLOYER-PROVIDED TOOLS AND EQUIPMENT:** Employer agrees to provide to the worker, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. 20 CFR 655.122(f).
6. **MEALS:** Employer agrees to provide each worker with three meals a day or furnish free and convenient cooking and kitchen facilities to the workers that will enable the workers to prepare their own meals. Where the employer provides the meals, the job offer will state the charge, if any, to the worker for such meals. The amount of meal charges is governed by 20 CFR 655.173. 20 CFR 655.122(g).

For workers engaged in the herding or production of livestock on the range, the employer agrees to provide each worker, without charge or deposit charge, (1) either three sufficient meals a day, or free and convenient cooking facilities and adequate provision of food to enable the worker to prepare his own meals. To be sufficient or adequate, the meals or food provided must include a daily source of protein, vitamins, and minerals; and (2) adequate potable water, or water that can be easily rendered potable and the means to do so. 20 CFR 655.210(e).

7. **TRANSPORTATION AND DAILY SUBSISTENCE:** Employer agrees to provide the following transportation and daily subsistence benefits to eligible workers.

A. *Transportation to Place of Employment (Inbound)*

If the worker completes 50 percent of the work contract period, and the employer did not directly provide such transportation or subsistence or otherwise has not yet paid the worker for such transportation or subsistence costs, the employer agrees to reimburse the worker for reasonable costs incurred by the worker for transportation and daily subsistence from the place from which the worker has come to work for the employer, whether in the U.S. or abroad to the place of employment. The amount of the transportation payment must be no less (and is not required to be more) than the most economical and reasonable common carrier transportation charges for the distances involved. The amount the employer will pay for daily subsistence expenses are those amounts disclosed in this clearance order, which are at least as much as the employer would charge the worker for providing the worker with three meals a day during employment (if applicable), but in no event will less than the amount permitted under 20 CFR 655.173(a). The employer understands that the Fair Labor Standards Act applies independently of the H-2A requirements and imposes obligations on employers regarding payment of wages. 20 CFR 655.122(h)(1).

B. *Transportation from Place of Employment (Outbound)*

If the worker completes the work contract period, or is terminated without cause, and the worker has no immediate subsequent H-2A employment, the employer agrees to provide or pay for the worker's transportation and daily subsistence from the place of employment to the place from which the worker, disregarding intervening employment, departed to work for the employer. Return transportation will not be provided to workers who voluntarily abandon employment before the end of the work contract period, or who are terminated for cause, if the employer follows the notification requirements in 20 CFR 655.122(n).



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If the worker has contracted with a subsequent employer who has not agreed in such work contract to provide or pay for the worker's transportation and daily subsistence expenses from the employer's worksite to such subsequent employer's worksite, the employer must provide for such expenses. If the worker has contracted with a subsequent employer who has agreed in such work contract to provide or pay for the worker's transportation and daily subsistence expenses from the employer's worksite to such subsequent employer's worksite, the subsequent employer must provide or pay for such expenses.

The employer is not relieved of its obligation to provide or pay for return transportation and subsistence if an H-2A worker is displaced as a result of the employer's compliance with the 50 percent rule as described in sec. 655.135(d) of this subpart with respect to the referrals made after the employer's date of need. 20 CFR 655.122(h)(2).

C. *Daily Transportation*

Employer agrees to provide transportation between housing provided or secured by the employer and the employer's worksite(s) at no cost to the worker. 20 CFR 655.122(h)(3).

D. *Compliance with Transportation Standards*

Employer assures that all employer-provided transportation will comply with all applicable Federal, State, or local laws and regulations. Employer agrees to provide, at a minimum, the same transportation safety standards, driver licensure, and vehicle insurance as required under 29 U.S.C. 1841 and 29 CFR 500.105 and 29 CFR 500.120 to 500.128. If workers' compensation is used to cover transportation, in lieu of vehicle insurance, the employer will ensure that such workers' compensation covers all travel or that vehicle insurance exists to provide coverage for travel not covered by workers' compensation. Employer agrees to have property damage insurance. 20 CFR 655.122(h)(4).

8. **THREE-FOURTHS GUARANTEE:** Employer agrees to offer the worker employment for a total number of work hours equal to at least three-fourths of the workdays of the total period beginning with the first workday after the arrival of the worker at the place of employment or the advertised contractual first date of need, whichever is later, and ending on the expiration date specified in the work contract or in its extensions, if any. 20 CFR 655.122(i).

The employer may offer the worker more than the specified hours of work on a single workday. For purposes of meeting the three-fourths guarantee, the worker will not be required to work for more than the number of hours specified in the job order for a workday, or on the worker's Sabbath or Federal holidays. If, during the total work contract period, the employer affords the U.S. or H-2A worker less employment than that required under this guarantee, the employer will pay such worker the amount the worker would have earned had the worker, in fact, worked for the guaranteed number of days. An employer will not be considered to have met the work guarantee if the employer has merely offered work on three-fourths of the workdays if each workday did not consist of a full number of hours of work time as specified in the job order. All hours of work actually performed may be counted by the employer in calculating whether the period of guaranteed employment has been met. Any hours the worker fails to work, up to a maximum of the number of hours specified in the job order for a workday, when the worker has been offered an opportunity to work, and all hours of work actually performed (including voluntary work over 8 hours in a workday or on the worker's Sabbath or Federal holidays), may be counted by the employer in calculating whether the period of guaranteed employment has been met. 20 CFR 655.122(i).

If the worker is paid on a piece rate basis, the employer agrees to use the worker's average hourly piece rate earnings or the required hourly wage rate, whichever is higher, to calculate the amount due under the three-fourths guarantee. 20 CFR 655.122(i).

If the worker voluntarily abandons employment before the end of the period of employment set forth in the job order, or is terminated for cause, and the employer follows the notification requirements in 20 CFR 655.122(n), the worker is not entitled to the three-fourths guarantee. The employer is not liable for payment of the three-fourths guarantee to an H-2A worker whom the Department of Labor certifies is displaced due to the employer's requirement to hire qualified and available U.S. workers during the recruitment period set out in 20 CFR 655.135(d), which lasts until 50 percent of the period of the work contract has elapsed (50 percent rule). 20 CFR 655.122(i).

*Important Note:* In circumstances where the work contract is terminated due to contract impossibility under 20 CFR 655.122(o), the three-fourths guarantee period ends on the date of termination.

9. **EARNINGS RECORDS:** Employer agrees to keep accurate and adequate records with respect to the workers' earnings at the place or places of employment, or at one or more established central recordkeeping offices where such records are customarily maintained. All records must be available for inspection and transcription by the Department of Labor or a duly authorized and designated representative, and by the worker and representatives designated by the worker as evidenced by appropriate documentation. Where the records are maintained at a central recordkeeping office, other than in the place or places of employment, such records must be made available for inspection and copying within 72 hours following notice from the Department of Labor, or a duly authorized and designated representative, and by the worker and designated representatives. The content of earnings records must meet all regulatory requirements and be retained by the employer for a period of not less than 3 years after the date of certification by the Department of Labor. 20 CFR 655.122(j).

10. **HOURS AND EARNINGS STATEMENTS:** Employer agrees to furnish to the worker on or before each payday in one or more written statements the following information: (1) the worker's total earnings for the pay period; (2) the worker's hourly rate and/or piece rate of pay; (3) the hours of employment offered to the worker (showing offers in accordance with the three-fourths guarantee as determined in 20 CFR 655.122(i), separate from any hours offered over and above the guarantee); (4) the hours actually worked by the worker; (5) an itemization of all deductions made from the worker's wages; (6) If piece rates are used, the units produced daily; (7) beginning and ending dates of the pay period; and (8) the employer's name, address and FEIN. 20 CFR 655.122(k).

For workers engaged in the herding or production of livestock on the range, the employer is exempt from recording and furnishing the hours actually worked each day, the time the worker begins and ends each workday, as well as the nature and amount of work performed, but otherwise must comply with the earnings records and hours and earnings statement requirements set out in 20 CFR 655.122(j) and (k). The employer agrees to keep daily records indicating whether the site of the employee's work was on the range or off the range. If the employer prorates a worker's wage because of the worker's voluntary absence for personal reasons, it must also keep a record of the reason for the worker's absence. 20 CFR 655.210(f).



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11. **RATES OF PAY:** The employer agrees that it will offer, advertise in its recruitment, and pay at least the Adverse Effect Wage Rate (AEWR), the prevailing hourly wage rate, the prevailing piece rate, the agreed-upon collective bargaining rate, or the Federal or State minimum wage rate, in effect at the time work is performed, whichever is highest. If the worker is paid by the hour, the employer must pay this rate for every hour or portion thereof worked during a pay period. If the offered wage(s) disclosed in this clearance order is/are based on commission, bonuses, or other incentives, the employer guarantees the wage paid on a weekly, semi-monthly, or monthly basis will equal or exceed the AEWR, prevailing hourly wage or piece rate, the legal Federal or State minimum wage, or any agreed-upon collective bargaining rate, whichever is highest.

If the worker is paid on a piece rate basis and at the end of the pay period the piece rate does not result in average hourly piece rate earnings during the pay period at least equal to the amount the worker would have earned had the worker been paid at the appropriate hourly rate of pay, the employer agrees to supplement the worker's pay at that time so that the worker's earnings are at least as much as the worker would have earned during the pay period if the worker had instead been paid at the appropriate hourly wage rate for each hour worked. 20 CFR 655.120, 655.122(l).

For workers engaged in the herding or production of livestock on the range, the employer agrees to pay the worker at least the monthly AEWR, the agreed-upon collective bargaining wage, or the applicable minimum wage imposed by Federal or State law or judicial action, in effect at the time work is performed, whichever is highest, for every month of the job order period or portion thereof. If the offered wage disclosed in this clearance order is based on commissions, bonuses, or other incentives, the employer assures that the wage paid will equal or exceed the monthly AEWR, the agreed-upon collective bargaining wage, or the applicable minimum wage imposed by Federal or State law or judicial action, whichever is highest, and will be paid to each worker free and clear without any unauthorized deductions. The employer may prorate the wage for the initial and final pay periods of the job order period if its pay period does not match the beginning or ending dates of the job order. The employer also may prorate the wage if an employee is voluntarily unavailable to work for personal reasons. 20 CFR 655.210(g).

12. **FREQUENCY OF PAY:** Employer agrees to pay workers when due based on the frequency disclosed in this clearance order. 20 CFR 655.122(m).

13. **ABANDONMENT OF EMPLOYMENT OR TERMINATION FOR CAUSE:** If a worker voluntarily abandons employment before the end of the contract period, or is terminated for cause, employer is not responsible for providing or paying for the subsequent transportation and subsistence expenses of that worker, and that worker is not entitled to the three-fourths guarantee, if the employer notifies the Department of Labor and, if applicable, the Department of Homeland Security, in writing or by any other method specified by the Department of Labor or the Department of Homeland Security in the Federal Register, not later than 2 working days after the abandonment or termination occurs. A worker will be deemed to have abandoned the work contract if the worker fails to show up for work at the regularly scheduled time and place for 5 consecutive work days without the consent of the employer. 20 CFR 655.122(n).

14. **CONTRACT IMPOSSIBILITY:** The work contract may be terminated before the end date of work specified in the work contract if the services of the workers are no longer required for reasons beyond the control of the employer due to fire, weather, or other Act of God that makes fulfillment of the contract impossible, as determined by the U.S. Department of Labor. In the event that the work contract is terminated, the employer agrees to fulfill the three-fourths guarantee for the time that has elapsed from the start date of work specified in the work contract to the date of termination. The employer also agrees that it will make efforts to transfer the worker to other comparable employment acceptable to the worker and consistent with existing immigration laws. In situations where a transfer is not affected, the employer agrees to return the worker at the employer's expense to the place from which the worker, disregarding intervening employment, came to work for the employer, or transport the worker to his/her next certified H-2A employer, whichever the worker prefers. The employer will also reimburse the worker the full amount of any deductions made by the employer from the worker's pay for transportation and subsistence expenses to the place of employment. The employer will also pay the worker for any transportation and subsistence expenses incurred by the worker to that employer's place of employment. The amounts the employer will pay for subsistence expenses per day are those amounts disclosed in this clearance order. The amount of the transportation payment must not be less (and is not required to be more) than the most economical and reasonable common carrier transportation charges for the distances involved. 20 CFR 655.122(o).

The employer is not required to pay for transportation and daily subsistence from the place of employment to a subsequent employer's worksite if the worker has contracted with a subsequent employer who has agreed to provide or pay for the worker's transportation and subsistence expenses from the present employer's worksite to the subsequent employer's worksite. 20 CFR 655.122(h)(2).

15. **DEDUCTIONS FROM WORKER'S PAY:** Employer agrees to make all deductions from the worker's paycheck required by law. This job offer discloses all deductions not required by law which the employer will make from the worker's paycheck and all such deductions are reasonable, in accordance with 20 CFR 655.122(p) and 29 CFR part 531. The wage requirements of 20 CFR 655.120 will not be met where undisclosed or unauthorized deductions, rebates, or refunds reduce the wage payment made to the employee below the minimum amounts required under 20 CFR part 655, subpart B, or where the employee fails to receive such amounts free and clear because the employee kicks back directly or indirectly to the employer or to another person for the employer's benefit the whole or part of the wage delivered to the employee. 20 CFR 655.122(p).

16. **DISCLOSURE OF WORK CONTRACT:** Employer agrees to provide a copy of the work contract to an H-2A worker no later than the time at which the worker applies for the visa, or to a worker in corresponding employment no later than on the day work commences. For an H-2A worker coming to the employer from another H-2A employer, the employer agrees to provide a copy of the work contract no later than the time an offer of employment is made to the H-2A worker. A copy of the work contract will be provided to each worker in a language understood by the worker, as necessary or reasonable. In the absence of a separate, written work contract entered into between the employer and the worker, the required terms of this clearance order, including all Addendums, and the certified *H-2A Application for Temporary Employment Certification* will be the work contract. 20 CFR 655.122(q).



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**17. ADDITIONAL ASSURANCES FOR CLEARANCE ORDERS:**

- A. Employer agrees to provide to workers referred through the clearance system the number of hours of work disclosed in this clearance order for the week beginning with the anticipated date of need, unless the employer has amended the date of need at least 10 business days before the original date of need by so notifying the Order-Holding Office (OHO) in writing (e.g., e-mail notification). The employer understands that it is the responsibility of the SWA to make a record of all notifications and attempt to inform referred workers of the amended date of need expeditiously. 20 CFR 653.501(c)(3)(i).  
  
 If there is a change to the anticipated date of need, and the employer fails to notify the OHO at least 10 business days before the original date of need, the employer agrees that it will pay eligible workers referred through the clearance system the specified rate of pay disclosed in this clearance order for the first week starting with the originally anticipated date of need or will provide alternative work if such alternative work is stated on the clearance order. 20 CFR 653.501(c)(5).
- B. Employer agrees that no extension of employment beyond the period of employment specified in the clearance order will relieve it from paying the wages already earned, or if specified in the clearance order as a term of employment, providing transportation from the place of employment, as described in paragraph 7.B above. 20 CFR 653.501(c)(3)(ii).
- C. 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. 20 CFR 653.501(c)(3)(iii).
- D. Employer agrees to expeditiously notify the OHO or SWA by emailing and telephoning 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. 20 CFR 653.501(c)(3)(iv).
- E. If acting as a farm labor contractor (FLC) or farm labor contractor employee (FLCE) on this clearance order, the employer assures that it has a valid Federal FLC certificate or Federal FLCE identification card and when appropriate, any required State FLC certificate. 20 CFR 653.501(c)(3)(v).
- F. Employer assures that outreach workers will have reasonable access to the workers in the conduct of outreach activities pursuant to 20 CFR 653.107. 20 CFR 653.501(c)(3)(vii).

*I declare under penalty of perjury that I have read and reviewed this clearance order, including every page of this Form ETA-790A and all supporting addendums, and that to the best of my knowledge, the information contained therein is true and accurate. This clearance 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. 20 CFR 653.501(c)(3)(viii). I understand that to knowingly furnish materially false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a federal offense punishable by fines, imprisonment, or both. 18 U.S.C. 2, 1001.*

1. Last (family) name *	2. First (given) name *	3. Middle initial §
4. Title *		
5. Signature (or digital signature) *		6. Date signed *

**Employment Service Statement**

In view of the statutorily established basic function of the Employment Service (ES) as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the Department of Labor's Employment and Training Administration (ETA) nor the SWAs 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 ES constitute a contractual job offer to which the ETA or a SWA is in any way a party. 20 CFR 653.501(c)(1)(i).

**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 .63 hours per response for all 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 (44 U.S.C. 3501, 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.

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**IMPORTANT:** Employers and authorized preparers must read these general instructions carefully before completing the Form ETA-790A, *Agricultural Clearance Order*, and all required addendums. These instructions contain explanations of the questions and assurances that make up the Form ETA-790A. If you are not submitting these forms electronically, please complete ALL required fields/items containing an asterisk ( \* ) and any fields/items where a response is conditional as indicated by the section ( § ) symbol.

*It is a federal offense to knowingly and willfully furnish materially false information in the preparation of the Form ETA-790A and any supplement thereto or to aid, abet, or counsel another to do so (18 U.S.C. §§ 2, 1001). Other penalties may also apply to fraud or misuse of this immigration document and to perjury with respect to this form (18 U.S.C. §§ 1546, 1621).*

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## REQUIREMENT TO FILE AN AGRICULTURAL CLEARANCE ORDER (FORM ETA-790/790A)

In accordance with 20 CFR 653.500, all employers seeking U.S. workers to perform agricultural services or labor on a temporary, less than year-round basis through the Agricultural Recruitment System for U.S. Workers must submit a completed job clearance order to the State Workforce Agency (SWA) for placement on its intrastate and interstate job clearance systems. In accordance with 20 CFR 655.121, prior to filing an *H-2A Application for Temporary Employment Certification* (Form ETA-9142A), the employer must submit a job order to the SWA serving the area of intended employment for intrastate clearance, identifying it as a job order to be placed in connection with a future Form ETA-9142A for H-2A workers. The job order is defined as the document containing the materials terms and conditions of employment that is posted by the SWA on its inter- and intrastate job clearance systems based on the Form ETA-790. 20 CFR 655.103(b). An employer seeking temporary labor certification under the H-2A visa classification must satisfy this regulatory requirement by completing the Form ETA-790/790A.

The Form ETA 790/790A is designed to (1) facilitate the initial receipt and processing of the job order by the SWA, (2) identify the primary employer of the worker(s) sought for the job opportunity, (3) designate that the job order will be used in connection with a future Form ETA-9142A for H-2A workers, and (4) disclose all the material terms and conditions of employment that the employer will offer to H-2A workers and U.S. workers. Except in emergency situations (20 CFR 655.134) or for job opportunities involving herding or production of livestock on the range (20 CFR 655.205), the employer must submit this job order no more than 75 calendar days and no fewer than 60 calendar days before the date of need. If the job opportunity is located in more than one State within the same area of intended employment, the employer may submit a job order to any one of the SWAs having jurisdiction over the anticipated worksites. The job order submitted to the SWA must satisfy the requirements for agricultural clearance orders in 20 CFR part 653, subpart F and the requirements set forth in 20 CFR part 655, subpart B.

Any references to the term "clearance order" on the Form ETA-790/790A and these instructions shall have the same meaning as the "job order."

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## FORM ETA-790 COVERSHEET

### Section I Clearance Order Information

This section is to be completed by the **SWA ONLY** upon initial receipt and processing of the agricultural clearance order.

1. Enter the unique number assigned to the agricultural clearance order that will be used by the SWA to facilitate the intrastate and interstate clearance of the employer's job opportunity and recruitment of U.S. workers.
2. Enter the date on which the agricultural clearance order was placed in intrastate clearance (20 CFR 655.121(c)). Use a month/day/year (*mm/dd/yyyy*) format.
3. Enter the first date on which the agricultural clearance order will no longer be on the SWA's active file. In accordance with 20 CFR 655.121(d), the SWA must keep the job order on its active file until the end of the recruitment period, which is generally until 50 percent of the period of the work contract has elapsed, 20 CFR 655.135(d). The start and end of the work contract period shall be based on the Begin Date (Item 3) and End Date (Item 4) entered in Section A of the Form ETA-790A, adjusted based on any modifications to the Begin Date (Item 3) approved by the Certifying Officer (CO). Use a month/day/year (*mm/dd/yyyy*) format.
4. Enter the six- or eight-digit Standard Occupational Classification (SOC) code for the occupation that most clearly describes the agricultural services or labor to be performed, as identified on the Form ETA-790A. For example, the eight-digit SOC code for a fruit or vegetable harvester or orchard worker is 45-2092.02 (Farmworkers and Laborers, Crop).

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5. Enter the occupational title associated with the chosen six- or eight-digit SOC code entered in Item 4. For example, the occupational title associated with SOC/O\*NET code 45-2092.02 is "Farmworkers and Laborers, Crop." The entry in this field should be the same as the SOC/O\*NET code entered by the SWA on the Form ETA-790, if available.

**For Questions 6 – 17, please enter the SWA point of contact information located in the Order Holding Office (OHO) that will process the agricultural clearance order.**

6. Enter the last (family) name of the SWA point of contact.
7. Enter the first (given) name of the SWA point of contact.
8. Enter the middle name of the SWA point of contact, if applicable. If the SWA point of contact does not have a middle name, enter "N/A."
9. Enter the job title of the SWA point of contact.
10. Enter the business street address of the SWA point of contact.
11. If additional space is needed for the business street address, use this field to complete the street address of the SWA point of contact. Otherwise, please enter "N/A."
12. Enter the city of the SWA point of contact.
13. Enter the State, District, or Territory of the SWA point of contact.
14. Enter the postal (zip) code of the SWA point of contact.
15. Enter the area code and business telephone number of the SWA point of contact.
16. Enter the extension of the business telephone number of the SWA point of contact, if applicable. Enter "N/A" if not applicable.
17. Enter the business e-mail address of the SWA point of contact using a valid format name@emailaddress.top-leveldomain. The e-mail entered in this field must be the same as the one regularly used by the SWA point of contact in processing agricultural clearance orders and capable of sending and receiving electronic communications to and from the CO and the employer or, if applicable, the employer's authorized attorney or agent. The e-mail address may either be the individual one assigned by the SWA to the named point of contact or a generic e-mail address assigned by the SWA for receiving and processing agricultural clearance orders by multiple staff.

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## Section II Employer Contact Information

An employer point of contact is an employee of the employer whose position authorizes the employee to provide information and supporting documentation concerning this agricultural clearance order and to communicate with the SWA on behalf of the employer. The employer point of contact should be the individual most familiar with the content of this agricultural clearance order and **must not** contain the contact information of the authorized attorney or agent, unless the attorney is an employee of the employer.

1. Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer filing this application. The employer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS). The entry in this field must be the same as the entry in Section B, Item 1 of the Form ETA-9142A.
2. Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization. The entry in this field must be the same as the entry in Section B, Item 2 of the Form ETA-9142A. Do not include "DBA" in front of the full trade name entered in Item 2 or at the end of the full legal name entered in Item 1.
3. Enter the last (family) name of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 1 of the Form ETA-9142A.
4. Enter the first (given) name of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 2 of the Form ETA-9142A.
5. Enter the middle name of the employer's point of contact, if applicable. Enter "N/A" if not applicable. The entry in this field must be the same as the entry in Section C, Item 3 of the Form ETA-9142A.

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6. Enter the job title of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 4 of the Form ETA-9142A.
7. Enter the business street address for the employer's point of contact. The address must be a physical location and not a P.O. Box. The entry in this field must be the same as the entry in Section C, Item 5 of the Form ETA-9142A.
8. If additional space is needed for the street address, use this field to complete the street address. If no additional space is needed, enter "N/A." The entry in this field must be the same as the entry in Section C, Item 6 of the Form ETA-9142A.
9. Enter the city of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 7 of the Form ETA-9142A.
10. Enter the State, District or Territory of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 8 of the Form ETA-9142A.
11. Enter the postal (zip) code of the employer's point of contact. The entry in this field must be the same as the entry in Section C, Item 9 of the Form ETA-9142A.
12. Enter the area code and business telephone number of the employer's point of contact. Include country code, if the point of contact is located outside of the United States. The entry in this field must be the same as the entry in Section C, Item 12 of the Form ETA-9142A.
13. Enter the extension of the telephone number of the employer's point of contact, if applicable. The entry in this field must be the same as the entry in Section C, Item 13 of the Form ETA-9142A.
14. Enter the business e-mail address of the employer's point of contact in the format name@emailaddress.top-leveldomain. The e-mail entered in this field must be the same as the one regularly used by the employer's point of contact for its business operations and capable of sending and receiving electronic communications from the SWA with respect to the processing of this agricultural clearance order. If the employer's point of contact does not possess a business e-mail address, please enter "N/A". The entry in this field must be the same as the entry in Section C, Item 14 of the Form ETA-9142A.
15. Enter the nine-digit Federal Employer identification Number (FEIN) as assigned by the IRS. Do not enter a social security number. The entry in this field must be the same as the entry in Section B, Item 12 of the Form ETA-9142A.  
*Important Note:* All employers, including private households, MUST obtain an FEIN from the IRS before completing this application. Information on obtaining an FEIN can be found at [www.irs.gov](http://www.irs.gov).
16. Enter the four-digit North American Industry Classification System (NAICS) code that most closely corresponds to the employer's primary economic or business activity; not the specific job opportunity being requested for temporary labor certification. For example, an employer primarily engaged in a combination of apple, citrus, and berry farming, would select NAICS Code "1113." The first two digits identifies the major economic sector (e.g., 11 – Agriculture, Forestry, Fishing and Hunting); the third digit identifies the subsector (e.g., 1 – Crop Production); and the fourth digit identifies the industry group (e.g., 3 – Fruit and Tree Nut Farming). Additional information concerning the NAICS can be found at <http://www.census.gov/epcd/www/naics.html>. The entry in this field must be the same as the entry in Section B, Item 13 of the Form ETA-9142A.

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### Section III Type of Clearance Order

1. For agricultural clearance orders that will be used in connection with a future Form ETA-9142A, please select the option entitled "**790A (H-2A clearance order)**." Prior to submitting the job order to the SWA, the employer will need to complete the remainder of the Form ETA-790A containing all material terms and conditions of employment and assurances for H-2A agricultural clearance orders.

Employers seeking to employ only U.S. workers in agricultural employment will select the option entitled "**790B (regular clearance order)**." Prior to submitting the job order to the SWA, the employer will need to complete the Form ETA-790B containing all material terms and conditions of employment and assurances for non-H-2A agricultural clearance orders.

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**FORM ETA-790A**

**Section A**

**Job Offer Information**

1. Enter the job title that most clearly describes the agricultural services or labor to be performed.
2. Enter the workers that need to be employed full-time to perform the agricultural services or labor.
  - a. Enter the total number of workers needed.
  - b. Of the total number of workers entered in Item 2a, enter the number of H-2A workers that will be requested for temporary labor certification.
3. Enter the begin date for the period of intended employment. Use a month/day/year (*mm/dd/yyyy*) format.
4. Enter the end date for the period of intended employment. Use a month/day/year (*mm/dd/yyyy*) format.
5. Select **"YES"** or **"NO"** to indicate whether the job opportunity generally requires the worker to be on-call 24 hours a day, 7 days a week. For example, an employer submitting a job order for a job opportunity involving herding or production of livestock on the range, which requires the worker to be on-call up to 24/7, would mark **"YES"** and proceed to Item 8. All other employers must mark **"NO"** and complete Items A.6 and A.7.
6. Use Items 6a through 6h to identify the anticipated days and hours of work per day and per week. Use a numerical (99.99) format for each item below. An entry is required for each box listed in this field. Reminder: Employers may use the Form ETA-790A, *Addendum C*, to disclose additional information about the job opportunity (e.g., variations in anticipated days or hours of work per day and per week for different crops or agricultural activities), depending on the unique specifications of the employer's job opportunity.
  - a. Enter the total hours of work that will normally be offered to workers per week. The entry in this field must be at least 35.00 hours per week and cannot be less than the sum of the entries in Items 5b through 5h.
  - b. Enter the total hours of work that will normally be offered to workers on Sunday.
  - c. Enter the total hours of work that will normally be offered to workers on Monday.
  - d. Enter the total hours of work that will normally be offered to workers on Tuesday.
  - e. Enter the total hours of work that will normally be offered to workers on Wednesday.
  - f. Enter the total hours of work that will normally be offered to workers on Thursday.
  - g. Enter the total hours of work that will normally be offered to workers on Friday.
  - h. Enter the total hours of work that will normally be offered to workers on Saturday.
7. Use Items 7a and 7b to identify the normal daily work schedule for the job opportunity using the standard time in the area where the work is expected to be performed (e.g., 9 a.m. to 5 p.m., 7 a.m. to 11 a.m. and 4 p.m. to 8 p.m.). Reminder: Employers may use the Form ETA-790A, *Addendum C*, to disclose additional information about the job opportunity (e.g., different shifts or variations in normal daily work schedule for different crops or agricultural activities), depending on the unique specifications of the employer's job opportunity.
  - a. Enter the start time of the day that work will normally begin and select a checkbox to indicate whether the expected start time of work is "AM" or "PM."
  - b. Enter the end time of the day that work will normally end and select a checkbox to indicate whether the expected end time of work is "AM" or "PM."
8. Use Items 8a through 8e to identify the specific crop or agricultural activity; describe the duties or services to be performed by the workers and the wage(s) that will be offered, advertised, and paid to the workers for performing the agricultural services or labor.
  - a. Enter a description of the job duties or services to be performed in each crop or agricultural activity. Describe the work tasks that make up the job, summarizing each step as appropriate, and avoid using technical terms without properly defining or explaining them where usage is necessary. Reminder: Employers may use the Form ETA-790A, *Addendum C*, to disclose additional information about the job opportunity (e.g., duties or services related to different crops or agricultural activities), depending on the unique specifications of the employer's job opportunity.



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- b. Enter the wage that will be offered, advertised, and paid to workers performing the job duties or services in the crop or agricultural activity. If the employer offers a range of wage rates for each crop or agricultural activity, enter the minimum wage offer in Item A.8b (Wage Offer). Note: The upper range of any wage offers will be collected in the "Piece Rate Units/Special Pay Information" fields in Item A.8e and in Form ETA-790A, *Addendum A*.
  - c. Select either "**HOUR**" or "**MONTH**" to identify the unit of pay for the wage offer entered in Item 8b. Mark only one box. See 20 CFR 655.120(a).
  - d. If applicable, enter the piece rate that will be offered, advertised, and paid to workers performing the job duties or services in the crop or agricultural activity.
  - e. If applicable, enter the piece rate units (e.g., tree size/spacing, weight/size/number of boxes picked/packed, dimensions of bags or boxes filled) and/or any other special pay information (e.g., performance bonuses or incentives associated with performing the job duties or services) or the upper end of a wage range offered for a particular crop or agricultural activity. Examples of piece rate units include 5/8 bushel, 90 pound bag or box, 10 box bin. Examples of other special pay information related to a particular crop or agricultural activity are additional pay per acre or based on crop yield.
9. Select "**YES**" or "**NO**" to indicate whether a completed Form ETA-790A, *Addendum A* is attached to this agricultural clearance order providing additional information covering all identified crops or agricultural activities and all hourly or monthly rates, piece rates, or special pay rates. Example:

A.8. Additional Crop or Agricultural Activities and Wage Offer Information				
Crop ID	Crop or Agricultural Activity	Wage Offer	Per	Piece Rate Units/Special Pay Information
S01	Strawberry Regular Trim	\$ 10.50	PR	per 1,000 plants trimmed and bundled calculated as follows: \$8.50 per 1,000 plants trimmed and bundled, plus quality incentive bonus of \$0 to \$3.00 per thousand plants depending on the quality of work performed. If, after the bonus is applied to the base rate of \$8.50 an employee does not reach the wage of \$10.50 per 1,000 plants, Sierra Cascade will augment the wage to ensure that the employee receives at least \$10.50 per 1,000 trimmed plants.
S02	Strawberry Green Trim	\$ 14.00	PR	per 1,000 plants trimmed and bundled, plus quality incentive bonus of \$0 to \$3.00 per thousand plants depending on the quality of work performed
S03	Strawberry Misted Tip Trim	\$ 26.00	PR	per 1,000 plants trimmed, plus quality incentive bonus of \$0 to \$3.00 per thousand plants depending on the quality of the work performed
S04	Strawberry Raspberry Trim	\$ 15.00	PR	per box on a team piece rate basis (8 or 10 persons per team. Group (or team) piece rate is divided among team members
C01	Cherry Harvest Yellow	\$6.00	PR	per 201b lug or per bucket equivalent (bucket size may vary according to variety ranging from 121b to 201b)
C02	Cherry Harvest Red	\$6.00	PR	per 30 lb lug or per bucket equivalent (bucket size may vary according to variety ranging from 121b to 301b)
A01	Apple Harvest Golden Delicious	\$26.00	PR	per bin (46 inch X 43 inch X 25.5 inch) All cultivations
A02	Apple Harvest Pink Lady	\$25.00	PR	per bin (47 inch X 47 inch X 24 1/2 inch) All cultivations
A03	Apple Harvest Fuji	\$28.00	PR	per bin (47 inch X 47 inch X 24 1/2 inch) All cultivations
T01	Tree Training	\$0.02	PR	Up to \$.50 per tree

**Important Note:** Use Form ETA-790A, *Addendum A* to disclose all additional pay information that is related to a particular crop or agricultural activity. For additional pay information that is not related to a particular crop, including but not limited to overtime and bonus or work incentive payments that the employer will pay in addition to the basic wage rate (e.g., bonuses based on time on the job or calendar based/holiday bonuses), mark H.1 "**YES**" and use the Form ETA-790A, *Addendum C* to disclose the additional material terms and conditions of employment.

- 10. Select one of the available options to specify the frequency with which workers will be paid under this agricultural clearance order. In accordance with 20 CFR 655.122(m), the employer must state in the job offer the frequency with which the worker(s) will be paid, which must be at least twice monthly or according to the prevailing practice in the area of intended employment, whichever is more frequent. Workers may be paid once per month only under certain circumstances. See 20 CFR 655.102.
- 11. State all deduction(s) from the worker's paycheck the employer is required to make by law and all other deductions not required by law that the employer will make from the worker's paycheck and, if known, the amount(s) for each deduction. Reminder: Employers may use the Form ETA-790A, *Addendum C*, to disclose additional information about the job opportunity (e.g., deductions), depending on the unique specifications of the employer's job opportunity.

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**Section B**  
**Minimum Job Qualifications/Requirements**

1. If a minimum U.S. diploma or degree is required to perform the agricultural services or labor, select the option that identifies the requirement. If no minimum U.S. diploma or degree is required, select **"NONE."** Only mark one box.
2. If a minimum amount of experience is required to perform the agricultural services or labor, indicate the amount of experience required in months. If no minimum experience is required, enter **"0"** (zero). Information about the nature of the experience required may be disclosed in Item B.6.
3. If a minimum amount of training is required to perform the agricultural services or labor, indicate the amount of training required in months. If no minimum training is required, enter **"0"** (zero). If less than one month of training is required, enter **"0"** (zero) in Item B.3 and provide the specific number of days or weeks of training required in Item B.6. Information about the nature of the training required may be disclosed in Item B.6. Note: When answering this item, do not duplicate time requirements — identify only the time required for the training identified in Item B.3. Do not include (add) time for the education or experience identified in Items B.1 and B.2.
4. Select the list of work tasks and requirements that are normally required to perform the agricultural services or labor. Check all that apply. Information about the nature of the work tasks and requirements checked may be disclosed in Item B.6. For example, if "Certification/license requirements" applies, use Item B.6 to specify the certification(s) and/or license(s) required (e.g., CDL license). Similarly, if "Driver requirements" applies, use Item B.6 to describe nature of the driving requirements, such as the farm equipment involved (e.g., self-propelled custom class combine) or whether a clean driving record is required to drive grain and transporter trucks. If "Extensive sitting or walking" is checked, use Item B.6 to explain the nature of the sitting or walking required.
5. Use Items 5a and 5b to identify whether the worker(s) employed under the job opportunity will be required to perform supervision of other employees.
  - a. Mark "Yes" or "No" as to whether the job opportunity supervises the work of other employees.
  - b. If "Yes" is marked in question 5a, enter the total number of employees the job opportunity will supervise.
6. Describe any other qualifications or requirements to perform the agricultural services or labor. Examples are quantifiable lifting requirements, level of supervision and number of workers to supervise, and types of licenses or permits. This item may also be used to provide more detailed information about the qualifications and/or requirements identified in Items B.1 through B.5. If no additional qualifications or requirements are needed and no additional information about Items B.1 through B.5 is required, enter **"NONE"** in the space provided. If additional space is required to fully disclose the qualification and requirement details for Item B.6, the employer may use the Form ETA-790A, *Addendum C*. On *Addendum C*, enter "B.6" in Item 1, "Job Qualifications and Requirements" in Item 2, and the additional information in Item 3.

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**Section C**  
**Worksite Information**

It is important for the employer to define the place(s) of employment (i.e., worksites) with as much geographic specificity as possible. This information is used to determine the area of intended employment, for purposes of reviewing and verifying regulatory compliance with advertising, positive recruitment requirements, and prevailing wage determinations.

For employers operating on work itineraries covering one or more areas of intended employment or those engaged in the herding or production of livestock on the range, the place of employment disclosed in Items C.1 through C.6 may be the location where the work itinerary is expected to begin; a designated pick-up point where workers will meet; or the employer's business or office location nearest where work will be performed in the area. For agricultural associations filing as a joint employer with members, the place of employment disclosed in these fields may be the address of the agricultural association or the centralized location where workers will report for work assignments with members of the agricultural association. To disclose additional place(s) beyond the entry in Items C.1 through C.6 (e.g., subsequent locations on an itinerary), use Form ETA-790A, *Addendum B*.

1. Enter the street address of the location where work will be performed. The worksite address must be a physical location and cannot be a P.O. Box. For a rural or other location without a street address, enter **"NONE"** and provide as much information in Items C.2 through C.5 as possible, supplemented with additional information in Item B.6.
2. Enter the city in which the worksite is located.
3. Enter the State/District/Territory in which the worksite is located.

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4. Enter the postal (zip) code in which the worksite is located.
5. Enter the county in which the worksite is located.
6. Enter any additional information about the worksite location. Examples may include more specific information about the fields where work will be performed in close proximity to the address location, more specific directions on how workers can reach the worksite and/or Global Positioning System (GPS) coordinates, especially in very rural and isolated geographic areas. If no additional information concerning the worksite is needed, enter "**NONE**" in the space provided.
7. In circumstances where work needs to be performed at additional places of employment other than the address listed in items 1 through 5 above, submit a completed Form ETA-790A, *Addendum B* identifying all additional places of employment and, where required, the agricultural business that will employ workers, or to whom the employer will be providing workers.

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**Section D**  
**Housing Information**

1. Enter the street address of the location where the housing for workers is located. Use commonly understood street or highway numbers and names. For applications involving agricultural labor or services on work itineraries where the use of mobile housing is permitted, enter the nearest geographic location of the mobile housing unit where it resides at the time of filing the Form ETA-790A.
2. Enter the city in which the housing is located.
3. Enter the State/District/Territory in which the housing is located.
4. Enter the postal (zip) code in which the housing is located.
5. Enter the county in which the housing is located.
6. Identify the type of housing that will be provided to workers at this location. Examples include camp, cabin, barracks, or two-story house (private, rental, public accommodation).
7. Enter the total number of housing units available to house workers at this location.
8. Enter the total occupancy capacity for all of the housing units identified in item 7 above.
9. Select whether the housing units provided to workers complies or will comply with local, State, or Federal standards.
10. Enter any additional information about the housing. Examples may include more specific directions on how workers can reach the housing and/or GPS coordinates, especially in very rural and isolated geographic areas; availability of family units and/or single rooms; utilities (e.g., gas, electricity, and heat); and/or arrangements for utility hookups. For mobile units, explain where the mobile units will be used (e.g., "mobile unit will travel with the workers to various range locations through Jefferson, Fremont, and Bonneville Counties (Idaho) and Teton and Lincoln Counties (Wyoming)"). If no additional information concerning the housing is needed, enter "**NONE**" in the space provided.
11. In circumstances where workers will be provided housing at additional locations and/or additional space is needed to identify all available housing units for workers at the address listed in items 1 through 5 above, mark "**YES**" and submit a completed Form ETA-790A, *Addendum B* providing additional information on housing that will be provided to workers. If no additional information concerning the housing is needed, mark "**NO**."

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**Section E**  
**Provision of Meals**

1. Describe how the employer will provide each worker with three (3) meals a day or furnish free and convenient cooking and kitchen facilities so that workers can prepare their own meals. Where the employer provides facilities for workers to prepare their own meals, please explain how the workers will have access to stores where they can purchase groceries and describe the facilities and space for food preparation, as well as the necessary equipment, appliances (including refrigeration), cooking accessories, and dishwashing facilities (e.g., adequate sinks with hot and cold water under pressure) that are in working condition and will be used by workers to sufficiently prepare three (3) meals a day. If the employer has an agreement with a third-party that will prepare the meals for the employer's workers, identify the vendor and explain the employer's arrangement with the vendor with sufficient detail to apprise workers how, when, and where the workers will obtain the meals from the vendor and that the employer will pay the vendor directly for the meals provided. If additional

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space is needed to complete the response to Item E.1, the employer may use the Form ETA-790A, *Addendum C*. On *Addendum C*, enter "E.1" in Item 1, "Provision of Meals" in Item 2, and then complete the description of the employer's provision of meals to workers in Item 3.

**Important Note:** Providing access to third-party vendors and requiring workers to purchase meals from the third-party vendor does not constitute compliance with the requirement to provide meals or cooking and kitchen facilities, even if the employer provides a meal stipend.

2. Select the option designating whether the employer will charge workers for the provision of meals. If the employer intends to charge workers for the provision of meals, the daily charge per worker must be entered in currency format (e.g., \$99.99).

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**Section F**  
**Transportation and Daily Subsistence**

1. Describe how the employer will provide workers daily transportation to the place(s) of employment. At a minimum, describe the arrangements for transporting workers, at no cost to workers, from employer-provided housing and, if applicable, centralized pick-up points to the places of employment at the beginning of each workday and back at the end of each workday. Please also disclose the mode(s) of transportation (e.g., vans, buses) that will be used each day, if known, as well as whether the daily transportation at no cost to workers is available to workers who do not reside in employer-provided housing. If additional space is needed, use the Form ETA-790A, *Addendum C*.
2. Describe how the employer will provide workers with transportation (a) to the place of employment from the place from which the worker has come to work for the employer (i.e., inbound) and (b) from the place of employment to the place from which the worker has come to work for the employer (i.e., outbound). At a minimum, state whether such transportation, and related daily subsistence, will be provided by the employer or paid by the employer to the worker for reasonable costs incurred (e.g., advance payment or reimbursement) and identify the modes of transportation, if known. For example, the employer may state that it will provide or pay for charter bus services or other modes of transportation to groups of H-2A or U.S. workers, or permit workers to select any means of transportation they choose and reimburse workers at no less than the most economical and reasonable common carrier transportation charges for the distances involved. If additional space is needed, use the Form ETA-790A, *Addendum C*.
3. Enter the amounts per day that the employer will pay for or reimburse daily meals for each worker
  - a. Enter the minimum daily subsistence amount per day in currency format (e.g., \$99.99).
  - b. Enter the maximum daily subsistence amount per day with receipts in currency format (e.g., \$99.99).

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**Section G**  
**Referral and Hiring Instructions**

1. Explain how prospective applicants may be considered for employment under this job order, including verifiable contact information for the employer or the employer's authorized hiring representative and the methods of contact (e.g., email, phone) that prospective U.S. applicants may use to be considered for the job opportunity. Summarize how applicants are to be considered, referred, and hired. For example, indicate the days and hours that the employer or the employer's authorized hiring representative will be available to interview workers by telephone and/or in-person and whether anybody different from the employer has hiring authority. If additional space is needed, use the Form ETA-790A, *Addendum C*.

**In Items G.2 through G.4, at least two (2) verifiable methods by which prospective U.S. workers can contact the employer and apply for the job opportunity must be identified.**

2. Enter the area code and telephone number by which prospective U.S. workers can contact the employer and apply for the job opportunity. If a phone number is not available, leave this field BLANK and the system will insert "N/A" at submission of the application.
3. Enter the e-mail address by which prospective U.S. workers can contact the employer and apply for the job opportunity. The format must be name@emailaddress.top-leveldomain. If an e-mail address is not available, please enter "N/A".



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4. Enter the website address by which prospective U.S. workers can contact the employer and apply for the job opportunity. The format must be domain name.domain suffix. If a website address is not available, please enter "N/A". Examples of valid suffixes include:

- .gov - Government agencies
- .mil – Military
- .org - Organizations (nonprofit)
- .edu - Educational institutions
- .com - commercial business
- .net - Network organizations

**Section H**  
**Additional Material Terms and Conditions of the Job Offer**

**Important Note:** Additional material terms and conditions of employment must comply with the requirements of the INA and the Department's applicable regulations.

1. Select **"YES"** or **"NO"** to indicate whether a completed Form ETA-790A, *Addendum C* is attached to this agricultural clearance order. Employers may use *Addendum C* to disclose any other material terms, conditions, and benefits (monetary and non-monetary) that will be provided by the employer under this job opportunity (e.g., production standards or OT/holiday hours not mandatory). *Addendum C* may also be used to elaborate or further explain material terms or conditions of the job offer previously disclosed on this clearance order (e.g., wage offer(s) and deductions, job qualifications or requirements, meals, transportation). To disclose a material term or condition of the job offer that is not covered by the Form ETA-790A using *Addendum C*, the employer may enter the letter "H," followed by a sequential number, and then the name of the category for the material term or condition. Example:

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<b>H. Additional Material Terms and Conditions of the Job Offer</b>		
a. Job Offer Information 1		
1. Section/Item Number *	H.1	2. Name of Section or Category of Material Term or Condition * <b>ADDITIONAL CONDITIONS ABOUT THE WAGE OFFER(S)</b>
3. Details of Material Term or Condition (up to 3,500 characters) *		
<p><b>OVERTIME PAY:</b> Work in California will be paid at 150% of the piece rate and bonus described below (as provided for under 29 U.S.C. 207; 29 CFR 778418). At no time will the overtime piece rate payment be less than 150% of the required hourly wage rate stated above. Employer will abide by the California overtime rules for agricultural workers working in California. The Employer abides by California Wage Order 14 including: (A) The following overtime provisions are applicable to employees 18 years of age or over and to employees 16 or 17 years of age who are not required by law to attend school; such employees shall not be employed more than ten (10) hours in any one workday or more than six (6) days in any workweek unless the employee receives one and one-half (1 1/2) times such employee's regular rate of pay for all hours worked over ten (10) hours in any workday and for the first eight (8) hours on the seventh (7th) day of work and double the employee's regular rate of pay for all hours worked over eight (8) on the seventh (7th) day of work in the workweek; and (B) An employee may be employed on seven (7) workdays in one workweek with no overtime pay required when the total hours of employment during such workweek do not exceed 30 and the total hours of employment in any one workday thereof do not exceed-six (6). Oregon does not require an Employer to pay an increased pay rate for overtime.</p> <p><b>BONUS FOR REGULAR AND GREEN PLANTS:</b> Each worker will be evaluated on their quality of work and productivity by the Company's supervisors. A bonus, for regular and green trim work only, of up to \$3.00 per 1,000 plants trimmed and bundled, based on the worker's quality control inspection score, will be earned on the</p>		

**Section I**  
**Conditions of Employment and Assurances for H-2A Agricultural Clearance Orders**

The employer must carefully read and agree to compliance with all the conditions of employment, including but not limited to those conditions listed in this section, for the positions covered by the agricultural clearance order, including any approved modifications or extensions thereof.

1. Enter the last (family) name of the person with authority to sign on behalf of the employer.
2. Enter the first (given) name of the person with authority to sign on behalf of the employer.
3. Enter the middle name of the person with authority to sign on behalf of the employer, if applicable.
4. Enter the job title of the person with authority to sign on behalf of the employer.
5. The person with authority to sign on behalf of the employer must sign the agricultural clearance order. An electronic or digital signature is acceptable. Read the entire application and verify all contained information prior to signing.
6. The person with authority to sign on behalf of the employer must date the agricultural clearance order. An electronic or digital date is acceptable. Use a month/day/full year (mm/dd/yyyy) format.

**Employment Service Statement**

Please read this disclosure. No entries are required.

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**Public Burden Statement (OMB Control Number 1205-0466)**

Please read this disclosure. No entries are required.

**ADDENDUM A  
 For Disclosure of Additional Temporary Agricultural Services and Wage Offer Information (Section A, Item 9)**

This Addendum must be fully completed and submitted with the Form ETA-790A when the employer needs to disclose additional information about the payment of wages for specific crops and/or agricultural activities. The employer must disclose wage information covering all the crops or agricultural activities that workers will need to perform under the agricultural clearance order. For example, where an employer has multiple applicable hourly rates (e.g., due to work in different states subject to different AEWRs), the employer may disclose the distinct hourly rates by entering the crop and state on the *Addendum A*. The employer could enter the wage rate information for "Lettuce Harvesting – California" with the hourly AEWR covering work performed in California in one row, and then enter the wage rate information for "Lettuce Harvesting – Arizona" with the hourly AEWR covering work performed in Arizona on another row.

*Addendum A* will collect up to 10 rows of wage offer information for particular crops and/or agricultural activities. For electronic filings, if the employer needs to disclose more than 10 rows of wage offer information, the filing system will automatically provide the employer with the option of adding more rows to the *Addendum A* until the response is completed. For mailed or paper filings, the employer will make one or more copies of the *Addendum A* to complete and attach to the Form ETA-790A.

**Column 1: Crop ID**

Enter the "Crop ID" designated in Item A.8a for a particular crop or agricultural activity, if applicable. An employer using large crews working on a wide array of diversified crops may designate one or more "Crop ID" in Item A.8a and then use the "Crop ID" to organize wage offer and pay information for multiple varieties of the same crops or commodities on the *Addendum A*.

**Column 2: Crop or Agricultural Activity**

Enter the name of the crop or agricultural activity.

**Column 3: Wage Offer**

Enter the wage offer for the crop or agricultural activity entered in Column 2 in currency format (e.g., \$99.99).

**Column 4: Per**

Enter the unit of pay: "HR" (i.e., hour), "MO" (i.e., month), or "PR" (i.e., piece rate).

**Column 5: Piece Rate Units/Special Pay Information**

Enter additional information, such as the piece rate units and/or any other special pay information (e.g., performance bonuses or incentives) associated with performing the job duties or services in the crop or agricultural activity.

Example:

A.S. Additional Crop or Agricultural Activities and Wage Offer Information				
Crop ID	Crop or Agricultural Activity	Wage Offer	Per	Piece Rate Units/Special Pay Information
S01	Strawberry Regular Trim	\$ 10.50	PR	per 1,000 plants trimmed and bundled calculated as follows: \$8.50 per 1,000 plants trimmed and bundled, plus quality incentive bonus of \$0 to \$3.00 per thousand plants depending on the quality of work performed. If, after the bonus is applied to the base rate of \$8.50 an employee does not reach the wage of \$10.50 per 1,000 plants, Sierra Cascade will augment the wage to ensure that the employee receives at least \$10.50 per 1,000 trimmed plants.
S02	Strawberry Green Trim	\$ 14.00	PR	per 1,000 plants trimmed and bundled, plus quality incentive bonus of \$0 to \$3.00 per thousand plants depending on the quality of work performed
S03	Strawberry Misted Tip Trim	\$ 26.00	PR	per 1,000 plants trimmed, plus quality incentive bonus of \$0 to \$3.00 per thousand plants depending on the quality of the work performed
S04	Strawberry Raspberry Trim	\$ 15.00	PR	per box on a team piece rate basis (8 or 10 persons per team. Group (or team) piece rate is divided among team members
C01	Cherry Harvest Yellow	\$6.00	PR	per 201b lug or per bucket equivalent (bucket size may vary according to variety ranging from 121b to 201b)

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**ADDENDUM B**  
**For Disclosure of Additional Places of Employment (Section C) and/or Housing Information (Section D)**

This Addendum must be fully completed and submitted with the Form ETA-790A when one or both of the following circumstances arise:

- (1) The employer needs the workers to perform the services or labor required in the agricultural clearance order at additional places of employment other than the place disclosed in Section C, Items 1 through 5; or
- (2) The employer will be providing housing at additional locations, other than the place disclosed in Section D, Items 1 through 5, and/or additional space is needed to identify all available housing units for workers at the address disclosed in Section D, Items 1 through 5.

**Section C. Additional Place of Employment Information**

1. Enter the name of the agricultural business that will employ workers, or to which labor or services will be provided by workers at the place of employment identified in Items 2 and 3, if applicable.
2. Enter the street address of the place where work will be performed. The place of employment must be a physical location and cannot be a P.O. Box. Employers must disclose, to the best of their knowledge at the time of filing the Form ETA-790A, geographic details related to the place of employment with enough specificity to apprise prospective applicants of any travel requirements and where they will likely have to reside to perform the services or labor. To identify the place of employment by address, enter the location information using this format: address/location, city, state, postal code, county. Although addresses are required, if available, if there is no address, the employer may enter "No Street Address Available" or "N/A".
3. Enter any additional information about the geographic area of intended employment. Examples may include forest grid identification numbers, GPS coordinates, and/or directions to the place of employment, if applicable. This field will permit an entry of up to 500 characters. If no additional information concerning the place of employment is needed, enter "N/A" in the space provided.

Where the employer's work itinerary necessitates disclosure of an anticipated schedule of work at different places of employment (e.g., an H-2ALC), complete Columns 4 through 6 (Items 4, 5, and 6).

4. Enter the begin date for the period of intended employment at this place of employment, if applicable. Use a month/day/year (mm/dd/yyyy) format.
5. Enter the end date for the period of intended employment at this place of employment, if applicable. Use a month/day/year (mm/dd/yyyy) format.
6. Enter the anticipated total number of workers that will be employed at this place of employment.

**Example 1:** *Addendum B* for an employer engaged in itinerant animal shearing

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C. Additional Place of Employment Information					
1. Name of Agricultural Business §	2. Place of Employment *	3. Additional Information About the Place of Employment §	4. Begin Date §	5. End Date §	6. Total Workers §
Rolling Sheep Company	1290 W 5 Lane N Paul, ID 83347 Minidoka County	N/A	01/01/19	01/05/19	6
John Doe Ranch	18289 Highway 30 Hagerman, ID 83332 Gooding County	N/A	01/08/19	01/15/19	6
Jane Darby	Riverton, WY 82501 Fremont County	Shearing sheds located about 1 mile south on Highway 99	01/18/19	02/01/19	6

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**Example 2:** *Addendum B* for an agricultural association filing as joint employer

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C. Additional Place of Employment Information					
1. Name of Agricultural Business §	2. Place of Employment *	3. Additional Information About the Place of Employment §	4. Begin Date §	5. End Date §	6. Total Workers §
Abby Doe	6095 Meadowbrook Road Benson, NC, 27504 Johnston County	Hay, Organic Tobacco, Straw	05/04/19	11/01/19	2
Bobby Dodd	462 Pinehaven Road Reidsville, NC, 27320 Rockingham County	Soy, Tobacco, Wheat	05/04/19	10/31/19	8
Claire Roberts	525 Chinquapin Road Mocksville, NC, 27028 Davie County	Soy, Sweet Potatoes, Tobacco	05/04/19	11/01/19	20
Dave Richards	P.O. Box 73 117 Church Street Franklin, NC, 27551 Macon County	Produce, Soy, Straw, Tobacco	05/04/19	10/28/19	14

**Example 3:** *Addendum B* for an H-2ALC

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C. Additional Place of Employment Information					
1. Name of Agricultural Business §	2. Place of Employment *	3. Additional Information About the Place of Employment §	4. Begin Date §	5. End Date §	6. Total Workers §
Jon Doe Citrus Orchards	102nd Avenue, State Road 60 Vero Beach, FL, 32960 Indian River County	Orchard groves 1,2,4, and 6 also located off SR 60 and 122nd Avenue in Vero Beach	11/15/19	05/01/20	N/A
Oakes Farms	Immokalee, FL, 34142 Collier County	Orchards also at or near North End of Thorpe Rd in Immokalee; CR 846 West by mulch pile and fairgrounds, Naples, FL; South end of County Line Rd in Immokalee	11/15/19	05/01/20	N/A
Sadie Cypress	16067 011 Well Road Immokalee, FL, 34142 Collier County	Orchards also near 4909 County Line Rd in Immokalee	11/15/19	05/01/20	N/A
Cypress Farm	Vero Beach, FL, 32961 Indian River County	Orchards located south side of 9th St SW .5 miles north of 122nd Ave	11/15/19	05/01/20	N/A
Franberry Farms, LLC.	1206 McGee Rd, Plant City, FL, 33565 Hillsborough County	Orchards also at or near 431 N. Alexander St and 2102 W. Knight Griffin Rd in Plant City	11/15/19	05/01/20	N/A

*Addendum B* will collect up to 10 rows of information related to the places of employment. For electronic filings, if the employer needs to disclose more than 10 rows of information related to the places of employment, the filing system will automatically provide the employer with the option of adding more rows to Section C of the *Addendum B* until the response is completed. For mailed or paper filings, the employer will make one or more copies of Section C of the *Addendum B* to complete and attach to the Form ETA-790A.

**Section D. Housing Information**

1. Identify the type of housing that will be provided to workers at this location. Examples may include camp, cabin, barracks, or two-story house (private, rental, public accommodation).
2. Enter the street address where the housing for workers is located. Use this format: address/location, city, state, postal code, county. Use commonly understood street or highway numbers and names.
3. Enter any additional information about the housing. Examples may include more specific directions on how workers can reach the housing, especially in very rural and isolated geographic areas; availability of family units and/or single rooms available; utilities (e.g., gas, electricity, and heat); and/or arrangements for utility hookups. If no additional information concerning the housing is needed, enter "N/A" in the space provided. This field will permit an entry of up to 500 characters.
4. Enter the total number of housing units available to house workers at this location.

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5. Enter the total occupancy capacity for all of the housing units identified in item 4 above.
  6. Select one or more options to indicate whether the housing units provided to workers comply or will comply with local, State, and/or Federal standards.

*Addendum B* will collect up to 10 rows of information about employer-provided housing. For electronic filings, if the employer needs to disclose more than 10 rows of housing information, the filing system will automatically provide the employer with the option of adding more rows to Section D of the *Addendum B* until the response is completed. For mailed or paper filings, the employer will make one or more copies of Section D of the *Addendum B* to complete and attach to the Form ETA-790A.

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**ADDENDUM C**  
**For Disclosure of Additional Material Terms and Conditions of the Job Offer**

*Addendum C* may be used to elaborate or further explain material terms or conditions of the job offer previously disclosed on this clearance order or to disclose a material term or condition of the job offer that is not covered by the Form ETA-790A.

NOTE: *Addendum C* will collect two sections of additional information per page. For electronic filings, if the employer needs to disclose more sections of information, the filing system will automatically provide the employer with the option of adding more sections of the *Addendum C* until the response is completed. For mailed or paper filings, the employer will make one or more copies of the *Addendum C* to complete and attach to the Form ETA-790A.

1. Enter the Form ETA-790A Section and Item number associated with the additional information to be disclosed. For example, if additional space is required to fully disclose the qualification and requirement information for Item B.6 of the Form ETA-790A, on *Addendum C*, enter "B.6" in Item 1. Otherwise, enter "H" as the section, followed by a sequential number (e.g., H.1 for the first additional item disclosed, H.2 for the second additional item disclosed).
2. Enter the Form ETA-790A Section name associated with the additional information to be disclosed. For example, if additional space is required to fully disclose the qualification and requirement information for Item B.6 of the Form ETA-790A, on *Addendum C*, enter "Job Qualifications and Requirements" in Item 2. Otherwise, enter a descriptive category for the additional information to be disclosed (e.g., "Additional Conditions about the Wage Offer").
3. Enter the additional information to be disclosed related to Items 1 and 2 above.

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**A.9. Additional Crop or Agricultural Activities and Wage Offer Information**

Crop ID	Crop or Agricultural Activity	Wage Offer	Per	Piece Rate Units/Special Pay Information
		\$ ____ . ____		
		\$ ____ . ____		
		\$ ____ . ____		
		\$ ____ . ____		
		\$ ____ . ____		
		\$ ____ . ____		
		\$ ____ . ____		
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		\$ ____ . ____		
		\$ ____ . ____		



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**D. Additional Housing Information**

1. Type of Housing *	2. Physical Location *	3. Additional Housing Information §	4. Total Units *	5. Total Occupancy *	6. Applicable Housing Standards *
					<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal
					<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal
					<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal
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					<input type="checkbox"/> Local <input type="checkbox"/> State <input type="checkbox"/> Federal

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**H. Additional Material Terms and Conditions of the Job Offer**

*a. Job Offer Information 1*

1. Section/Item Number *		2. Name of Section or Category of Material Term or Condition *	
3. Details of Material Term or Condition ( <i>up to 3,500 characters</i> ) *			

*b. Job Offer Information 2*

1. Section/Item Number *		2. Name of Section or Category of Material Term or Condition *	
3. Details of Material Term or Condition ( <i>up to 3,500 characters</i> ) *			

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**c. Job Offer Information 3**

1. Section/Item Number *		2. Name of Section or Category of Material Term or Condition *	
3. Details of Material Term or Condition ( <i>up to 3,500 characters</i> ) *			

**d. Job Offer Information 4**

1. Section/Item Number *		2. Name of Section or Category of Material Term or Condition *	
3. Details of Material Term or Condition ( <i>up to 3,500 characters</i> ) *			