



# EMPLOYER APPLICATION

## BUSINESS INFORMATION

Last Name Of Employer			First (Given) Name of Employer			Middle Name of Employer		
Legal Business Name			First, Middle and Last Name of Contact Person who will act on behalf of employer			Job Title of Contact person (example: Manager)		
Employer's Physical Address (DOL will NOT Process with P.O. Box address only)								
Address:			City:		State:		Zip:	County:
Address where you will be receiving your mail, if different from the above address (Example P. O. Box):								
Address:			City:		State:		Zip:	County:
Telephone Number:			Fax Number:			Cell phone Number:		
Email Address:			Date of Birth of Employer			Type of Business:		
Describe your operation in detail (what do you do?):								
Please provide us with a statement of Temporary Need (You need to be specific about why this job is temporary):								
Address to worksite (Where work will be performed – IF YOU HAVE MORE THAN ONE WORKSITE EX. HARVESTING SEE INFORMATION ON MULTIPLE WORKSITES):								
Address:			City:		State:		Zip:	County:
Please provide direction to <u>work site</u> from the nearest town or highway:								
<b>INFORMATION ON MULTIPLE WORKSITES (EX. HARVESTERS or ANYBODY THAT HAS MORE THAN ONE ADDRESS TO A WORKSITE)</b>								
Identify the geographic place(s) of employment with as much specificity as possible, such as the Metropolitan Statistical Areas (MSAs) or the city(ies)/township(s)/county(ies) and the corresponding state(s) where work will be performed.								

If you are a **Custom Harvester**, I also need your Harvesting Itinerary (please fill in the following columns)

Estimated Dates of when you will be harvesting at this location	Name of Farmer / Employer where you will be harvesting	Address of Farmer / Employer where you will be doing harvesting at	Telephone number of Farmer/Employer

Please provide a description of the housing made available to employees (Type of housing, # of bedrooms, etc.):

**(IF YOU MAKE USE OF HOTELS, MOTELS, OR APARTMENTS, PLEASE INCLUDE A LETTER OR CONTRACT FROM THEM (ON THEIR LETTERHEAD) WITH THE SPECIFIC DATES AND BOOKING INFORMATION. MOTELS AND HOTELS ALSO NEED TO INCLUDE A LETTER STATING THAT THEY MEET STATE AND FEDERAL STANDARDS)**

Physical address where housing is located:

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

Please provide directions to housing address from the nearest town or highway:

**POSITION INFORMATION**

Describe Job Duties To Be Performed In Detail:

Special Requirements: List any special skills, licenses/certificates/certifications, and requirements of the job opportunity:

Number of employees needed:	Current number of employees:	<b>EXACT DATES THAT YOU WOULD LIKE YOUR EMPLOYEES</b>	
		Start Date:	End Date:
Total Hours Guaranteed Per Week:		Work Schedule:	
		From	AM / To PM
Minimum educational / work experience required, if any for position: <b>Education:</b>  <b>Experience:</b>		Is there any special training necessary for this job offer:	

List nearest International airport as well as preferred airport where you would like your employees to fly into:

**RECRUITMENT INFORMATION**

Recruitment Activities. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted.

**ONE OF THE RECRUITMENT EFFORTS REQUIRED BY DOL IS TO CONTACT FORMER U.S. EMPLOYEES EMPLOYED WITHIN THE LAST YEAR. (THIS IS YOUR RESPONSIBILITY TO CONTACT THEM AND MAKE SURE TO INCLUDE THE DATES THAT YOU CONTACTED THEM)**

Name of State Workforce Agency (SWA) serving the area of intended employment:

List name, telephone number and fax number of local newspaper (It needs to be a Sunday circulation paper):

Newspaper name:

Tel:

Fax:

**THE FOLLOWING INFORMATION IS REQUIRED ON THE I-129 USCIS PETITION. INFORMATION WILL BE KEPT CONFIDENTIAL.**

Tax ID Number:

Year Business Established:

Gross Annual Income:

Net Annual Income:

Employer: \_\_\_\_\_

Business: \_\_\_\_\_

**Employee Profile**

**The purpose of the employee profile is to ascertain exactly what type of worker or group of workers will be the best match for your operation. Please complete in detail. Feel free to add additional comment.**

Number of Workers Needed	Ideal Age Group	Sex
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Either

Marital Status: \_\_\_\_\_

**Experience Required**

**Experience Requested (But Not Required To Perform Job Satisfaction)**

**Which Qualities in a Worker Would Best Fit Your Operation**

**List All The Rules That Apply To Your Current Operation/Employees**

List Employees You Wish To Return and List Any Contact Telephone Numbers or Email Addresses