

Agricultural and Food Processing Clearance Order

U.S. Department of Labor

Employment and Training Administration



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

OMB Approval No. 1205-0134

1. Industry Code _____ 2. Job Order Number _____

3. Occupational Title and Code _____

4. Employer's Name and Address (Number, Street, City, State, Zip Code, and Telephone Number)

5. Anticipated Period of Employment

From: _____ To: _____

6. Clearance Order Issue Date _____

Job Order Expiration Date _____

7. Preferred Crew Leader/Worker's Name and Address

Social Security Number _____

Telephone Number _____

Leader's Functions

	Yes	No
Supervises	<input type="checkbox"/>	<input type="checkbox"/>
Transports	<input type="checkbox"/>	<input type="checkbox"/>
Pays	<input type="checkbox"/>	<input type="checkbox"/>
Assumes OASI	<input type="checkbox"/>	<input type="checkbox"/>

8. No. Type of Workers Requested

Total Number _____

No. Individual _____

No. Family _____

9. Wage Rates, Special Pay Information and Deductions

Crop Activity	Flat Rate (i.e., hr. wk.)	Piece Rate	Unit	Est. Hourly Rate Equiv.	C/L Wage Rate
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(See attachment no. _____)

10. Anticipated Hrs. of Work Per Week _____

Normal Hours Per Day	Sun _____ Thu _____
	Mon _____ Fri _____
	Tue _____ Sat _____
	Wed _____

11. Job Specifications (If additional space is needed, please use separate sheet of paper or reverse of form)

(See attachment no. _____)

12. Location and Direction to Work Site

(See attach. no. _____)

13. Board Arrangements

(See attach. no. _____)

14. Location and Description of Housing

Employer assures the availability of no cost or public housing which meets the full set of applicable standards. (See attach. no. _____)

Number and Capacity of Housing Units

Barracks		Family Units		Single Rooms	
No.	Total Cap.	No.	Total Cap.	No.	Total Cap.
_____	_____	_____	_____	_____	_____

Authorized Capacity _____

15. Referral Instructions

(See attach. no. _____)

16. Collect Calls Accepted

	Yes	No
By Employer	<input type="checkbox"/>	<input type="checkbox"/>
by Order Holding Office	<input type="checkbox"/>	<input type="checkbox"/>

17. Transportation Arrangements

(See attach. no. _____)

18. Distribution of Clearance Order

19. Address of Order Holding Office (including Telephone Number)

20. Employer's Certification: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job.

Signature _____

Name of Agency Representative (including Telephone Number)

Title _____