



**U.S. Department Labor  
Employment and Training Administration**

**OMB Control No.** 1205-0134  
**Expiration Date:** November 30, 2012

**Agricultural and Food Processing Clearance Order ETA Form 790  
Pedido de Empleados para Agricultura y Procesamiento de Alimentos**

1. Employer's Name and Address (Number, Street, City, State, and Zip Code)/  
Nombre y Dirección del Empleador (Numero, Calle, Ciudad, Estado y Código Postal)

Telephone number/Teléfono:

Fax:

2. Location and Direction to Work Site/ Ubicación y Dirección al Lugar de Trabajo

(If additional space is needed, use separate sheet of paper/ Si necesitas más espacio, utilices otra hoja de papel)

3. Location and Description of Housing / Dirección y Descripción de la Vivienda

(If additional space is needed, use separate sheet of paper / Si necesitas más espacio, utilices otra hoja de papel)

**Nos. 4 - 8 for STATE USE ONLY  
Números 4 a 8 para USO ESTATAL**

4. Industry Code/Código Industrial

5. Job Order No. /Num. de Orden de Empleo

6. Occupational Title and Code /Título Ocupacional y Código

7. Clearance Order Issue Date / Fecha de Tramite

8. Job Order Expiration Date / Fecha de Expiración

9. Anticipated Period of Employment / Periodo Anticipado de Empleo

From/ Desde:

To/Hasta:

10. No. of Workers Requested / Num. de Trabajadores Solicitados

11. Anticipated Hours of Work per Week/Horas Anticipadas de Trabajo por Semana. Total: \_\_\_\_\_

Sunday / Domingo \_\_\_\_\_ Monday / Lunes \_\_\_\_\_

Tuesday / Martes \_\_\_\_\_ Wednesday / Miércoles \_\_\_\_\_

Thursday / Jueves \_\_\_\_\_ Friday / Viernes \_\_\_\_\_

Saturday / Sábado \_\_\_\_\_

12. Collect Calls Accepted from/Aceptan Llamadas por Cobrar de:

Employer / Empleador

Yes/Si  No

Local Office / Oficina Local

Yes/Si  No

13. Board Arrangements / Arreglo de Alojamiento

14. Referral Instructions / Instrucciones sobre cómo Referir Candidatos

15. Job Specifications / Especificaciones del Trabajo

(If more space is needed, summary of Material Job Specifications in ENGLISH can be included in separate document, and may also be included in SPANISH)

16. Wage Rates, Special Pay Information and Deductions / Tarifa de Pago, Información Sobre Pagos Especiales y Deducciones (Rebajas)							
Crop Activities	Hourly Wage	Piece Rate / Unit(s)	Special Pay (bonus, etc.)	Deductions	Yes/Sí	No	Pay Period
Cultivos	Salario por Hora	Pago por Pieza / Unidad(es)	Pagos Especiales (Bono, etc.)	Deducciones			Período de Pago
	\$	\$		Social Security / Seguro Social	<input type="checkbox"/>	<input type="checkbox"/>	Weekly / Semanal
	\$	\$		Federal Tax Impuestos Federales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$		State Tax Impuestos Estatales	<input type="checkbox"/>	<input type="checkbox"/>	Bi-weekly / Quincenal
	\$	\$		Meals / Comidas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$		Other (specify)/ Otro (especifica)	<input type="checkbox"/>	<input type="checkbox"/>	Other / Otro <input type="checkbox"/>

More Details About the Pay / Mas Detalles Sobre el Pago

(If additional space is needed, use separate sheet of paper. / Si necesitas más espacio, utilice otra hoja de papel)

17. Transportation Arrangements / Arreglos de Transportación

(If additional space is needed, use separate sheet of paper. / Si necesitas más espacio, utilices otra hoja de papel)

18. Is it the prevailing practice to use Farm Labor Contractors (FLC) to recruit, supervise, transport, house, and/or pay workers for this (these) crop activity (ies)? ¿ Es la práctica habitual de usar Contratistas de Trabajo Agrícola para reclutar, supervisar, transportar, dar vivienda, y/o pagarle a los trabajadores para este(os) tipo(s) de cosecha(s)? Yes / Si  No

If you have checked yes, what is the FLC wage for each activity? / Si contesto "Si," cual es el salario que le pagas al Contratista de Trabajo Agrícola por cada actividad?

19. Unemployment Insurance provided? Seguro de Desempleo? Yes/Si  No

20. Workers' compensation insurance provided? Se le provee seguro de compensación/indemnización al trabajador: Yes/Si  No

21. Are tools provided at no charge to the workers? / Se les proveen herramientas sin costo alguno a los trabajadores? Yes/Si  No

22. List any arrangements which have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. (If there are no such arrangements, enter "None") / Enumere todos los acuerdos o convenios hechos con los propietarios del establecimiento o sus agentes para el pago de una comisión u otros beneficios por ventas hechas a los trabajadores. (Si no hay ningún acuerdo o convenio, indique "Ninguno")

<p>23. List any strike, work stoppage, slowdown, or interruption of operation by the employees at the place where the workers will be employed. (If there are no such incidents, enter "None") / Enumere toda huelga, paro o interrupción de operaciones de trabajo por parte de los empleados en el lugar de empleo. (Si no hay incidentes de este tipo, indique "Ninguno")</p>	
<p>24. Address of Order Holding Office (include Telephone number)/Dirección de la Oficina donde se radica la oferta (incluya el número de teléfono)</p>	<p>25. Name of Local Office Representative (include direct dial telephone number) / Nombre del Representante de la Oficina Local (Incluya el número de teléfono de su línea directa)</p>
<p>26. 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. Certificación del Empleador: Esta orden de trabajo describe los términos y condiciones del empleo que se le ofrece, y contiene todos los términos y condiciones materiales ofrecidos.</p> <p>Employer's Signature &amp; Title/ Firma y Título del Empleador _____ Date: _____</p>	
<p><b>READ CAREFULLY</b>, 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 the 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 One-Stop Career Center constitute a contractual job offer to which the One-Stop Career Center, ETA or a State agency is in any way a party. <b>LEA CON CUIDADO</b>, En vista de la función básica del Servicio de Empleo establecida por ley, como una entidad de intercambio laboral sin comisiones, es decir, como un foro para reunir a los empleadores y los solicitantes de empleo, ni ETA ni las agencias del estado pueden garantizar la exactitud o veracidad de la información contenida en las órdenes de trabajo sometidas por los empleadores. Ni ninguna orden de trabajo aceptado o contratado en el Centro de Carreras (One-Stop Career Center) constituyen una oferta de trabajo contractuales a las que el One-Stop Career Center, ETA o un organismo estatal es de ninguna manera una de las partes.</p>	
<p><b>Public Burden Statement</b> The public reporting burden for responding to ETA Form 790, which is required to obtain or retain benefits (44 USC 3501), is estimated to be approximately 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection. The public need not respond to this collection of information unless it displays a currently valid OMB Control Number. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Migrant and Seasonal Farmworker Program, Room S4209, 200 Constitution Avenue, NW, Washington, DC 20210.</p>	

## Step-By-Step Instructions for Completing Form ETA-790

These instructions will help employers understand the information that is being requested. Please read the instructions carefully and follow them to minimize the chances of your application package being returned due to incomplete information. **Please try and include as much detail as possible on the face of the form itself. Even if attachments are necessary, the essential terms and conditions must be spelled out on the face of this form.** Compliance with the disclosure requirements of the Migrant and Seasonal Farmworker Protection Act and all assurances required by federal regulations are the responsibility of the employer.

- Item 1 - Enter full name of individual employer, partnership, or corporation, and the complete address and complete phone number.
- Item 2 - Provide the location of and directions to your work site and workers housing. Use commonly understood street or highway numbers and accurate distances.
- Item 3 - Enter the capacity of the housing and a brief description of the housing in English and Spanish. Describe housing facilities such as: a) Structures provided, e.g., camp, cabin, barracks or house. Describe general composition of the living quarters such as wood or concrete; b) Note the number of persons for whom housing is available. Note the number of barracks, family units and /or, single rooms available, and the total capacity of these types of units; c) The furnishings and equipment supplied by the employer, e.g., furniture, eating and cooking utensils; utilities available, such as gas, electricity, heat; parking spaces for trailers, arrangements for utility hookups and charges; Medical and recreational facilities available for worker's benefit and their locations; whether or not public housing is provided; and, are any charges required of workers to use the housing.
- **Item 4, 5, 6, 7, and 8 for State Agency use only.**
- Item 9 - Enter date when work to be performed by these workers is scheduled to begin. Enter date when work to be performed by those workers is expected to be finished.
- Item 10 - Enter total number of workers that you are requesting. Also, state in body of job order total number of workers to be employed in this activity or service for the period of time involved.
- Item 11 - Enter total hours per week. Enter normal hours worker is expected to work each day of the week. Describe any special work schedule situations in an attachment.
- Item 12 - Indicate whether or not an employer is willing to accept collect calls from job applicants. Indicate whether or not the order-holding office is willing to accept collect calls from job applicants.
- Item 13- Describe how the employer intends to provide either 3 meals a day to each worker or furnish free and convenient cooking and kitchen facilities so that workers can prepare their own meals. The charge for 3 meals shall be within the approved range unless the regional administrator has approved a higher charge. Where the employer provides facilities for cooking, explain how the workers will have access to stores where they can purchase groceries.
- Item 14- Explain how applicants are to be hired. Indicate, for example, the hours that the order-holding office will be open to accept telephone referrals; the hours that the employer will be available to interview workers by telephone; whether referred workers should report to the order-holding office when they arrive in the area; and whether anybody different from the employer has hiring authority.

- Item 15 - Provided a detailed summary of the job duties inside the box. Even if additional information is to be provided in an attachment, the summary must be provided in the box and must be as complete as possible. In the box provided list all major crop activities, summarize the major duties associated with those duties and estimate the percentage of time that will be spent doing them. Describe the duties (work tasks) which make up the job, in step-by-step detail, as appropriate. Avoid technical terms when possible, or define them where usage is necessary. Describe use of any equipment necessary to carry out tasks (i.e. harvesting onions – pull onions from the ground, snip off the tops using a sniper, deposit onions in a 50 pound sack, (80%); harvest tomatoes – detach green tomatoes from plants and deposit them in a 20 pound bucket, carry bucket to a truck to be located at the edge of the field, throw bucket up to the person on the truck (20%)).

In an attachment, provide whatever additional detail is required to explain the full range of tasks and duties required. Explain any worker performance standards that will apply. Describe any training provided. Describe any experience that is required. Describe any licenses or permits that are required. Describe what level of supervision will be provided. Explain the provision of necessary tools and equipment.

- Item 16 - Enter appropriate wage rate information for each distinct activity. In no event may rate be less than the applicable FLSA or State minimum, or the applicable prevailing hourly wage rate, whichever is higher. Piece rates may not be less than those prevailing in the area and occupation. Include an attachment explaining your handling of this item. If H2A workers are requested, the Adverse Effect Wage Rate (AEWR) is the guaranteed minimum unless FLSA or State minimum, or the applicable prevailing hourly wage rate is higher. Enter the unit used when piece rates are being paid. Describe the unit size that governs how the piece rate is paid, such as tree size/spacing, weight/size/number of boxes picked/packed, dimensions of bags or boxes filled. For example: 5/8 bushel, 90 pound bag or box, 10 box bin.

#### Hourly Rate Equivalent

The piece rate must be expressed in estimated hourly wage rate equivalents for each activity and unit size, i.e., what a worker might expect to earn per hour at this rate. The estimated hourly equivalent is not guaranteed. However, the estimated hourly equivalent can be no less than the highest of the applicable Federal or State minimum (or AEWR if applicable) or the prevailing hourly wage rate.

#### Additional information may include:

1) Any bonus or incentives aside from the flat rate or piece rate, e.g., garden space, milk, eggs, meat, health insurance; 2) Special conditions on guaranteed weeks of work, under what conditions bonuses or incentives are to be paid, if any; 3) If the activity is covered by a "schedule of rates", indicate conditions under which each of the rates on the schedule applies; 4) Describe frequency of pay arrangements, e.g., daily, weekly, biweekly; 5) Indicate deductions to be made from workers' wages, such as Social Security, workers' compensation, health insurance, Federal or state tax. If applicable, note whether employer of record or farm labor contractor will be responsible for deductions.

- Item 17 - Describe how the employer intends to reimburse transportation costs or advance or provide for the cost of transportation and subsistence, when such is the prevailing practice in the area. Describe in detail transportation arrangements, if any such as: Any arrangement whereby employer will provide transportation for workers from the place of recruitment to the place of employment; if employers will reimburse workers for their travel expenses in getting to the job or arrange for charter by transport for group of workers; any arrangement whereby employers advance transportation costs to workers; instructions to workers on what to do in case of emergencies, accidents, breakdowns; and, the name of the contact person when such events occur.

- Item 18 - Have you in the past used a Farm Labor Contractor to provide you with workers or is it a common and prevailing practice in the area of intended employment to pay farm labor contractors to recruit, hire, transport, or supervise the sorts of workers requested? If so, state the wage that you have paid in the past and/or would be willing to pay a farm labor contractor for providing you with the quantity of workers that you are requesting and performing the duties that are prevailing.
- Item 19 - Indicate whether the employer pays unemployment insurance taxes.
- Item 20 - Indicate whether the employer has a valid workers' compensation insurance policy that will cover the workers requested.
- Item 21 - Indicate whether tools are going to be provided to the worker at no cost to the worker.
- Item 22 - Question is self explanatory.
- Item 23 - Question is self explanatory.
- Item 24 - Enter the address and phone number of the One-Stop Career Center (Order - Holding Office) that is closest to the employer.
- Item 25 - Name and direct dial telephone number of the of One-Stop Career Center official that is most familiar with the job order.
- Item 26 - Read the employer's certification statement before signing. To be signed by the employer or other authorized person. Type or print full name and title.