OMB Approval: 1205-0466 Expiration Date: 10/31/2025

H-2A Agricultural Clearance Order Form ETA-790A U.S. Department of Labor



A. Job Offer Information

A. Jo	ο Oπer II	ntormation										
1. Job Title * Farm Worker												
2. Workers Needed *		a. Total	Workers	Period of Intended Employment								
		10	10		3. First Date * 2/15/2023		4. 1	Last Date * 12/14/2023				
5. Will this job generally require the worker to be If "Yes", proceed to question 8. If "No", comp								☐ Yes No				
6. Anticipated days and hours of work per week (an entry is required for each box below) * 7. Hourly Work Schedule *												
	48	a. Total Hours	8	c. Monday	8	e. Wednesd	lay 8	g. Friday	a. <u>8</u> :	00 🖸 /	AM PM	
	0	b. Sunday	8	d. Tuesday	8	f. Thursday	8	h. Saturday	b. <u>5</u> :	00 🔲 /		
6		- Description of				ervices and V		Information				
Job duties include the operation of farm equipment to prepare land and plant, cultivate, apply nutrients to, manage weeds within, and harvesting crops. Employees will also haul the grain from the fields to the bins or elevator site. Farm equipment that employees will operate includes tractors, grater, skid loader, harvesting equipment, and semi tractors. Employees will also perform manual labor such as mowing, cleaning equipment, maintaining equipment, facility maintenance, and grain bin clean out. There are few typical days and workers may be required to change duties and/or locations often and engage in various general functions. Daily duties may vary depending on crop, weather, and field conditions.												
8b. \	Vage Offe		Per *	8d. Pi	ece Rate	Offer § 8e.		ate Units / E Pay Informat	stimated Ho	urly Rate /	,	
\$ 1	<u>1</u>	7 U	HOUR MONTH	\$	<u> </u>	_						
9. Is a completed Addendum A providing additional information on the crops or agricultural activities to be performed and wage offers attached to this job offer? *												
10. Frequency of Pay: * ☐ Weekly ☐ Biweekly ☐ Other (specify): N/A												
(Please begir	eduction(s) from or response on this for dum C.										

Form ETA-790A	FOR DEPARTMENT O	FOR DEPARTMENT OF LABOR USE ONLY					
H-2A Case Number:	Case Status:	Determination Date:	Validity Period:	to			