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Workforce Innovation and Opportunity Act (WIOA)

## H-2B Foreign Labor SWA Job Order Form

Foreign Labor Certification Unit 318 N Florence Street, Suite C, Casa Grande, AZ 85122

Submit to Desirae Diaz at <a href="mailto:ddiaz@azdes.gov">ddiaz@azdes.gov</a> or fax to (520) 836-5876. Call (520) 866-3608 for any questions.

| Dia you receiv    |                        |               | erminati | ion for this H | -2B JOD O    | raer?    |           | NO        |          | Yes        |         |
|-------------------|------------------------|---------------|----------|----------------|--------------|----------|-----------|-----------|----------|------------|---------|
| EMPLOYER IN       | NFORMATION             | l:            |          |                |              |          |           |           |          |            |         |
| Employer/Busi     | ness Name:             |               |          |                |              |          |           |           |          |            |         |
| If applicable, D  | oing Business          | As (DBA): _   |          |                |              |          |           |           |          |            |         |
| FEIN:             |                        |               |          | Туре           | e of Busin   | ess:     |           |           |          |            |         |
| Business addre    | ess:                   |               |          | City           | :            |          |           | State:    | ZIP      | Code:      |         |
| Mailing addres    | s, if different: _     |               |          | City           | :            |          |           | State:    | ZIP      | Code:      |         |
| Contact Person    | n:                     |               |          |                | Title        | :        |           |           |          |            |         |
| E-Mail Address    | s:                     |               |          |                |              |          |           |           |          |            |         |
| Phone:            |                        |               |          | Fax:           |              |          |           |           |          |            |         |
| JOB ORDER I       | NFORMATIO              | N:            |          |                |              |          |           |           |          |            |         |
| Worksite, if diff | erent from bus         | siness addres | ss:      |                |              |          |           |           |          |            |         |
| Daily travel to/t | from worksite          | provided:     | No       | Yes If ye      | s, design    | ated pic | kup loca  | tion:     |          |            |         |
| Title of job ope  | ning:                  |               |          |                |              |          | Numb      | er of ope | nings: _ |            |         |
| Education requ    | uired:                 |               |          | Ехр            | erience re   | equired  | (in mont  | hs):      |          |            |         |
| Will you accep    | t a trainee?           | No            | Yes      | Will on-th     | ie-job traii | ning (O  | JT) be pr | ovided?   |          | No         | Yes     |
| Driver's Licens   | e required:            | No            | Yes      | Class          | [            | rug Tes  | ting:     | No        | Yes      | Pre        | Post    |
| Job is: Full-time | e, temporary a         | and (check or | ne):     | peak load      | seaso        | nal      | one-ti    | me occu   | rrence   | inter      | mittent |
| Dates of Emplo    | oyment: <i>Start l</i> | Date:         |          |                |              | End      | Date:     |           |          |            |         |
| Work Hours: S     | tart time:             |               | 1        | End Time:      |              |          | Tota      | I hours p | er weel  | <b>κ</b> : |         |
| Work days:        | Sun                    | Mon           | Tues     | Wed            | Thu          | ırs      | Fri       | Sat       |          | Varies     |         |
| Salary: \$        | to \$                  | per _         |          | Overtime       | offered:     | No       | Yes       | If yes, a | t what r | ate:       |         |
| Pay Day: Wha      | t day of the we        | eek:          |          |                | Frequen      | cy of Pa | ay:       | Weekly    | ,        | Bi-Week    | ίy      |

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|--|---|---|---|---|---|
| Optional Services:   | No  | Yes   |   |   |   |
| Housing provided:  | No  | Yes   | Utilities paid by employer:   | No  | Yes   |
| Housing description:   |   |   | Deduction for housing, if any (a  | mount): \$  |   |
| Other deductions (must o   | omply with  | State and Federal   | Regulations):   |   |   |
| Other benefits provided: _   |   |   |   |   |   |
| JOB DESCRIPTION (Du  | ties to be p  | performed):   |   |   |   |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
|  |   |   |   |   |   |
| Physical ability requirement  RECRUITMENT INFORM   | ,   | ing):   |   |   |   |
|  |   | apply) by contactir   | ng or sending resume to the employer direc  | tlv via:  |   |
| Mail Email   |   |   | phone   |   |   |
| Applicants may inquire di  | rectly throu  | ugh the local Arizor  | na@Work office or at the nearest State Wo<br>ce Locator <sup>1</sup> , call (520) 866-3608 or fax resu  |   |   |
| Local Arizona@Work Offi  | ce Addres   | 3:  |   |   |   |
| ASSURANCES FOR JO  |   |   |   |   |   |
| <ul> <li>Single Workweek for</li> </ul>  | Pay – Sta   | te that a single wor  | kweek will be used in computing wages du  | e.  |   |
| * In addition and where ap   | oplicable, sp<br>ng, or other f   | ecify any deductions<br>acilities). All deduction   | all deductions from the worker's paycheck not required by law the employer intends to make ons must be voluntary on the part of the employed es at 20 CFR Part 531.   | e form the work   | er's paycheck   |
| inbound transportation the employer will prov period or is dismissed that the worker may el daily subsistence cost employer to assume re food, and in those cas pay for transportation a economical and reason | /daily substride or pay for any rea nter the U. s of that passponsibilities where it and, where nable costs and maximum | sistence, if the work for return transpo- son before the emp S. to come to work art of the travel as y for the reasonab t is necessary, lodg required, lodging is a mounts for the me | ence – Detail how the worker will be provided the completes 50 percent of the employment period ends. Where a worker must for the employer, the employer must pay well. The Department has interpreted the le costs associated with the worker's travelying. If not provided by the employer, the amust be no less than (and is not required to eal component of subsistence expenses to be ince Website <sup>2</sup> . | nt period. Als<br>mpletes the<br>st travel to obt<br>for the transp<br>regulation to<br>, including tra<br>mount an em<br>o be more tha | so, state that<br>employment<br>ain a visa so<br>portation and<br>o require the<br>ansportation<br>aployer must<br>an) the most |
|  |   |   |   |   |   |
|  |   |   |   |   |   |

<sup>1</sup> https://eol.azdes.gov/EOLSearchResults.aspx?cat1=18

 $<sup>2 \</sup>qquad \text{http://www.foreignlaborcert.doleta.gov/meal\_travel\_subsistence.cfm}$ 

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|--|---|--|
| First Work Week Reimbursement<br>border, and related fees.   | t – State that the employer will reimburse  | e the worker in the first workweek for all visa, |
| <ul> <li>Provision of Tools, Supplies, and<br/>at no cost to the worker.</li> </ul>  | <b>I Equipment</b> – State that the employer v  | vill provide all tools, supplies, and equipment  |
| number of work hours equal to at least the period of employment is less the Department of Labor from exp. Therefore, the CNPC and SWA can However, the 2016 DOL Appropriat the Department will not use any Fist the three-fourths guarantee, the following the period of the sum of | east three-fourths of the workdays in each han 120 days). However, section 113 opending Fiscal Year 2016 funds to enforce the employer to advertise and tions Act did not vacate this regulatory process. |  |
| AGENT INFORMATION:   |   |  |
| Name:  |   |  |
| Address:   | City:   | State: ZIP Code:                                 |
| Contact Person:  | Title:  |  |
| E-Mail Address:  |   |  |
| Phone:   | Fax:  |  |
|  |   |  |

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. Auxiliary aids and services are available upon request to individuals with disabilities. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request • Ayuda gratuita con traducciones relacionadas a los servicios de DES está disponible a solicitud del cliente.

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## **EMPLOYER OBLIGATIONS:**

The employer's job order will offer to U.S. workers (this means anyone, including foreign-born residents, residing within the U.S. and/or its' territories) no less than the same benefits, wages, and working conditions the employer is offering, intends to offer, or will provide to H-2B workers. Job offers may not impose on U.S. workers any restrictions or obligations that will not be imposed on the H-2B workers. This does not relieve the employer from providing to H-2B workers at least the minimum benefits, wages, and working conditions which must be offered to U.S. workers consistent with H-2B regulations.

The employer must provide to an H-2B worker outside of the U.S. 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, a copy of the job order, in a language understood by the worker, including any subsequent approved modifications.

During the period of employment specified on the Application for Temporary Employment Certification, the employer must comply with all applicable Federal, State and local employment-related laws and regulations, including health and safety laws. This includes compliance with 18 U.S.C. 1592(a), with respect to prohibitions against employers, the employer's agents or their attorneys knowingly holding, destroying or confiscating workers' passports, visas, or other immigration documents.

## **RECRUITMENT ACTIVITIES:**

Employers must conduct recruitment of U.S. workers to ensure there are not qualified U.S. workers who will be available for the positions listed in the Application for Temporary Employment Certification. U.S. applicants can be rejected only for lawful job-related reasons. Unless otherwise instructed by the Certifying Officer (CO), the employer must conduct the recruitment described in 655.42 through 655.46 within 14 calendar days from the date the Notice of Acceptance is issued. All employer-conducted recruitment must be completed before the employer submits the recruitment report as required in 655.48. Employers must continue to accept referrals and applications of all U.S. applicants interested in the position until 21 days before the date of need.

Employers that wish to require interviews must conduct those interviews by phone or provide a procedure for the interviews to be conducted in the location where the worker is being recruited so that the worker incurs little or no cost. Employers cannot provide potential H-2B workers with more favorable treatment with respect to the requirement for, and conduct of, interviews. The employer must consider all U.S. applicants for the job opportunity. The employer must accept and hire any applicants who are qualified and who will be available.

For more information visit the H-2B Certification Website<sup>1</sup>.

| TO BE COMPLETED BY THE SWA: Job Order Number: |       |  |  |  |  |  |  |
|---|-------|--|--|--|--|--|--|
|   |       |  |  |  |  |  |  |
| Employer Signature:                           | Date: |  |  |  |  |  |  |

<sup>1</sup> www.foreignlaborcert.doleta.gov/h-2b.cfm