



Job Order Filing Date:

CNPC Case #:

**Job Order #:**

**Close Date:**

**Job Order Filing:** H-2B related job orders are submitted in connection with a concurrently submitted **Application for Temporary Employment Certification for H-2B workers**. The job order must be filed with the MassHire Department of Career Services (MDCS) between 90-75 calendar days before the anticipated date of need. Please Send this Job Order Form to: [h2bprograms@detma.org](mailto:h2bprograms@detma.org).

**I. Employer Information**

1. Business Name:

2. Doing Business As (DBA), if applicable:

3. Business Address (Street, City, State, and Zip Code):

Street:

City: State: Zip Code:

4. Email:

5. Phone #:

6. FEIN #:

**II. Agent/Representative Information (if applicable)**

1. Contact Name:

2. Contact Job Title:

3. Address (Street, City, State, and Zip Code):

Street:

City: State: Zip Code:

4. Email:

5. Phone #:

6. Fax #:

**III. Joint Employer (if applicable)**

1. Business Name:

2. Contact:

3. Address (Street, City, State & Zip Code):

**IV. Job Opportunity Information**

1. Occupational Title:

2. [O' Net Code:](#)

3. [NAICS Code:](#)

4. Job location(s); List if multiple or different from business address above:

5a. Anticipated Start Date:

5b. Anticipated End Date:

6. Temporary Full time Part time

7. Total Number of Job Openings:

8a. Workdays: S M T W T F S

8b. Provide business necessity if all days are selected:

9. Wage Rate: \$ /Hr.

10. Hours/week:

11. Employer will use a single workweek as its base for computing wages due.

12. Work Hours From: To:

13. Frequency of Pay: Weekly Bi-weekly Other:

14. Availability of overtime: Yes No

15. Overtime Rate: \$

16. On-the-job training available: Yes No

17. If multiple wages based on duties/location, include wage range per hour:

From: \$ To: \$ Location:

From: \$ To: \$ Location:

From: \$ To: \$ Location:

From: \$ To: \$ Location:

From: \$ To: \$ Location:

18. Employer will make all deductions from worker's paycheck required by law

19a. Provision of board, lodging, or other facilities? Yes No

19b. Cost of lodging that will deducted: \$

20. Daily transportation provided to and from worksite? Yes No

21. Elective deductions (Savings, health insurance, etc.)

22. Three-fourths guarantee: the worker will be employed for a total number of work hours equal to at least three-fourths of the workdays of each 12-week period, if the period of employment covered by the job order is 120 or more days, or each 6-week period, if the period of employment covered by the job order is less than 120 days.

## V. Job Description

1. Provide a complete description of the job duties and qualifications List minimum education, experience, and specific requirements for the job. (all job duties must be disclosed on this form):

2. Workers will be provided with the tools, supplies, and equipment required to perform their duties at no charge. Yes No

3. Explain in full details, how the workers will be provided or reimbursed for the transportation and subsistence from the place of recruitment to the place of work?

4. Applicants will be directed to inquire about the job opportunity or send applications, indications of availability, and/or resumes directly to the nearest office of the SWA in the State in which the advertisement appears and include the SWA contact information.

## VI. Assurances and Obligations

The employer requesting H-2B workers and employing workers in corresponding employment under an Application for Temporary Employment Certification agrees that it will abide by the assurances listed at **20 CFR 655.20** (Assurances and obligations of H-2B employers.) with respect to terms and conditions of employment of its H-2B workers and any workers in corresponding employment.

### Employer/Agent Certification

I hereby certify to the best of my knowledge that the representation of the terms and conditions of employment contained herein is true and accurate. I acknowledge that any false or misleading representations in this job order may result in immediate cancellation of the job order or the initiation of discontinuation of services pursuant to **Title 20, Chapter V, Part 658, Subpart F**.

### Employer/Agent Agreement

I hereby designate the agent or representative identified in Section II.1 and VI.2a of this form to represent me in accordance with **20 CFR 655.8** to act on my behalf for the purposes of labor certification. I take full responsibility for the accuracy of any representations made by my agent or representative on this H-2B Job Offer form and any supporting documentation.

1a. Employer's Name:

1b. Date:

2a. Representative's Name:

2b. Date:

## VII. MassHire Department of Career Services Contact Information

State Workforce Agency:	MassHire Department of Career Services	Contact Person:	FLC Unit Supervisor
Address:	19 Staniford Street	Phone:	617-626-5587
City/State / Zip Code:	Boston, MA 02114	Email:	<a href="mailto:h2bprograms@detma.org">h2bprograms@detma.org</a>

## VIII. MDCS Office Use Only

Reviewed By:		Date:		Deficiencies Noted:	No	Yes
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