

H-2B Job Order Request Form

Email to: Kathyjohnson@mt.gov

This job order is submitted in connection with a concurrently submitted *Application for Temporary Employment Certification* for H-2B workers. Upon acceptance by the Department of Labor this job order must remain active until 21 days prior to the employment start date.

EMPLOYER INFORMATION		
Legal Entity Name	Company Contact Person	FEIN
Business Name (dba)	Agent (if applicable)	
Street Address	Mailing Address (if different from Street Address)	
City	State	Zip
Phone	Fax	Email Address

WORK SITE LOCATION			
Physical Address		Contact Person	
City	County	State	Zip

JOB INFORMATION							
O*net Code		NAICS Code		# of workers needed		Hours per week	
Job Description:							
<input type="checkbox"/> Temporary		<input type="checkbox"/> Full Time			<input type="checkbox"/> Part Time		
Dates of Need: From Date				To Date			
Job Title							
Duties include:							
Shift Hours: _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. to _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.							
Work Days:							
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday							
All Job Requirements that Apply: <input type="checkbox"/> Education Required: _____ <input type="checkbox"/> Months of Experience _____							
<input type="checkbox"/> Lifting Capacity (in pounds): _____ <input type="checkbox"/> Driving Requirements: _____							
<input type="checkbox"/> Certification/License: _____ <input type="checkbox"/> Criminal Background Check (After conditional offer of employment)							

ASSURANCES
<input type="checkbox"/> H-2B workers will be reimbursed in the first workweek for all visas, visa processing, border crossing, and other related fees, including those mandated by the government (excluding passport fees).
Transportation and Subsistence Benefits disclosure:
If the worker completes 50% of the work contract period, employer will (choose one):

- Arrange and pay directly transportation and subsistence
- Reimburse the worker for transportation and subsistence
- Provide advance payment for transportation and subsistence

from the place of recruitment to the place of work. Upon completion of the work contract or where the worker is dismissed earlier, employer will provide or pay for worker's reasonable costs of return transportation and subsistence.

- Transportation (including meals and, to the extent necessary, lodging) to the place of employment will be provided, or its costs to workers reimbursed, if the worker completes half the employment period. Return transportation will be provided if the worker completes the employment or is dismissed early by the employer. Employers will provide daily subsistence rates at a cost of \$12.09 per day during travel to a maximum of \$51.00 per day with receipts.

All tools, supplies, and equipment will be provided to workers at no charge. Yes No

On the job training: Will Will not be provided.

WAGES

Hourly Wage \$ _____ Employees will be paid: Daily Weekly Bi-weekly Monthly

Computing of Wages

- Employer will use a single workweek as its standard for computing wages due

Overtime Wage

\$ _____ Check one: Overtime may be available but is not guaranteed Overtime will not be available

Deductions

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

Board, Lodging or Fringe Benefits

- Optional employee only shared housing is available
- Employer will deduct approved cost of housing \$ _____ per _____ if worker chooses this service.
- Daily transportation to and from the worksite will be provided to the workers.

REFERRALS

SWA Applicant should send Resume Application to: _____

Mailing Address _____ City _____ State _____ Zip _____

Fax: _____ Email _____

Applicants can inquire about the job opportunity or send applications and/or resumes directly to the nearest office of the State Workforce Agency (SWA) at:

Montana Job Service Office _____
(Nearest City)

(Job Service Address)

(Job Service City) MT _____
(Job Service Zip)

(Job Service Phone)

ADDITIONAL NOTES