

wafila Employer Questionnaire

Are you a Farm Labor Contractor? Yes	No	Registered on a state level: Yes	No	Registered on a federal level: Yes	No
If FLC, provide license numbers:					
Do you use E-Verify? Yes		No		E-Verify Number:	
Company Name:			FEIN#:		
Year Established:			UBI# (Workers Comp. Needs to be active):		
Nature of Business:			Current Total # of Employees:		
Mailing Address:					
Physical Address:					
Telephone Number:			Fax Number:		
Owner(s) Name:			Cell Phone Number:		
E-mail:					
Main Contact (Approves H-2A Documents):				E-mail:	
Name / Phone Number:			Cell Phone Number:		
Secondary Contact (Verifies H-2A Information):				E-mail:	
Name / Phone Number:			Cell Phone Number:		
Spanish-speaking Contact Name(s) (Recruitment/Inbound Contact):					
Name/Phone Number:					
Is this the employer of record for this contract? Yes No					
Are you a current wafila member? Yes		No		Renewal Date	

Requested Job Information

Job Title for position needed _____

Will this be your only H-2A contract? Yes No If no, how many contracts? _____

H-2A Dates of Need: _____
 Start (mm/dd/yyyy) Finish (mm/dd/yyyy)

How many foreign workers would you like to petition for with this specific contract? _____

Do you have a preferred worker list? Yes No If yes, please send the list with this form.

Do you want the agents to prescreen the preferred workers for eligibility? Yes No

Work Schedule to indicate on ETA 790 (ex: Mon-Fri) _____

Daily Schedule to indicate on ETA 790(ex: 7a.m.-2:30p.m.) _____

Do you have various shifts? (i.e. nights, swings) _____

Basic Hours/wk _____ Overtime Hours / wk (if any) _____

Pay Period (ex: Weekly / Biweekly) _____

What crops and varieties are you **including** in the H-2A Contract?

Are you interested in a sequential contract opportunity? (Cost Savings could be involved, not a guarantee) Yes No

Joint Employers: List the different entities/ranches, address and FEIN # (federal employer identification #) for each. (use a separate sheet if more space is needed) **Please complete all fields below, every entity needs a FIEN and UBI number.**

Name	Address	FEIN#	UBI#

Job Locations: Attach a list of all work site locations (address and directions from the nearest State Workforce Agency (SWA))

Housing Information: List the housing name (i.e., Housing #1), the physical address and a brief description of the housing (i.e. 2 bedroom mobile home, stick built house)

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Housing Name #1:	Address	License #	Max. Occupancy	Renewal Date
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Housing Name #2:	Address	License #	Max. Occupancy	Renewal Date
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Housing Name #3:	Address	License #	Max. Occupancy	Renewal Date
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Please note that housing must be inspected and certified at least 45 days prior to your date of need. If TWH housing license needs to be renewed, please send documents to DOH before February 28th annually.

Meals: Will you be providing cooking facilities, OR will you be providing daily meals?

Labor Need: If applicable, please explain any significant increase or decrease in the number of H-2A positions being requested as compared with previous years.

Recruitment: Domestic applicants will be referred to apply directly at the worksite if they are in the area of intended employment. Provide Address (where you want interviews to take place), name, and phone number of person conducting on site applicant interviews:

Inbound Transportation: When the H-2A workers are on their way to the employer provided housing we will be in touch with ETAs. Please list the name and phone number of the person who will be contacted by the transit company when workers arrive (This should be a bilingual person available at any time during transit):

Please list the address, typically the housing site, where workers should be dropped off after arriving to the U.S.

Name of Company Representative supplying information

Signature

Date