



Employer Questionnaire

Please fill out and return to Cynthia Gonzalez, Guest Worker Programs Manager: cgonzalez@wafila.org

Are you a Farm Labor Contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>	Registered on a state level: Yes <input type="checkbox"/> No <input type="checkbox"/>	Registered on a federal level: Yes <input type="checkbox"/> No <input type="checkbox"/>
If FLC, provide license numbers: _____		
Do you use E-Verify? Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>		
Are you a current wafila member? Yes <input type="checkbox"/> No <input type="checkbox"/>	Renewal Date _____	
Please Mark Service Plan Selection: <input type="checkbox"/> Platinum* <input type="checkbox"/> Gold Association* <input type="checkbox"/> Gold Agent <input type="checkbox"/> Silver <input type="checkbox"/> Bronze		
*Participation in the platinum and gold association plans require screening, we will contact you with the criteria		

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

