

H2A LABOR CERTIFICATION QUESTIONNAIRE
(ALL BLANKS MUST BE FILLED IN)

1. Legal Business Name: _____
 - a. Trade Name/Doing Business As (DBA), if applicable _____
 - b. FEIN (required): _____
 - c. NAICS Code: _____
2. H2A Contact for The Kershaw Law Firm- Full Legal Name (including middle):
 - a. First: _____ Middle: _____ Last: _____
 - b. Job Title: _____ Email: _____
 - c. Office #: _____ Cell #: _____
 - d. Fax Number: _____
3. H-2A Contact Full Legal Name (including middle) For H2A documents if different from #2:
 - a. First: _____ Middle: _____ Last: _____
 - b. Job Title: _____ Email: _____
 - c. Office #: _____ Cell #: _____
 - d. Fax Number: _____
4. Full Legal Name of Person Signing Paperwork (including middle): _____
Job Title: _____
5. Company's Physical Address:
Address _____
 - a. City: _____ County: _____ State: _____ Zip Code: _____
6. Overnight Delivery PHYSICAL address, if different from above (where we will FedEx documents):
Address: _____
 - a. City: _____ State: _____ Zip Code: _____
7. Will worker be working in (check one): a fixed location OR in area job sites (must be contiguous counties)
 - a. If in area job sites, at what address will the workers meet? _____
 - b. City: _____ County: _____ State: _____ Zip Code: _____
 - c. Is your company a Federal contractor? yes no
8. Please provide full address, including county, to any work sites in which the H2A workers may work:

9. Are the worksites owned and controlled by the employer? yes no
10. Are you a Farm Labor Contractor? [] yes [] no
11. Total Number of Temporary Workers Requesting and any reason for change from last year:
 - a. # Requesting _____ Reason for change: _____
***Should not change more than 20% from previous year**
12. Dates for which you need your seasonal workers and any reason for change in dates from last year:
 - a. Workers needed From: _____ To: _____
 - b. Reason for change (if any): _____
***Should not change more than 2 weeks from previous year**
13. Why does your workload increase during these dates, and why does it slow down during your slow months?

14. Job Title to be filled: _____

15. Skill Level (check only one):
- ☐ Entry Level (no experience required)
 - ☐ Qualified (some experience required) - Experience required (1-3 mos. Recommended): _____
 - ☐ Supervisor/Crew Leader - How many mo. of experience required: _____
 - ☐ Number of employees H-2A workers will supervise: _____
16. Total Hours per week: Basic: _____ Overtime: _____ (overtime is not suggested)
17. Start of Work Day: _____ AM PM End of Work Day: _____ AM PM
18. Work Schedule (Check All That Apply): (Not more than 40 hrs. per week)
- | | | |
|------------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday | |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday | |
19. Rate of Pay for the job position offered:
- ☐ Adverse Effect Wage Rate (We will notify you of the Adverse Effect Wage Rate)
 - ☐ Pay Range: From AEWR To _____
 - ☐ \$_____/hr. We will use the higher wage (you can pay more than the Adverse Effect Wage Rate, but you cannot pay less).
20. How will you pay your workers? ☐ weekly ☐ bi-weekly ☐ monthly ☐ other _____
21. On what day will the workers be paid? _____
22. Deductions (Check All That Apply):
- | | |
|--|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Federal Tax | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> State Tax | |
23. Gross Sales for Most Recent Year: _____
24. Net Profit for Most Recent Year: _____
25. If your Business is a New Business give your most recent years:
- Gross Personal Income: _____
 - Net Personal Income: _____
26. Year Business was established: _____
27. Current Total Number of Full-Time Employees (per IRS 941 or 943): _____
28. Have you attempted to advertise for U.S. workers to fill the above positions? ☐ yes ☐ no
 When? _____ How? _____ Where? _____
 What response did you receive? _____
29. List any strike, work stoppage, slowdown, or interruption of operation by the employees at the place where the workers will be employed.

30. Do you use Farm Labor Contractors (FLC) to recruit, supervise, transport, house, and/or pay workers for this (these) crop activity (ies)? ☐ yes ☐ no
31. Are any other sales made to the workers (i.e. onsite company store)? ☐ yes ☐ no
32. Briefly describe the job duties of the position to be applied for (if more than one job description is desired you must fill out a separate fee agreement and questionnaire for each job description and skill level):

33. Check all requirements that apply:
- | | |
|---|--|
| <input type="checkbox"/> Certification/License Requirements | <input type="checkbox"/> Extensive Pushing and Pulling |
| <input type="checkbox"/> Driver Requirements | <input type="checkbox"/> Extensive Sitting or Walking |
| <input type="checkbox"/> Pre-Hire Criminal Background Check | <input type="checkbox"/> Frequent Stooping or bending Over |
| <input type="checkbox"/> Pre-Hire Drug Screen | <input type="checkbox"/> OT/Holiday is not Mandatory |
| <input type="checkbox"/> Lifting Requirement _____lbs. (no more than 50lbs) | <input type="checkbox"/> Exposure to Extreme Temp. |
| <input type="checkbox"/> Employer Will Train | <input type="checkbox"/> Repetitive Movements |
34. Will tools, supplies, and equipment be provided at no charge to the workers? ☐ yes ☐ no
35. Has anyone been hired by your company for this position with less than the above criteria?
☐ yes ☐ no
36. Will workers be covered for Unemployment Insurance? ☐ yes ☐ no
37. Will workers be covered by workers' compensation? ☐ yes ☐ no
38. Job Title of person who will be H2A workers immediate supervisor: _____
39. Address of the housing facility(ies) to be provided to H2A workers:
- _____
- a. City: _____ County: _____ State: _____ Zip Code: _____
- b. Is the housing owned and controlled by the employer? ☐ yes ☐ no (If not, please provide a valid lease agreement)
40. Describe in detail the housing facility(ies) (i.e. utilities included, number of bedrooms/beds, and bathrooms available, furniture included, kitchen facility including refrigerator, sinks, hot and cold water, etc.):
- _____
41. Describe how the employer intends to provide either 3 meals a day to each worker or furnish free and convenient cooking and kitchen facilities for workers to prepare meals:
- _____
42. At what address and phone number may workers be reached?
- _____
43. Are there any production standards for the workers? _____
44. What is the name and phone # of your local DAILY newspaper?
- _____
45. How will you recruit your H2A workers?
- a. ☐ Recruiter ☐ Returning Workers ☐ Word of Mouth ☐ Other _____
46. List the hours the office will be open to accept telephone referrals during hiring process & name of the office contact: _____
47. List the hours the employer will be available to interview workers: _____
48. Will employer be willing to accept Collect Calls from job applicants? ☐ yes ☐ no
49. What country will you be bringing your workers from? _____

50. Will you use a Processor for Consular Processing? ☐ No, we will do visa processing ourselves.
☐ Yes,
☐ Solstice Int'l ☐ Monarch Butterfly ☐ Helping Hands Consulting
☐ VIP Valor International Processing ☐ Undecided ☐ Other:
51. Has your company ever used the H2A or H2B Program before? ☐ yes ☐ no
a. If yes, then what was the last year you applied? _____
b. (You will need to send previous paperwork.)
52. How did you hear about us? (Check one)
☐ Postcard ☐ Expo ☐ Publication ☐ Referral ☐ Other _____
a. Which Publication: _____ Who Referred _____
b. Other: _____
53. Do you transport your workers, at no cost to workers, from employer-provided or secured housing and, if applicable, centralized pick-up points to the places of employment at the beginning of each workday and back at the end of each workday? _____
54. Describe the employer's daily transportation plan i.e., what time do you pick them up each day, and what time do you return them home.

55. Identify the number of vehicles to be used. _____
56. Type of each vehicle (i.e. make, model and year (if known) of each vehicle to be used for daily transportation)

57. Seating capacity for each vehicle (there must be a seat for each worker)

58. State whether the vehicles to be used will be provided by the fixed-site grower(s), are authorized for use under a valid Farm Labor Contractor Certificate of Registration, or belong to a common carrier, identifying the common carrier by name. _____
59. Do the vehicles have liability insurance to cover passengers? _____
60. Identify whether the daily transportation at no cost to workers is available to workers who do not reside in employer-provided housing. _____
61. Similarly, describe any other transportation the employer will provide (e.g., for groceries, personal errands).

62. How will your workers travel to your place of employment from the place from which the worker has come (i.e., bus, plane.) _____
63. How will you pay for their travel and daily subsistence i.e., pay in advance or reimburse the worker when he arrives. _____

64. Please list your seasonal activities by month indicating why months of need are busier (Please be as detailed as possible):

January:

February:

March:

April:

May:

June:

July:

August:

September:

October:

November:

December:

Signature

Date