



# Labor Consultants INTERNATIONAL

## H-2B Application

**Please be as accurate as possible when filling this out. No one knows your business like you do!**

This application **does not** get sent directly to Department of Labor (DOL) or U.S. Citizenship and Immigration Services (USCIS)/Department of Homeland Security (DHS).

This is used to help LCI get to know your business and get you started in the H-2B process.

### SECTION I: Company Information

**Legal Company / Organization Name:** \_\_\_\_\_

**DBA Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Tax ID (FEIN):** \_\_\_\_\_ **NAICS Code / Industry Code:** \_\_\_\_\_

**Year Business Started:** \_\_\_\_\_

**GROSS Annual Income:** \_\_\_\_\_ **NET Annual Income:** \_\_\_\_\_

*These figures are **required** by USCIS. Please use your most recent tax filing.*

**Worker's Comp. Company:** \_\_\_\_\_

**Worker's Comp. Rep Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Dun & Bradstreet Number:** \_\_\_\_\_

*If you do not have a Dun & Bradstreet number yet, we strongly recommend you apply for one before we submit your petition with USCIS. This will help avoid the potential for a Request for Evidence (RFE). **Don't worry - it's free!** <https://www.dnb.com/duns-number/get-a-duns.html>*

**Physical Address:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ ☐ Same as Physical

**Business Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Have you every participated in the H-2B Program?** ☐ YES ☐ NO

If **YES**, what was the last year you filed? \_\_\_\_\_ *\*Please provide us with your most recent Certification.*

**Company Website:** \_\_\_\_\_ ☐ Facebook ☐ Instagram

**How did you hear about us?** ☐ Internet ☐ Social Media ☐ Referred by: \_\_\_\_\_



## SECTION II: Contact Information

Head of Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

PRIMARY Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

*If same as above* ☐

PRIMARY Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

SECONDARY Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

SECONDARY Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary SIGNER of Documents: \_\_\_\_\_

Secondary SIGNER of Documents: \_\_\_\_\_

Preferred Contact for Billing: \_\_\_\_\_ Email: \_\_\_\_\_

*Who should we send invoices to?*

**Two methods of contact that U.S. applicants can use to apply for the Job Opportunity:**

Hiring Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION III: Temporary Position Information

Total # of Employees Company-Wide: \_\_\_\_\_ *i.e., Receptionist, Owner, Janitor, etc.*

# of Current U.S. Workers in the Requested Occupation: \_\_\_\_\_ *If zero, please indicate. Do not leave blank.*

# of Temporary H-2B Workers You'll be Requesting: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Projected End Date: \_\_\_\_\_

Report to Work Address: \_\_\_\_\_

*Where the workers will start their first day of work.*

Job Title: \_\_\_\_\_

Do you require drug testing POST-hire? ☐ YES ☐ NO *If YES, cost must be covered by Employer.*

Do you, or any potential work contracts, require a background check? ☐ YES ☐ NO

## SECTION IV: Wage Information

Pay Frequency: ☐ Weekly ☐ Bi-Monthly What day of the week? \_\_\_\_\_

Do you pay differently based on... ☐ Bonuses ☐ Cash Advances ☐ Experience ☐ Piece Rate

If YES to Piece Rate, please explain the type and amount: \_\_\_\_\_



## SECTION IV: Wage Information (Cont.)

What is the **highest possible wage that ANY worker** in the requested occupation could/would receive?

\$ \_\_\_\_\_

*\*We understand that you may need to know the Prevailing Wage first; however, if you plan to offer a wage to the H-2B worker that is more than the Prevailing Wage, you must list it so that you will not displace ANY U.S. applicants/workers.*

Do you have any government contracts that require a specific wage? ☐ YES ☐ NO

If **YES**, please list the highest wage: \$ \_\_\_\_\_

Please list the Health & Welfare Fringe Benefit Wage: \$ \_\_\_\_\_

Are there any deductions (other than those required by law) that will be deducted from the worker's paycheck?

☐ YES ☐ NO If **YES**, explain: \_\_\_\_\_

## SECTION V: Job Position Details

Weekly Schedule: ☐ Monday-Friday ☐ Other: \_\_\_\_\_

Daily Start Time: \_\_\_\_\_ Daily End Time: \_\_\_\_\_

Second Shift? ☐ YES ☐ NO If **YES**, start time: \_\_\_\_\_ End time: \_\_\_\_\_

Anticipated Average Hours Per Week: \_\_\_\_\_

Will you potentially work on Holidays? ☐ YES ☐ NO

Do you require any job experience? ☐ YES ☐ NO If **YES**, type of experience: \_\_\_\_\_

\_\_\_\_\_ # of months: \_\_\_\_\_

Do you require any specific level of education? ☐ YES ☐ NO If **YES**: ☐ High School/GED

Do you require workers to be 18? ☐ YES ☐ NO If **YES**: ☐ Travel ☐ Serve Alcohol ☐ Insurance

*Must be a lawful reason.*

☐ Hazardous Materials ☐ Equipment Use

☐ Government Contracts ☐ State Labor Laws

Other: \_\_\_\_\_

Do you pay for or assist with housing AT ALL? ☐ YES ☐ NO

*Please disclose any plans to help or assist with housing. Itinerant employers are REQUIRED to pay for housing.*

If **YES**, explain: \_\_\_\_\_

What is the lift requirement? \_\_\_\_\_ lbs. (Minimum 40lbs.)

Do you require your workers to wear a uniform? ☐ YES ☐ NO *If YES, cost must be covered by Employer.*



## SECTION V: Job Position Details (Cont.)

Please provide a thorough description of the activities/duties that the H-2B workers are to perform during the temporary season. \_\_\_\_\_

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Please specify any particular equipment to be used: \_\_\_\_\_

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Any other specific requirements or requests? \_\_\_\_\_  
*i.e., certifications, licenses, driving requirements, etc.*

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<b><u>NON-ITINERANT Employers</u></b> <b>Which county(ies) within a 90-minute radius do you plan to work or provide services in?</b>	<b><u>ITINERANT Employers</u></b> <b>Which state(s) do you plan to work or provide services in?</b>
<p><i>As a Non-Itinerant Employer, you are only allowed to work in the counties/areas that are within a 90-minute radius from your Report to Work address.</i></p> <p><i>Please list each specific county that you plan to work in.</i></p> <p><i>If you're unsure, you will discuss this with your Account Manager.</i></p>	<p><i>The states must share borders or be located within close geographical proximity to one another.</i></p>



## SECTION VI: Visa Processor Information

**Do you use a Foreign Recruiting Agency?** ☐ **YES** - *I use a company that recruits workers on my behalf, facilitates Consulate appointments, and potentially helps with transportation logistics. (i.e., Del Al Associates, LaborMex, Monarch Butterfly)*

**Recruiter:** \_\_\_\_\_

☐ **NO** - *Myself, or someone in my company, contacts all of the workers and gets them through the Consulate without the help of a Foreign Recruiting Agency.*

☐ **Help me, I'm new!** *See page 20 for a list of the Foreign Recruiters we recommend.*

**Do you have any specific workers you'd like to request?** ☐ **YES**   ☐ **NO**   If **YES**, how many? \_\_\_\_\_

**Country(ies) of Origin:** \_\_\_\_\_

**Have any of your preferred workers been deported, convicted of a crime, etc.?** ☐ **YES**   ☐ **NO**

**Have any of your preferred workers received public benefits?** ☐ **YES**   ☐ **NO**

*i.e., Supplemental Security Income (SSI), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Section 8 Housing Assistance/Project Based-Rental Assistance, etc.*

**Which consulates or countries are you anticipating getting workers from?** \_\_\_\_\_

*Common countries: Mexico, Guatemala, Honduras, El Salvador.*

**How will you reimburse your workers for inbound transportation and subsistence costs?**

☐ Arrange and pay for transportation and subsistence directly.

☐ Reimburse by check within the first work-week. *(This will likely be your option if you're using a Foreign Recruiter.)*

**Who will be the main point of contact (within your company) for the temporary H-2B workers?**

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_



# Temporary Need Worksheet

Please be as accurate as possible when filling this out.

**What is your FULL season of need that you could employ temporary workers?** (i.e., April – November)

*Maximum of a 10-month period. This is not necessarily the same timeframe as your planned start and end dates.*

**Has the above season/timeframe of need changed at all within the last 5 years?** ☐ YES ☐ NO

If **YES**, why?

**Why do you have a need for temporary workers during this timeframe?**

**Are there any unpredictable components that may accompany/affect your season?** (i.e., snowfall, tourism, fires)

**What would have to change in order to make your temporary season year-round?**

**Do you have permanent workers performing the requested occupation year-round?** ☐ YES ☐ NO

If **YES**, how many and why?



# Temporary Need Worksheet (Cont.)

Do you hire **temporary** workers **intermittently** throughout the year? ☐ YES ☐ NO

If **YES**, how many and why? \_\_\_\_\_  
 \_\_\_\_\_

How did you determine your requested number of temporary H-2B workers?

\_\_\_\_\_  
 \_\_\_\_\_

Please list the specific duties that will be performed by the temporary H-2B workers in the requested occupation by MONTH. **Please make sure to notate your downtime/slow months as well.**

<u>JANUARY</u>	<u>FEBRUARY</u>	<u>MARCH</u>
<u>APRIL</u>	<u>MAY</u>	<u>JUNE</u>
<u>JULY</u>	<u>AUGUST</u>	<u>SEPTEMBER</u>
<u>OCTOBER</u>	<u>NOVEMBER</u>	<u>DECEMBER</u>

Why can you **NOT** work during the downtime/slow months? Please describe with factual specificity.

\_\_\_\_\_  
 \_\_\_\_\_



## For LCI to begin working on your application, we will need the following to be completed:

- ☐ Signed and dated LCI Application/Temporary Need Worksheet.
- ☐ Signed and dated Service Agreement, Exhibit A: Clarification of Services, and Employer Obligations.
  - *This will be sent to you via DocuSign by your Account Manager once we receive the application; but must be received by LCI before we can move forward with your application.*
- ☐ Full payment by mail-in check or online.
  - *An invoice will be included in the Service Agreement that will be sent to you via DocuSign by your Account Manager once we receive the application.*
- ☐ List of counties and/or states you intend to work in.
- ☐ Current copies of FLC/FLCEs *(if an Itinerant Employer)*.

## In order for us to work adequately on your behalf, please be prepared to:

- ☐ Work with your Account Manager to put together a temporary statement of need that explains why you need a temporary workforce and why you have a downtime each year; also detailing how many temporary workers you need and why *(don't worry, you don't have to write this)*.
- ☐ Include copies of Letters of Agreements/Contracts.
- ☐ Brainstorm and provide third party evidence to help argue your temporary need in form of a Temporary Needs Table *(this will be provided to you)*.
- ☐ Provide copies of Payroll Summaries and Federal Quarterly Taxes (941) for 2 years prior.
- ☐ Provide copies of production records *(if applicable)*.
- ☐ Apply for/receive/provide Dun & Bradstreet Number *(<https://www.dnb.com/duns-number/get-a-duns.html>)*

## Acknowledgement:

I acknowledge that LCI cannot begin work on my application for temporary employment until LCI receives full payment of the Service Fee, LCI Application, Service Agreement, Clarification of Services: Exhibit A, and Employer Obligations are **completely filled out, signed, and dated by an authorized signer**.

I have read and reviewed this application and that to the best of my knowledge, the information contained is true and accurate. I will also ensure that any changes regarding Company Information or Contact Information will be directly communicated to my assigned Account Manager as soon as humanly possible.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Authorized Representative*

Thank you for reaching out to LCI to help accompany you through the H-2B process this year! We look forward to getting to know you and your business more while strategizing how we can best serve you.

