

H-2B Application for Temporary Employment Certification  
ETA Form 9142B  
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the ETA Form 9142E. A copy of the instructions can be found at <http://www.foreignlaborcert.dolceta.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk (\*) must be completed as well as any fields/items where a response is conditional as indicated by the section(§) symbol.

**A. Employment-Based Nonimmigrant Visa Information**

1. Indicate the type of visa classification supported by this application (Write classification symbol): \*

H-2B

**B. Temporary Need Information**

1. Job Title \*  
Counter Attendants, Cafeteria, Food Concession,

2. SOC (ONET/OES) code \*  
35-3022  
3. SOC (ONET/OES) occupation title \*  
Counter Attendants, Cafeteria, Food Concession,

4. Is this a full-time position? \*  
 Yes     No  
5. Begin Date \* 6/29/2019  
(mm/dd/yyyy)      6. End Date \* 10/19/2019  
(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

5

**Total Worker Positions Being Requested for Certification \***

Basis for the visa classification supported by this application

(indicate the total workers in each applicable category based on the total workers identified above)

5	a. New employment *	0	d. New concurrent employment *
0	b. Continuation of previously approved employment * without change with the same employer	0	e. Change in employer *
0	c. Change in previously approved employment *	0	f. Amended petition *

8. Nature of Temporary Need: (Choose only one of the standards) \*

Seasonal     Peakload     One-Time Occurrence     Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

Please See Addendum

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### C. Employer Information

**Important Note:** Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *	RYAN HEATH FLIEHMAN	
2. Trade name/Doing Business As (DBA), if applicable	FLIEHMAN'S CONCESSIONS, Fliehman's	
3. Address 1 *	3889 COUNTY RD. #6	
4. Address 2	N/A	
5. City *	6. State *	7. Postal code *
KITTS HILL	Ohio	45645
8. Country *	9. Province	
United States Of America		
10. Telephone number *	11. Extension	
740-533-9370		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
[REDACTED]	713990	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

**Important Note:** The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name	3. Middle name(s)
FLIEHMAN	RYAN	HEATH
4. Contact's job title *	SOLE PROPRIETOR	
5. Address 1 *	3889 COUNTY RD. #6	
6. Address 2	N/A	
7. City *	8. State *	9. Postal code *
KITTS HILL	Ohio	45645
10. Country *	11. Province	
United States Of America		
12. Telephone number *	13. Extension	14. E-Mail address
740-533-9370		FLIEHMANCONCESSIONS1@YAHOO.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Attorney or Agent's last (family) name § JUDKINS	3. First (given) name § JAMES	4. Middle name KENDRICK	
5. Address 1 § JKJ WORKFORCE AGENCY, INC			
6. Address 2 806 MORGAN BOULEVARD STE. J			
7. City § HARLINGEN		8. State Texas	9. Postal code § 78550
10. Country § United States Of America		11. Province	
12. Telephone number § 956-440-8720	13. Extension	14. E-Mail address CARNIVAL.WORKFORCE@GMAIL.COM	
15. Law firm/Business name § JKJ WORKFORCE AGENCY, INC		16. Law firm/Business FEIN § [REDACTED]	
17. State Bar number (only if attorney) §		18. State of highest court where attorney is in good standing (only if attorney) §	
19. Name of the highest court where attorney is in good standing (only if attorney) § [REDACTED]			

**F. Job Offer Information**

**a. Job Description**

1. Job Title * Counter Attendants, Cafeteria, Food Concession,			
2. Number of hours of work per week Basic *: <u>40</u> Overtime: <u>0</u>		3. Hourly Work Schedule * A.M. (h:mm): <u>01</u> : <u>00</u> P.M. (h:mm): <u>10</u> : <u>00</u>	
4. Does this position supervise the work of other employees? *		4a. If yes, number of employees worker will supervise (if applicable) § _____ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. * Please See Addendum			

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required §	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field)
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type)
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation required §
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. * Please See Addendum	

**c. Place of Employment Information**

1. Worksite address 1 *	
3889 Co. Rd. #6	
2. Address 2	
N/A	
3. City *	4. County *
Kitts Hill	Lawrence
5. State/District/Territory *	6. Postal code *
Ohio	45645
7. Will work be performed in multiple worksites within an area of intended employment or at location(s) other than the address listed above? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § Please See Addendum	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *	1a. Overtime Rate of Pay ( <i>if applicable</i> ) §
From: \$ <u>9</u> . <u>04</u> To (Optional): \$ <u>10</u> . <u>99</u>	From: \$ <u>0</u> . <u>00</u> To (Optional): \$ <u>0</u> . <u>00</u>
2. Per: (Choose only one) *	<input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: §  3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. § Please See Addendum	

**H. Recruitment Information**

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
2. SWA job order identification number	2a. Start date of SWA job order *	2b. End date of SWA job order *
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Name of Newspaper/Publication ( <i>in area of intended employment for H-2B only</i> ) *		Dates of Print Advertisement §
4.		From: _____ To: _____
5.		From: _____ To: _____
6. Referral and Hiring Information: Enter at least two verifiable methods by which prospective U.S. workers can contact the employer and apply for the job opportunity.		
a. Telephone Number to Apply *	b. Email Address to Apply *	
c. Website address (URL) to Apply *		

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**I. Declaration of Employer and Attorney/Agent**

In accordance with Federal regulations, the employer must attest that it will abide by certain terms, assurances and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix A or Appendix B will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix A</b> . §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in <b>Appendix B</b> . §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**J. Preparer**

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name §	2. First (given) name §	3. Middle name
4. Job Title §		
5. Firm/Business name §		
6. E-Mail address §		

**K. U.S. Government Agency Use (ONLY)**

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 6/29/2019

to 10/19/2019.

*Certifying Officer*

Department of Labor, Office of Foreign Labor Certification

4/19/2019 1:15 PM EDT

Determination Date (date signed)

H-400-19084-640009

Full Certification

Case number

Case Status

**Public Burden Statement** 1205-0509

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 1.5 hours to complete the form and 25 minutes per response for all other H-2B information collection requirements, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.).

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**ADDENDUM**

ADDENDUM SECTION B.9: Statement of Temporary Need

Our family has been in the Carnival Business all of our lives, providing amusement concessions on a seasonal basis. This company was established in 2003. We have a seasonal need for these workers, recurring on a predictable annual basis. We are open for a specific season each year, are a traveling business, the work is evenings and weekends, and it is very difficult to find workers willing to leave their homes & families to travel to each of our venues. We have been unable to hire sufficient available workers in the US to fill the posted positions with the show. We need temporary seasonal workers to augment our US Workforce. With the economy improving and becoming more vibrant, with more opportunities for US workers to transition to more attractive year-round, non-mobile, jobs we expect that our need will not decrease any time in the near future, no matter how hard we try to hire each and every available US worker. For the past several seasons, this need has been recurrent annually from late-June through late-October. We completely cease our mobile operations from late-October through late-June and we do not have any permanent workers in this job category. The temporary need is expected to be seasonal, predictable, and recurrent annually. The number of workers required to operate our show is obviously dictated by the equipment (concessions) that we operate at our various locations, the hours of operation, and the number of workers that are required to safely (for the workers themselves, their fellow workers and for the public) maintain and operate those concessions. These are the factors that I take into consideration as I calculate my need for workers so that I can accurately complete this application process, remain compliant with and strive to protect the integrity of this vital H-2B non-immigrant foreign worker program. Our temporary need for Temporary Foreign Workers is seasonal, predictable and recurrent annually. For the current fiscal year, we have calculated and are filing for 05 Counter Attendants, Cafeteria, Food Concessions, and Coffee Shop for the period June 29, 2019 through October 19, 2019, FY18 we filed with your department and were certified for 04 Counter Attendants, Cafeteria, Food Concessions and Coffee Shop for the period June 23, 2018 to October 25, 2018, certificate H-400-18082-261416. This clearly demonstrates that our recurrent, annual, seasonal need has been recognized on a historical basis by your department. We engage in extensive recruiting in hopes of fulfilling our seasonal needs. This recruiting process includes social media, newspaper ads, complying with established Department of Labor ETA Job Search Protocol, as well as help wanted signs at all our locations. We have a chronic need for employees that is not filled. We request that you review our application in a traditional and obvious seasonal business and issue our Notice of Acceptance on an expedited basis.

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**ADDENDUM**

ADDENDUM SECTION F.a.5: Job Duties

Perform variety of attending duties at mobile carnival food concessions. Set up, tear-down, operate mobile food concessions. The Department has instructed the mobile entertainment industry, including this employer, to utilize job category 39-3091 to include all of the unskilled work performed at mobile fairs, festivals & circus events. The OFLC ETA has requested clarifications in regards to specific portions of these job duties. Each food stand would have a unit specific protocol. To clarify the portion of the job duties that include set up: Mobile food concessions are typically mounted in a trailer. A manager (not an Amusement & Recreation Attendant) would position the trailer(s) at a specific location on the grounds, unhitch the power unit from the trailer, & move the power unit away from the food concessions trailer. The awnings covering the windows during transit would be raised & secured. Items such as trash cans, screens, tables that may be positioned outside of the trailer but carried inside of the trailer during transit would be manually moved from inside the trailer to outside. Trailer would be cleaned, sanitized & stocked with supplies for the event. Any counters, guidance railings, signage, decorations would be positioned outside of the trailer. Condiment dispensers, napkin dispensers & trash containers (as are applicable for food items being served) would be set up outside of the trailer. Set up a limited number of chairs & tables for patron use. Tear down: Fold & store a limited number of chairs & tables into the trailer for transit. Condiment dispensers, napkin dispensers & trash containers would be stored in the trailer for transit. Any counters, guidance railings, signage, decorations that had been positioned outside of the trailer would be stored in the trailer for transit. Items such as trash cans, screens, tables that may be positioned outside of the trailer but carried inside of the trailer during transit would be manually moved back to inside the trailer. The awnings covering the windows during transit would be lowered & secured. OPERATE: On a carnival midway, when there is a mobile food concessions, a stand is limited to selling only one or two specific items, such as cotton candy, popcorn, turkey legs or other specialty foods. The food is prepared in a production line, where an individual may only perform one task, such as measuring corn & oil into a popper. The next individual would salt & bag. The next individual would choose correct bag as per patron order & hand to teller. The next individual would have taken order, taken money, made change & then hands order to client. Examples for Cotton Candy: 1) Keeping the sugar & flossine (special powder that adds color to the cotton candy), cotton candy cones & bags in stock in the trailer, or 2) Pouring sugar & flossine into the cotton candy spinner, waiting for the floss to form, carefully twirling the cotton candy paper cone in the tub to form the cotton candy item, when it has reached the proper size, put it into a plastic bag & hang it up; or 3) Take order, money from patron, hand cotton candy to the patron. A worker would typically be performing one of these tasks over & over & not cooking. For Caramel Apples: 1) Take apple from box, inspect to make sure not bruised. Spear with wooden stick. Dip in Caramel in Crock Pot, then put on tray to cool & set. 2) Take order, money from patron, hand caramel apple to the patron. A worker would typically be performing one of these tasks over & over & not cooking. For Pizzas: 1) Keeping the supplies of pizzas in the trailer. 2) Making the batter & pizza dough, grate cheese, place in oven for the specific time indicated. 3) Slice & display pizza. 4) take order, money from patron, hand pizza to the patron. A worker would typically be performing one of these tasks over & over & not cooking.

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**ADDENDUM**  
ADDENDUM SECTION F.b.5: Special Requirements

No special skills, licenses/certifications for this employment. However, these employees come into contact with children at our entertainment events and our company policy, local sponsor policy and common practice mean that the applicants must be able to pass post-employment drug and background checks in regards to Megan's Law, Felonies and Convictions that would require the employee to register as a sexual offender or predator, at no cost to the worker. The job requires the applicant to be qualified, ready, willing, able, and available to perform during the entire employment at the designated worksites; to enter into and comply with employment contract; to follow workplace rules; and to meet job performance standards.

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**ADDENDUM**  
ADDENDUM SECTION G.3: Additional Wage Information

Employer is traveling amusement operation. A complete listing of booked and anticipated (pending) locations for the time period covered by this Job Order are attached, listing city, county, and state. FLSA exemption 13(a)(3) applies to this employer in State and Local venues that respect the FLSA exemption 13(a)(3). This Mobile Entertainment Employer is a FLSA (13)(a)(3) exempt employer not subject to an hourly wage, overtime or recordkeeping requirements. If state or local law requires overtime it will be calculated and paid as per applicable state or local regulations. However for purposes of the Federal H-2B Program which must respect the employers FLSA 13(a)(3) exemption, employer is not offering an overtime rate of pay nor overtime. The work schedule varies widely due to weather conditions, local event organizers, local customs, attendance at the event, day of the week, time of the year and a myriad of other factors. The employer will pay the weekly salary for each week that the worker is employed. Work times posted for recruitment and filings with SWA and DOL are only to provide potential applicants with a general idea of afternoon and evening schedules. Hours on week days vary and may be reduced, hours on weekends vary and may be increased, and all of the above named conditions can affect the schedule actually worked in any week. The employer is not representing to either the applicants or the agencies that these hours are fixed and predictable. This variability is not expected to result in more than 40 hours of work per week. Employer follows prevailing practices for the Traveling Amusement Industry in regards to housing, transportation and weekly salary for workers. Must commute from home at prior work site to next work site. Transportation between work sites will be provided at no cost to the worker. Please see Attached Addendum for Additional Wage Information.

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**ADDENDUM**

ADDENDUM SECTION F.c.7a.: Additional Worksites

2. State: Ohio Area Based On: County/Township Area: LAWRENCE  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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3. State: Ohio Area Based On: County/Township Area: SCIOTO  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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4. State: Pennsylvania Area Based On: County/Township Area: YORK  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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5. State: Ohio Area Based On: County/Township Area: GALLIA  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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6. State: Ohio Area Based On: County/Township Area: PICKAWAY  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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7. State: Ohio Area Based On: County/Township Area: LORAIN  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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**ADDENDUM**

ADDENDUM SECTION F.c.7a.: Additional Worksites

8. State: West Virginia Area Based On: County/Township Area: CABELL  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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9. State: Ohio Area Based On: County/Township Area: FAYETTE  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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10. State: Ohio Area Based On: County/Township Area: PIKE  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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11. State: Kentucky Area Based On: County/Township Area: BOYD  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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12. State: Pennsylvania Area Based On: County/Township Area: LEHIGH  
Start Date of Work: N/A End Date of Work: N/A  
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A  
Additional Worksites Information: N/A

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