



**H-2B Foreign Labor SWA Job Order Form**

**Employer Information:**

Employer/Business Name: \_\_\_\_\_  
FEIN: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Title: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Type of Employer (Industry): \_\_\_\_\_

**Job Order Information: (Please be thorough. Attach additional sheets, if necessary.)**

Worksite, if different from business address: \_\_\_\_\_  
Travel to worksite provided:  No  Yes If yes, designated pickup location: \_\_\_\_\_  
Title of job opening: \_\_\_\_\_  
Number of openings: \_\_\_\_\_ Education required: \_\_\_\_\_  
Experience required: \_\_\_\_\_ Will you accept a trainee?  No  Yes  
Will you accept related experience?  No  Yes Will on-the-job training (OJT) be provided?  No  Yes  
If yes, please specify: \_\_\_\_\_  
Job is: Full-time and temporary:  Peakload  Seasonal  One-Time Occurrence  Intermittent  
From (dates): \_\_\_\_\_ to \_\_\_\_\_  
Work hours: From \_\_\_\_\_ to \_\_\_\_\_ Total hours per week: \_\_\_\_\_  
Salary range: From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Per \_\_\_\_\_  
Overtime Offered?  No  Yes If yes, at what rate? \_\_\_\_\_  
Mark work days:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat  Varies  
Pay Day: \_\_\_\_\_ Frequency of Pay:  Weekly  Bi-weekly<sup>1</sup>  
Housing Provided:  No  Yes Deduction for housing, if any: \_\_\_\_\_  
Other Deductions (must comply with State and Federal Regulations): \_\_\_\_\_  
Other Benefits provided: \_\_\_\_\_  
Driver License Required:  No  Yes Class: \_\_\_\_\_ Drug testing:  No  Yes<sup>2</sup>  
Physical Ability requirements (ex.: Lifting): \_\_\_\_\_

<sup>1</sup> Please note that Section 191 of the New York State Labor Law requires that manual workers be paid no later than seven calendar days after the end of the week in which wages were earned.

<sup>2</sup> This may be required only after job hire and if relevant to job opening.

**Job description: (Must include duties to be performed, minimum education and experience requirements, work hours and days, and the anticipated start and end dates of employment.)**

**Recruitment Information:**

Candidates should contact employer directly by (check all that apply):  Mail  Email  Fax  Telephone  
**(Mail must be an option** as there are job seekers who do not have access to email, fax, and/or telephones.)

Candidates may also apply directly through the local Career Center of the State Workforce Agency (SWA), whose contact information is provided below.

---

**This section to be completed by the SWA:**

Local SWA Career Center Name: \_\_\_\_\_

Local SWA Career Center Address: \_\_\_\_\_

Local SWA Career Center Phone Number: \_\_\_\_\_

SWA Job Order Number: \_\_\_\_\_

**Additional Comments:**