

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



Please read and review the filing instructions carefully before completing the Form ETA-9142A. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.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-2A
--	------

B. Temporary Need Information

1. Job Title * Vineyard Farmworker	
2. SOC (ONET/OES) code * 45-2092	3. SOC (ONET/OES) occupation title * Farmworkers and Laborers, Crop, Nursery, and Greenhouse
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Period of Intended Employment
	5. Begin Date * 01/31/2017 (mm/dd/yyyy)
	6. End Date * 06/30/2017 (mm/dd/yyyy)
7. Worker positions needed/basis for the visa classification supported by this application	
<input type="text" value="6"/> 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)	
<input type="text" value="6"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="0"/> b. Continuation of previously approved employment * without change with the same employer	<input type="text" value="0"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *
8. Nature of Temporary Need: (Choose only one of the standards) *	
<input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent or Other Temporary Need	
9. Statement of Temporary Need *	
Agricultural employer seeks approval to hire foreign non-immigrant workers to perform seasonal agricultural work which is dependent on weather and growing seasons. Workers are not required in months outside the requested dates of need as there is no seasonal agricultural work to be performed. Employer anticipates an insufficiency of qualified U.S. workers to meet these seasonal labor needs.	

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



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 *		
TRUMP VINEYARD ESTATES, LLC		
2. Trade name/Doing Business As (DBA), if applicable		
N/A		
3. Address 1 *		
100 Grand Cru Dr.		
4. Address 2		
Mailing: 100 Grand Cru Dr., Charlottesville, VA 22902		
5. City *	6. State *	7. Postal code *
Charlottesville	VA	22902
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
434-220-5907	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
██████████	111332	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
█	██████████	2011
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) *
Woolard	Kerry	N/A
4. Contact's job title *		
General Manager		
5. Address 1 *		
100 Grand Cru Dr.		
6. Address 2		
Mailing: 100 Grand Cru Dr., Charlottesville, VA 22902		
7. City *	8. State *	9. Postal code *
Charlottesville	VA	22902
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
434-220-5907	N/A	N/A

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



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 § Whitley	3. First (given) name § Elizabeth	4. Middle name(s) § D.		
5. Address 1 § 400 FRONT STREET				
6. Address 2 P.O. BOX 507				
7. City § LOVINGSTON		8. State § VA	9. Postal code § 22949	
10. Country § UNITED STATES OF AMERICA		11. Province N/A		
12. Telephone number § 434-263-4300	13. Extension N/A	14. E-Mail address masH2A@MASLABOR.COM		
15. Law firm/Business name § MAS LABOR H-2A, LLC		16. Law firm/Business FEIN § [REDACTED]		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good standing (only if attorney) § N/A		
19. Name of the highest court where attorney is in good standing (only if attorney) § N/A				

F. Job Offer Information

a. Job Description

1. Job Title * Vineyard Farmworker	
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>7</u> : <u>00</u> P.M. (h:mm): <u>2</u> : <u>30</u>
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § <u>0</u>
5. Job duties – A description of the duties to be performed MUST begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *	
<p>This job requires a minimum of three months of verifiable prior experience working in a vineyard handling both manual and machine tasks associated with commodity production and pruning. Workers must be able to perform manual as well as mechanized activities with accuracy and efficiency. (Job duties continue on Attachment 1 to ETA Form 9142/uploaded).</p>	

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



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 § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
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 § N/A	
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 § 0	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § 3	4b. Indicate the occupation required § Vineyard Farmworker
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. * Saturday work required. Must be able to lift/carry 60 lbs.	

c. Place of Employment Information

1. Worksite address 1 * 100 Grand Cru Dr.	
2. Address 2 N/A	
3. City * Charlottesville	4. County * Albemarle
5. State/District/Territory * VA	6. Postal code * 22902
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? * <input type="checkbox"/> Yes <input checked="" 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. § N/A	

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



G. Rate of Pay

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) §	
From: \$ 10 . 72 To (Optional): \$ 0 . 00		From: \$ 0 . 00 To (Optional): \$ 0 . 00	
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: § N/A			
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. § SEE ADDENDUM See Attachment 2 to ETA 9142 for piece rates/uploaded. Please note, in light of the Department of Labor's position that where an employer has staggered dates of need, the employer must file a separate application for each			

H. Recruitment Information

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
Virginia Employment Commission		
2. SWA job order identification number *	2a. Start date of SWA job order *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
952268	12/09/2016	04/16/2017
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement §
4. Daily Progress	From: N/A	To: N/A
5. N/A	From: N/A	To: N/A
6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. * 1) Contact all former workers who have satisfactorily completed previous season's employment. 2) Word of mouth/local inquiries. 3) Upon instruction from USDOL will place ads in designated newspapers and/or periodicals.		

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



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 Appendix A. §	<input checked="" 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 Appendix B. §	<input 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 § N/A	2. First (given) name § N/A	3. Middle initial § N/A
4. Job Title § N/A		
5. Firm/Business name § N/A		
6. E-Mail address § N/A		

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 01/31/2017 to 06/30/2017.

Certifying Officer
Department of Labor, Office of Foreign Labor Certification

12/29/2016
Determination Date (date signed)

H-300-16344-057415
Case number

CERTIFIED
Case Status

Public Burden Statement (1205-0466)

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 hour to complete the form, 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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Box 12-200 * 200 Constitution Ave., NW, * Washington, DC *. **Please do not send the completed application to this address.**

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



ADDENDUM

ADDENDUM SECTION G.3: Additional Wage Information

date of need, there will be subsequent applications filed on behalf of Trump Vineyard Estates, LLC at a later date.