



CNPC Case Number: This number is issued once you have filed with the Chicago Processing Center (CNPC).

I. Employer Information

- 1. Business Name:** Enter the full legal name of the business, person, association, firm, corporation, or organization, i.e., the employer filing this application. The employer's full legal name is the exact name of the individual, corporation, LLC, partnership, or other organization that is reported to the Internal Revenue Service (IRS).
- 2. Doing Business As (DBA), if applicable:** Enter the full trade name or "Doing Business As" (DBA) name, if applicable, of the business, person, association, firm, corporation, or organization (i.e., the employer filing this application). Do not include "DBA" in front of the full trade name entered or after the full legal name entered in Item I.1
- 3. Business Address (Street, City, State and Zip):** Enter the street address of the employer's principal place of business. The place of business must be a physical location and not a Post Office (P.O.) Box.
- 4. Email:** Enter the email by which the employer can be contacted.
- 5. Phone #:** Enter the phone number by which the employer can be contacted.
- 6. FEIN #:** Enter the Federal Employer Identification Number assigned by the Internal Revenue Service. Do not enter a social security number.

Note: All employers, including private households, MUST obtain an FEIN from the IRS before completing this form. Information on obtaining an FEIN can be found at www.irs.gov.

II. Agent Representative (if applicable)

- 1. Contact Name:** Enter the name of the agent/attorney/representative filing the job order on behalf of the employer their name should be included here.
- 2. Contact Job Title:** Enter the position or title of the individual listed in item II.1.
- 3. Address (Street, City, State and Zip):** Enter the address of the individual listed in item II.1.
- 4. Email:** Enter the address of the individual listed in item II.1.
- 5. Phone #:** Enter the phone number by which the individual listed in item II.1 can be contacted.
- 6. Fax #:** Enter the fax number by which the individual listed in item II.1 can be contacted.

III. Joint Employer (if applicable)

- 1. Business Name:** If this job offer is being filed on behalf of or in conjunction with another employer enter the name of the "other employer."
- 2. Contact:** Enter the name of the point of the contact for the employer listed in item III. 1.
- 3. Address:** Enter the name of the address for the employer listed in item III. 1.

IV. Job Opportunity Information

- 1. Occupational Title:** Enter the title of the job opportunity for which this job offer is being submitted by the employer.
- 2. O'Net Code:** Enter the eight-digit Occupational Network (O*NET) code for the occupation, which most clearly describes the work to be performed. Additional information concerning the O*Net codes can be found at <https://www.onetonline.org/>.
- 3. NAICS Code:** Enter the four-digit North American Industry Classification System (NAICS) code that most closely corresponds to the employer's primary economic or business activity, not the specific job opportunity being requested for temporary employment certification. Additional information concerning the NAICS can be found at <http://www.census.gov/epcd/www/naics.html>.
- 4. Job location(s); List if multiple or different from business address above:** Enter address, city, and state for each work site by a carriage return
- 5a. Anticipated Start Date:** Enter the beginning date for the worker's period of employment. Use a month/day/full year (MM/DD/YYYY) format.
- 5b. Anticipated End Date:** Enter the end date for the worker's period of employment. Use a month/day/full year (MM/DD/YYYY) format.
- 6. Temporary, Full Time, Part Time:** Select the nature of the
- 7. Total Number of Job Openings:** Enter the number of positions available by the employer for the occupational title listed in item IV.1.

8a. Workdays: Select the anticipated workdays for the job being offered.

8b. Provide business necessity if all days selected: If all the days of the week have been selected in item IV.8a explain

9. Wage Rate: Enter the rate of pay to be paid for the occupational title listed in item IV.1

10. Hours per Week: Enter the number of hours offered for the job being offered.

11. Employer will use a single workweek as its base for computing wages due: Check this box affirming that the employer will use a single workweek as its base for computing wages due.

12. Work hours: Enter the range of hours anticipated to be worked.

13. Frequency of Pay: Enter the frequency in which the worker will receive their pay.

14. Availability of Overtime: Indicate if overtime hours will be made available to workers by selecting "Yes" or "No".

15. Overtime rate: If overtime hours will be available to workers, enter the rate of overtime pay.

16. On-the-job training available: Indicate if the employer will be offering training while on the job by selecting "Yes" or "No"

17. If multiple wages based on duties/location include wage range per hour: Enter any additional wage information covered by the job opportunity and the anticipated area(s) of intended employment

(e.g., itinerant work, multi-state worksite locations

18. Employers will make all deductions from worker's paycheck as required by law: Select this box affirming that the employer will make all the deductions from worker's paycheck as required by law.

19a. Provision of board, lodging, other facilities: Indicate if the employer will be providing board, lodging or other facilities by selecting "Yes" or "No".

19b. Cost of lodging that will be deducted: If applicable, enter the cost that will be deducted for item IV.19a.

20. Daily transportation provided to and from worksite? Indicate if the employer will provide daily transportation to and from the worksite by selecting "Yes" or "No".

21. Elective deductions (Savings, health insurance, etc.): Enter any deductions (not required by law) that will be made from the worker's pay.

22. Three-fourth Guarantee: Check this box affirming the Three-fourths guarantee. the worker will be employed for a total number of work hours equal to at least three-fourths of the workdays of each 12-week period, if the period of employment covered by the job order is 120 or more days, or each 6-week period, if the period of employment covered by the job order is less than 120 days.

V. Job Description

1. Provide a complete description of the job duties and qualifications: List minimum education, experience, and specific requirements for the job (all job duties must be disclosed on this form)

2. Workers will be provided with tools, supplies, and equipment required to perform duties without charge or deposit charge: Indicate if the employer will provide the worker with the tools, supplies, and equipment required to perform duties without charge or deposit charge by selecting "Yes" or "No".

3. Explain in full details, how the workers will be provided for or reimbursed for the transportation and subsistence from the place of recruitment to the place of work? Describe how the employer will provide workers with transportation (a) to the place of employment from the place from which the worker has come to work for the employer (i.e., inbound) and (b) from the place of employment to the place from which the worker has come to work for the employer (i.e., outbound). At a minimum, state whether such transportation, and related daily subsistence, will be provided by the employer or paid by the employer to the worker for reasonable costs incurred (e.g., advance payment or reimbursement) and identify the modes of transportation, if known.

4. Applicants will be directed to inquire about the job opportunity or send applications, indications of availability, and/or resumes directly to the nearest office of the SWA in the State in which the advertisement appears and include the SWA contact information. Check this box affirming that applicants will be directed to inquire about the job opportunity or send applications, indications of availability, and/or resumes directly to the nearest office of the SWA in the State in which the advertisement appears and include the SWA contact information. For more information on locations and contact information for MassHire Career Centers visit: <http://www.mass.gov/lwd/employment-services/dcs/find-a-career-center-near-you.html>

VI. Assurances and Obligations: Check this box to affirm that the employer will abide by the assurances and obligations listed at 20 CFR 655.20 (Assurances and obligations of H-2B employers.) with respect to terms and conditions of employment of its H-2B workers and any workers in corresponding employment

Employer/Representative Certification (if applicable): Check this box affirming the truth and accuracy of the terms contained

in this job offer as well as to acknowledge the possibility of this job offer being canceled or that discontinuation of services may be initiated should it be found that there are false or misleading representations contained in this job offer.

Employer/Agent Agreement. Check this box to affirm the designation of an agent/representative to complete this job offer form on behalf of the employer.

1a. Employer's Name: Enter the name of the employer who is certifying both statements in item VI (assurances, obligations, and material terms and conditions on the job offer).

1b. Date: Enter the date in which this form was completed.

2a. Representative's Name (if applicable): Enter the name of the representative who is certifying both statements in item VI (assurances, obligations, and material terms and conditions on the job offer).

2b. Date (if applicable): Enter the date in which this form was completed.