



**U.S. Department Labor
Employment and Training Administration**

OMB Control No. 1205-0134
Expiration Date: November 30, 2012

**Agricultural and Food Processing Clearance Order ETA Form 790
Pedido de Empleados para Agricultura y Procesamiento de Alimentos**

1. Employer's Name and Address (Number, Street, City, State, and Zip Code)/
Nombre y Dirección del Empleador (Número, Calle, Ciudad, Estado y Código Postal)
Voelpel Farms Inc.
Attn: Jane M. Voelpel
2770 West Creek Road
Newfane, NY 14108

Telephone number/Teléfono: 716-778-9649 Fax: 716-778-5468

2. Location and Direction to Work Site/ Ubicación y Dirección al Lugar de Trabajo
2770 West Creek Road, Newfane, NY. Route 78 North from Lockport.
Left onto Ide Road, Left on West Creek Road

(If additional space is needed, use separate sheet of paper/ Si necesitas más espacio, utilices otra hoja de papel)

3. Location and Description of Housing / Dirección y Descripción de la Vivienda
2195 North Beebe Road, Town of Wilson, Niagara County, NY. Northeast corner of Wilson-Burt and North Beebe Road intersection. Campsite consists of six - 4 bed barracks; common kitchen and living area; toilet, shower and laundry facilities in separate rooms within building. Municipal water and heat. Additional frame houses at 2747 & 2750 West Creek Road, Newfane, NY. (See #2 for directions) Total capacity of all buildings 39.

2195 Beebe Camino del norte, el Pueblo de Wilson, Condado de Niágara, NY. El rincón del noreste de Wilson-Burt y cruce del norte de Beebe Camino. El camping consiste en seis - 4 cuartel de cama; cocina común y área viva; lavabo, facilidades de regadera y ropa sucia en cuartos separados dentro de edificio. El agua municipal y caliente. Las casas de madera adicionales en 2747 & 2750 Camino Occidental de Riachuelo, Newfane, NY. (Vea #2 para direcciones) la capacidad Total de todos los edificios 39.

(If additional space is needed, use separate sheet of paper / Si necesitas más espacio, utilices otra hoja de papel)

**Nos. 4 - 8 for STATE USE ONLY
Números 4 a 8 para USO ESTATAL**

4. Industry Code/Código Industrial 111219	5. Job Order No. /Num. de Orden de Empleo NY 1016 221
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6. Occupational Title and Code /Título Ocupacional y Código
Farmworkers and Laborers, Crop 45-2092.02

7. Clearance Order Issue Date / Fecha de Tramite
4/5/12

8. Job Order Expiration Date / Fecha de Expiración
9/5/12

9. Anticipated Period of Employment / Periodo Anticipado de Empleo
From/ Desde: 06/01/2012 To/Hasta: 12/10/2012

10. No. of Workers Requested / Num. de Trabajadores Solicitados
22

11. Anticipated Hours of Work per Week/Horas Anticipadas de Trabajo por Semana. Total: 40

Sunday / Domingo	0	Monday / Lunes	7
Tuesday / Martes	7	Wednesday / Miércoles	7
Thursday / Jueves	7	Friday / Viernes	7
Saturday / Sábado	5		

12. Collect Calls Accepted from/ Aceptan Llamadas por Cobrar de:

Employer / Empleador Yes/Si No

Local Office / Oficina Local Yes/Si No

RECEIVED
MAR 30 - 12
DSU

13. Board Arrangements / Arreglo de Alojamiento

Workers must buy and prepare their own food. Employer will provide transportation to assure workers access to stores where they can purchase groceries and/or incidentals. Employer furnishes dishes, cooking utensils and convenient kitchen and cooking facilities.

Los trabajadores deben comprar y deben preparar su propio alimento. El empleador proporcionará transporte para asegurarse de que trabajadores conseguir acceso a a tiendas donde pueden comestibles de compras y/o imprevistos. El empleador proporciona platos, cocinando útiles y cocina conveniente y facilidades de cocina.

14. Referral Instructions / Instrucciones sobre como Referir Candidatos

Call employer for appointment - Jane Voelpel (716) 778-9649. All applicants should receive full disclosure prior to referral. Complete job order available on the NYS-DOL website or at any One-Stop or DOL office.

Llame a empleador por la cita - Jane Voelpel (716) 778-9649. Todos los solicitantes deben recibir revelación llena antes de referencia. Complete orden de trabajo disponible en el sitio web de NYS-DOL o en Integrado o la oficina de DOL.

CORRECTION APPROVED BY
NATIONAL PROCESSING CENTER
ON DATE

15. Job Specifications / Especificaciones del Trabajo

During the anticipated period of employment, the primary activity on the farm is planting, cultivating, harvesting and packing cabbage. Workers will be required to pull and transplant seedlings from a cabbage bed, hoe weeds from planted fields and hand cut mature cabbage heads in the field and load into cabbage field bins and/or wagons. Care must be taken to avoid damage to the cabbage and workers must be physically able to cut cabbage, which requires extended periods of bending. Working conditions are often cold, wet and muddy. Applicants will pick-up rocks and tree roots from fields; as well as set and move aluminum irrigation pipe (6-inch diameter and 30-feet long). May be required to hand harvest and hand pack sweet corn. All applicants are required to have one month experience in all duties outlined in this job order. Workers will be required to work on Saturdays with no exceptions; when work is available. *workers will be working in temperatures that may range from 20-80 degrees Fahrenheit and snowy conditions are possible.*

Durante el periodo anticipado de empleo, la actividad primaria en la granja planta, cultiva, cosecha y empaqueta col. Los trabajadores serán requeridos a tirar y trasplantar semilleros de una cama de col, hierbas de azada del corte plantado de campos y mano maduran cabezas de col en el campo y la carga en cajones de campo de col y/o vagones. El cuidado debe ser tomado para evitar daños a la col y a los trabajadores debe poder físicamente cortar col, que requiere los periodos prolongados de doblar. De trabajo condiciones son a menudo frío, mojaron y enturbian. Los solicitantes hacen piedras de camioneta y raices de árbol de campos; así como puso y diámetro de tufo (6-pulg de irrigación de aluminio de movimiento y de 30 pies largo). Puede ser requerido a entregar cosecha y mano empaquetan maíz dulce. Todos los solicitantes son requeridos a tener una experiencia de mes en todos los deberes resumidos en esta orden de trabajo. Los trabajadores serán requeridos a trabajar los sábados con ningunas excepciones; cuando el trabajo está disponible.

(If more space is needed, summary of Material Job Specifications in ENGLISH can be included in separate document, and may also be included in SPANISH)

16. Wage Rates, Special Pay Information and Deductions / Tarifa de Pago, Información Sobre Pagos Especiales y Deducciones (Rebajas)

Crop Activities Cultivos	Hourly Wage Salario por Hora	Piece Rate / Unit(s) Pago por Pieza / Unidad(es)	Special Pay (bonus, etc.) Pagos Especiales (Bono, etc.)	Deductions		Pay Period Periodo de Pago	
				Yes/Si	No		
Cabbage-Harve	\$ 10.56	\$		Social Security / Seguro Social	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Weekly / Semanal
Cabbage-Plant & Cultivate	\$ 10.56	\$		Federal Tax Impuestos Federales	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sweet Corn - Harvest & Pack	\$ 10.56	\$		State Tax Impuestos Estatales	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bi-weekly / Quincenal
	\$	\$		Meals / Comidas	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	\$	\$		Other (specify)/ Otro (especifica)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other / Otro <input type="checkbox"/>

More Details About the Pay / Mas Detalles Sobre el Pago

(If additional space is needed, use separate sheet of paper. / Si necesitas más espacio, utilice otra hoja de papel)

17. Transportation Arrangements / Arreglos de Transportación

All transportation is arranged by Florida East Coast Travel and the employer at no cost to the workers.

Todo el transporte es arreglado por Viaje de Costa Este de Florida y el empleador en ningún costo a los trabajadores.

(If additional space is needed, use separate sheet of paper. / Si necesitas más espacio, utilices otra hoja de papel)

18. Is it the prevailing practice to use Farm Labor Contractors (FLC) to recruit, supervise, transport, house, and/or pay workers for this (these) crop activity (ies)? ¿ Es la práctica habitual de usar Contratistas de Trabajo Agrícola para reclutar, supervisar, transportar, dar vivienda, y/o pagarle a los trabajadores para este(os) tipo(s) de cosecha(s)? Yes / Si No

If you have checked yes, what is the FLC wage for each activity? / Si contesto "Si," cual es el salario que le pagas al Contratista de Trabajo Agrícola por cada actividad?

19. Unemployment Insurance provided? Seguro de Desempleo?

Yes/Si No

20. Workers' compensation insurance provided? Se le provee seguro de compensación/indemnización al trabajador:

Yes/Si No

21. Are tools provided at no charge to the workers? / Se les proveen herramientas sin costo alguno a los trabajadores?

Yes/Si No

22. List any arrangements which have been made with establishment owners or agents for the payment of a commission or other benefits for sales made to workers. (If there are no such arrangements, enter "None") / Enumere todos los acuerdos o convenios hechos con los propietarios del establecimiento o sus agentes para el pago de una comisión u otros beneficios por ventas hechas a los trabajadores. (Si no hay ningún acuerdo o convenio, indique "Ninguno")

None/Ninguno

23. List any strike, work stoppage, slowdown, or interruption of operation by the employees at the place where the workers will be employed.
(If there are no such incidents, enter "None") / Enumere toda huelga, paro o interrupción de operaciones de trabajo por parte de los empleados en el lugar de empleo. (Si no hay incidentes de este tipo, indique "Ninguno")
None/Ninguno

24. Address of Order Holding Office (include Telephone number)/Dirección de la Oficina donde se radica la oferta (incluya el número de teléfono)
NYS DOL website or apply at any One Stop Office

25. Name of Local Office Representative (include direct dial telephone number) / Nombre del Representante de la Oficina Local (incluya el número de teléfono de su línea directa)
NYS DOL website or apply at any One Stop Office

26. Employer's Certification: This job order describes the actual terms and conditions of the employment being offered by me and contains all the material terms and conditions of the job.
Certificación del Empleador: Esta orden de trabajo describe los términos y condiciones del empleo que se le ofrece, y contiene todos los términos y condiciones materiales ofrecidos.

Employer's Signature & Title/ Firma y Título del Empleador

John M. Welfel

Date:

3/28/12

READ CAREFULLY, In view of the statutorily established basic function of the Employment Service as a no-fee labor exchange, that is, as a forum for bringing together employers and job seekers, neither the ETA nor the State agencies are guarantors of the accuracy or truthfulness of information contained on job orders submitted by employers. Nor does any job order accepted or recruited upon by the One-Stop Career Center constitute a contractual job offer to which the One-Stop Career Center, ETA or a State agency is in any way a party.

LEA CON CUIDADO, En vista de la función básica del Servicio de Empleo establecida por ley, como una entidad de intercambio laboral sin comisiones, es decir, como un foro para reunir a los empleadores y los solicitantes de empleo, ni ETA ni las agencias del estado pueden garantizar la exactitud o veracidad de la información contenida en las órdenes de trabajo sometidas por los empleadores. Ni ninguna orden de trabajo aceptado o contratado en el Centro de Carreras (One-Stop Career Center) constituyen una oferta de trabajo contractuales a las que el One-Stop Career Center, ETA o un organismo estatal es de ninguna manera una de las partes.

Public Burden Statement

The public reporting burden for responding to ETA Form 790, which is required to obtain or retain benefits (44 USC 3501), is estimated to be approximately 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and reviewing the collection. The public need not respond to this collection of information unless it displays a currently valid OMB Control Number. This is public information and there is no expectation of confidentiality. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden, to the U.S. Department of Labor, Migrant and Seasonal Farmworker Program, Room S4209, 200 Constitution Avenue, NW, Washington, DC 20210.

ETA Form 790 (Revised Oct, 2010)

Previous versions not usable

**New York State Department of Labor
FORM ETA 790 Attachment #1
Terms and Conditions/Clarifications and Assurances**

Job Order Number: _____

A: CLARIFICATION OF ITEMS ON FORM ETA 790

Item 3: Housing

- a. Housing and utilities are provided at no cost to H-2A workers and those workers in corresponding employment who are unable to return to their place of residence the same day.
- b. Housing beds, bedding and mattresses will be furnished at no cost to the workers.
- c. Housing will be clean and meet the applicable federal and State housing standards.
- d. Workers will be responsible for maintaining housing and surrounding areas in a neat, clean manner.

Item 15: Job Specifications

- a. Workers must be able to demonstrate that they are physically able to perform the work as described.
- b. Employer may terminate worker with timely notification to the NPC and DHS, if the worker:
 - 1) Refuses, without cause, to perform work for which the worker was recruited and hired;
 - 2) Commits serious acts of misconduct; or
 - 3) Abandons Job ("Job Abandonment") – is absent for five consecutive previously scheduled days without prior notification to employer.

Item 16: Wage Rates, Special Pay Information and Deductions

The employer will offer, advertise in its recruitment, and pay a wage that is the highest of the AEWR, the prevailing hourly wage or piece rate, the agreed upon collective bargaining wage, or the Federal or State minimum wage, except where a special procedure is approved for an occupation or specific class of agricultural employment. Employer assures that if a change in the AEWR requires an increase such increase will be paid as of the effective date of the increase. Also if the AEWR is decreased this will become the wage effective of the date of the decrease.

- a. If piece rate earnings for total hours of work at a piece-rate during a pay period do not result in average hourly earnings equal to the guaranteed minimum hourly rate, the worker will receive make-up pay to the guaranteed minimum wage rate.
- b. In New York State, the only deductions that can be taken from worker pay are:
 1. Those required by law, such as Social Security, income tax, and garnishment of wages;
 2. those that benefit workers and are authorized in writing, such as life insurance, or a savings account

Any other deductions are illegal.

- c. The employer guarantees to offer employment for a minimum of $\frac{3}{4}$ ("three fourths guarantee") of the hours in the workdays during the period of the contract, and all extensions thereof. This guarantee begins with the first workday after the worker's arrival at the place of employment and ends on the date specified on the job order or extensions thereof. In fire, weather or Act of God terminations (as determined by the Certifying Officer) the $\frac{3}{4}$ guarantee period ends on the date of termination. The employer must make efforts to transfer the worker to other comparable employment acceptable to the worker, consistent with existing immigration law. If such a

transfer is not affected, the employer must (1) return the worker, at the employers expense, to the place from which the worker (disregarding intervening employment) came to work for the employer, or transport the worker to the workers next certified H2A employer, whichever the worker prefers (2) reimburse the worker the full amount of any deductions made from the workers pay by the employer for transportation and subsistence expenses to the place of employment; and (3) pay the worker for any costs incurred by the worker for transportation and daily subsistence to that employers place of employment. Daily subsistence must be computed as set forth in paragraph (h) of the section. The amount of the transportation payment must not be less (and is not required to be more) than the most economical and reasonable common carrier transportation charges for the distances involved provide the guarantees in Item 17 (a) below.

- d. Workers will not be required to work more than the number of hours specified in the job order for a workday or on their Sabbath or federal holidays to meet this guarantee. The worker's average hourly earnings will be used under this guarantee where wages are paid on a piece rate basis. Workers who are terminated for cause or who voluntarily abandon their job are not entitled to this guarantee if employer provides timely notification to the NPC and DHS. On or before each payday the employer will provide to each worker in one or more written statements the following information (1) the workers total earnings for the pay period; (2) the workers hourly rate and/or piece rate of pay; (3) the hours of employment offered to the worker (showing offers in accordance with the 3/4's guarantee as determined in paragraph (i) of the regulations at 20 CFR sec. 655.122(k), separate from any hours offered over and above the guarantee); (4) the hours actually worked by the worker; (5) an itemization of all deductions made from the worker's wages; (6) if piece rates are used, the units produced daily; (7) beginning and ending dates of the pay period; (8) the employer's name, address, and FEIN.
- e. Workers with school age children who have migrated with such children and who depart in time to return home for the beginning of the school year shall be paid, in addition to the basic wages, any bonus or other incentive payments or other expenses to which they would be entitled had they stayed the entire job order period.

Item 17: Transportation

Employer agrees to reimburse inbound transportation and subsistence expenses (\$11.13 per day minimum to a maximum of \$46.00 per day) to each worker, or any person, government agency or private organization which, on behalf of the worker has paid or advanced such transportation and subsistence expenses, from the place from which the worker has come to work for the employer, whether in the U.S. or abroad to the place of employment, after the worker has completed 50% of the stipulated period of employment, from initial date of need or from the day after actual arrival of worker if later than the stated date to report.

- a. Employer will provide or pay the cost of return transportation and subsistence to each worker who completes the employment period, or who is terminated for medical reasons, or as the result of fire, weather or an Act of God (as determined by the Certifying Officer), from place of employment to place of recruitment, except if the worker prefers not to return to his place of recruitment and has subsequent employment with an employer – see Item 16 (c) above. Employer will not be responsible for providing return cost of transportation and subsistence from place of employment to place of recruitment if the worker voluntarily abandons the job of is terminated for cause and employer provides timely notification to the NPC and DHS.
- b. The amount of the transportation payment will be equal to the most economical and reasonable similar common carrier transportation charges for the distance involved. All transportation provided by the employer will be by common carrier or other transportation facilities which conform to the applicable regulations of the Interstate Commerce Commission or the United States Department of Labor. If requested by the worker, the employer will assist in making transportation arrangements. The amount of daily subsistence will be in accordance with current rates published in the *Federal Register* (for workers with and without receipts).

- c. If requested by the worker, employer will assist in making transportation arrangements. Employer will provide transportation, at no cost to the worker, from the employer provided housing to the actual work site and return at the end of the day.

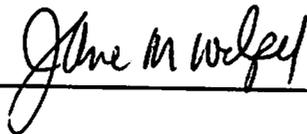
Item 21: Tools and Equipment

The employer will furnish without cost all tools, supplies, or equipment required in the performance of work.

B: OTHER CLARIFICATIONS AND ASSURANCES

1. The employer agrees to abide by the regulations at 20 CFR 653.501 and 20 CFR 655.135.
2. The employer will expeditiously notify the State agency by telephone immediately upon learning that a crop is maturing earlier or later, or that weather conditions, over-recruitment, or other factors have changed the terms and conditions of employment.
3. Outreach workers shall have reasonable access to the worker in the conduct of outreach activities pursuant to 20 CFR 653.501(xvi).
4. Where appropriate, the employer is certified in the use and application of pesticides per Federal Environmental Protection Agency and State Department of Environmental Conservation requirements. The employer assures that workers hired under this order who will be handling pesticides will be provided appropriate training.
5. The employer will provide to an H-2A worker no later than the time at which the worker applies for the visa, or to a worker in corresponding employment no later than on the day work commences, a copy of the work contract between the employer and the workers in a language understood by the worker
6. The employer assures that if acting as a farm labor contractor (FLC) or farm labor contractor employee (FLCE) on the order, he has a valid federal FLC certificate or FLCE identification card.
7. The applicant assures that he/she complies with NYS registration requirements. Farm labor contractors anticipating employment contracting with growers or processors in New York State, growers or processors in New York State who use the services of a farm labor contractor, and growers or processors in New York State who, without using the services of a farm labor contractor, are responsible for bringing into the state five or more out-of-state migrant farm or food processing workers, including H-2A workers, are required to register with the New York State Department of Labor and pay a registration fee in addition to any other fees that may be applicable.

Employer Signature _____



New York State Department of Labor
Form ETA 790 Attachment #2 – Additional Information

Item 1:

Employer Email: onecabbage@aol.com **Agent Email:**
Employer Fax: 716-778-5458 **Agent Fax:**

Item 13: Board Arrangements

Employer will not provide three meals per day and will deduct \$ N/A per day.
Employer will furnish free dishes, cooking utensils and convenient kitchen and cooking facilities.
Employer will provide transportation to assure workers access to stores where they can purchase groceries and/or other incidentals and/or medical necessities.

Item 15: Job Specifications

The employer will provide 3 days of training and/or allow 3 days of work for worker to reach production standards if applicable.

Production Standards (if applicable): After completion of training or break-in period, employer will expect worker to: N/A

Item 16: Wage Rates, Special Pay Information and Deductions

The employer will provide workers referred through the interstate clearance system 40 hours of work for the week beginning with the anticipated date of need, unless employer has amended the date of need by notifying the State agency no later than 10 business days before the date of need. If the employer fails to notify NYS Department of Labor office, then employer shall pay an eligible worker referred through the clearance system \$422.40 for the first week starting with the originally anticipated date of need. If worker referred fails to notify the NYS Department of Labor of continued interest in the job at least 5 days before date of need, worker will be disqualified from this assurance. Employer will require worker to perform alternative work if the guarantee cited in this section is invoked.
Alternative work: Harvest & pack sweet corn, weeding, hoeing.
Employer will maintain adequate payroll records. Workers will be paid weekly on **Friday** for work through the previous **Wednesday**.

Item 20: Workers' Compensation

The employer assures that Policy # Z-406053-8 issued by **The State Insurance Fund** provides the required insurance for injuries arising out of and in the course of employment.
Employer's proof of insurance coverage will be provided to the Chicago Processing Center before certification is granted.