



**Agricultural Clearance Order  
 Form ETA-790  
 U.S. Department of Labor**

**IMPORTANT:** In accordance with 20 CFR 653.500, all employers seeking U.S. workers to perform agricultural services or labor on a temporary, less than year-round basis through the Agricultural Recruitment System for U.S. Workers, must submit a completed job clearance order (Form ETA-790) to the State Workforce Agency (SWA) for placement on its intrastate and interstate job clearance systems. Employers submitting a job order in connection with an H-2A Application for Temporary Employment Certification (Form ETA-9142A) must complete the Form ETA-790 and attach a completed 790A. All other employers submitting agricultural clearance orders must complete the Form ETA-790 and attach a completed 790B. Employers and authorized preparers must read the general instructions carefully, complete ALL required fields/items containing an asterisk (\*), and any fields/items where a response is conditional as indicated by the section (§) symbol.

**I. Clearance Order Information**

| <b>FOR STATE WORKFORCE AGENCY (SWA) USE ONLY</b>    |                                  |                                      |                     |
|---|----------------------------------|--------------------------------------|---------------------|
| <i>Questions 1 through 17</i>                       |                                  |                                      |                     |
| 1. Clearance Order Number *                         | 2. Clearance Order Issue Date *  | 3. Clearance Order Expiration Date * |                     |
| NY1319148   | 10/8/2019                        | 5/10/2020                            |                     |
| 4. SOC Occupation Code *                            | 5. SOC Occupation Title *        |                                      |                     |
| 45-2091.00  | Agricultural Equipment Operators |                                      |                     |
| <b>SWA Order Holding Office Contact Information</b> |                                  |                                      |                     |
| 6. Contact's last (family) name *                   |                                  | 7. First (given) name *              | 8. Middle name(s) § |
| Gwise   |                                  | Caylin                               | Louise              |
| 9. Contact's job title *                            |                                  |                                      |                     |
| Foreign Labor and Agriculture Specialist            |                                  |                                      |                     |
| 10. Address 1 *                                     |                                  |                                      |                     |
| 276 Waring Road                                     |                                  |                                      |                     |
| 11. Address 2 (suite/floor and number) §            |                                  |                                      |                     |
|   |                                  |                                      |                     |
| 12. City *  |                                  | 13. State *                          | 14. Postal code *   |
| Rochester   |                                  | New York                             | 14609               |
| 15. Telephone number *                              | 16. Extension §                  | 17. E-Mail address *                 |                     |
| 585-258-8855  |                                  | h2a@labor.ny.gov                     |                     |

**II. Employer Contact Information**

|  |                 |                               |                     |
|--|-----------------|-------------------------------|---------------------|
| 1. Legal Business Name *                                     |                 |                               |                     |
| Barone Gardens LLC   |                 |                               |                     |
| 2. Trade Name/Doing Business As (DBA), if applicable §       |                 |                               |                     |
|  |                 |                               |                     |
| 3. Contact's last (family) name *                            |                 | 4. First (given) name *       | 5. Middle name(s) § |
| Barone   |                 | MerryBeth                     |                     |
| 6. Contact's job title *                                     |                 |                               |                     |
| Managing Member  |                 |                               |                     |
| 7. Address 1 *   |                 |                               |                     |
| 6200 South Bay Road  |                 |                               |                     |
| 8. Address 2 (apartment/suite/floor and number) §            |                 |                               |                     |
|  |                 |                               |                     |
| 9. City *  |                 | 10. State *                   | 11. Postal code *   |
| Cicero   |                 | New York                      | 13039               |
| 12. Telephone number *                                       | 13. Extension § | 14. Business e-mail address * |                     |
| +1 (315) 699-4724  |                 | Mb@bgardens.com               |                     |
| 15. Federal Employer Identification Number (FEIN from IRS) * |                 | 16. NAICS Code *              |                     |
| 47-1619755   |                 | 11142                         |                     |

**III. Type of Clearance Order**

|   |  |
|---|--|
| 1. Indicate the type of agricultural clearance order being placed with the SWA for recruitment of U.S. workers. (choose only one) * | <input checked="" type="checkbox"/> 790A (H-2A clearance order)<br><input type="checkbox"/> 790B (regular clearance order) |
|---|--|



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**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 .03 hours per response for all information collection requirements, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing, reviewing, and submitting the collection of information. The obligation to respond to this data collection is required to obtain/retain benefits (44 U.S.C. 3501, Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employment and Training Administration, Office of Foreign Labor Certification, 200 Constitution Ave., NW, Suite PPII 12-200, Washington, DC, 20210. (Paperwork Reduction Project OMB 1205-0466). DO NOT send the completed application to this address.



H-2A Agricultural Clearance Order  
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**A. Job Offer Information**

|   |                |  |         |                         |                            |   |   |                         |   |
|---|----------------|--|---------|-------------------------|----------------------------|---|---|-------------------------|---|
| 1. Job Title * Agricultural Equipment Operator  |                |  |         |                         |                            |   |   |                         |   |
| 2. Workers Needed *   | a. Total       |  | b. H-2A |                         | 3. Begin Date * 12/10/2019 |   |   | 4. End Date * 10/9/2020 |   |
|   | 6              |  | 6       |                         |                            |   |   |                         |   |
| 5. Will this job generally require the worker to be on-call 24 hours a day and 7 days a week? *<br>If "Yes", proceed to question 8. If "No", complete questions 6 and 7 below.  |                |  |         |                         |                            |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         |   |
| 6. Anticipated days and hours of work per week *  |                |  |         |                         |                            |   | 7. Hourly work schedule *   |                         |   |
| 46  | a. Total Hours |  | 8       | c. Monday               | 8                          | e. Wednesday                                    | 8   | g. Friday               | a. 7 : 00 <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM |
| 0   | b. Sunday      |  | 8       | d. Tuesday              | 8                          | f. Thursday                                     | 6   | h. Saturday             | b. 4 : 00 <input type="checkbox"/> AM<br><input checked="" type="checkbox"/> PM |
| <b>Temporary Agricultural Services and Wage Offer Information</b>   |                |  |         |                         |                            |   |   |                         |   |
| 8a. Job Duties - Description of the specific services or labor to be performed. *<br><i>(Please begin response on this form and use Addendum C if additional space is needed.)</i><br>Operate 50 hp tractors, forklifts and other machinery and equipment to fertilize, cultivate, and spray greenhouses and plants. Move 1 ton bales of soil into hopper for filling seed trays and planters. Maintain and repair irrigation, climate control systems as well as bale busters, seeding machine, sticking line conveyor system. Inspect plants and bud counts to assess quality. Spray plants/flowers with prescribed herbicides, fungicides and pesticides to control diseases and insects. Monitor and maintain plant inventory using hand held electronic device. Will fertilize and maintain liners and finished plants based on their individual variety requirements. Will prepare tags and orders for shipping. Monitor the activities of workers for effective performance of planting activities. Employer will furnish to workers, without cost, all tools and equipment required in the performance of the duties assigned. Workers should report for work with their own suitable work clothing. Work temperatures may range from 40 degrees to 90+ degrees F and some work may be done in the rain, wind and sun. Due to health and safety concerns relating to pesticide application and the operation of equipment on our farm, workers are required to have the ability to comprehend simple oral and written instructions in English. After hiring, employer may conduct random drug tests at employers expense. Workers referred against this order must have a minimum of 3 months experience in performing tasks described in this order. |                |  |         |                         |                            |   |   |                         |   |
| 8b. Wage Offer *  |                | 8c. Per *  |         | 8d. Piece Rate Offer \$ |                            | 8e. Piece Rate Units/Special Pay Information \$ |   |                         |   |
| \$ 13 . 25  |                | <input checked="" type="checkbox"/> HOUR<br><input type="checkbox"/> MONTH |         | \$ _____                |                            |   |   |                         |   |
| 9. Is a completed <b>Addendum A</b> providing additional information on the crops or agricultural activities and wage offers attached to this job offer? *  |                |  |         |                         |                            |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                         |   |
| 10. Frequency of Pay. * <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify):   |                |  |         |                         |                            |   | N/A _____   |                         |   |
| 11. State all deduction(s) from pay and, if known, the amount(s). *<br><i>(Please begin response on this form and use Addendum C if additional space is needed.)</i><br>Social Security<br>Federal Tax<br>State Tax   |                |  |         |                         |                            |   |   |                         |   |



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**B. Minimum Job Qualifications/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 or Higher <input type="checkbox"/> Other degree (JD, MD, etc.)   |   |  |   |
| 2. Work Experience: number of <u>months</u> required. *   | 3   | 3. Training: number of <u>months</u> required. *   | 0 |
| 4. Basic Job Requirements (check all that apply) *  |   |  |   |
| <input type="checkbox"/> a. Certification/license requirements<br><input checked="" type="checkbox"/> b. Driver requirements<br><input checked="" type="checkbox"/> c. Criminal background check<br><input checked="" type="checkbox"/> d. Drug screen<br><input checked="" type="checkbox"/> e. Lifting requirement <u>80</u> lbs. |   | <input checked="" type="checkbox"/> g. Exposure to extreme temperatures<br><input checked="" type="checkbox"/> h. Extensive pushing or pulling<br><input checked="" type="checkbox"/> i. Extensive sitting or walking<br><input checked="" type="checkbox"/> j. Frequent stooping or bending over<br><input checked="" type="checkbox"/> k. Repetitive movements |   |
| 5a. Supervision: does this position supervise the work of other employees? *  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 5b. If "Yes" to question 5a, enter the number of employees worker will supervise. \$   |   |
| 6. Additional Information Regarding Job Qualifications/Requirements.<br><i>(Please begin response on this form and use Addendum C if additional space is needed. If no additional skills or requirements, enter "NONE" below) *</i><br>None   |   |  |   |

**C. Place of Employment Information**

|   |            |                  |   |
|---|------------|------------------|---|
| 1. Address/Location *   |            |                  |   |
| At 6200 South Bay Rd  |            |                  |   |
| 2. City *   | 3. State * | 4. Postal Code * | 5. County *   |
| Cicero  | New York   | 13039            | Onondaga  |
| 6. Additional Place of Employment Information <i>(If no additional information, enter "NONE" below) *</i><br>.4 miles South of NY Rt. 31 on Thompson Rd to South Bay Road   |            |                  |   |
| 7. Is a completed <b>Addendum B</b> providing additional information on the places of employment and/or agricultural businesses who will employ workers, or to whom the employer will be providing workers, attached to this job order? * |            |                  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**D. Housing Information**

|  |            |   |   |
|--|------------|---|---|
| 1. Housing Address/Location *  |            |   |   |
| 6214 South Bay Road  |            |   |   |
| 2. City *  | 3. State * | 4. Postal Code *  | 5. County *   |
| Cicero   | New York   | 13039   | Onondaga  |
| 6. Type of Housing *   |            | 7. Total Units *  | 8. Total Occupancy *  |
| One wood frame house; one mobile home  |            | 2   | 13  |
| 9. Housing complies or will comply with the following applicable standards: *  |            | <input checked="" type="checkbox"/> Local <input checked="" type="checkbox"/> State <input checked="" type="checkbox"/> Federal |   |
| 10. Additional Housing Information. <i>(If no additional information, enter "NONE" below) *</i><br>.4 miles south of NY Rt. 31 in Cicero, New York 13039 and 6200 South Bay Road |            |   |   |
| 11. Is a completed <b>Addendum B</b> providing additional information on housing that will be provided to workers attached to this job order? *                                  |            |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |



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**E. Provision of Meals**

1. Describe how the employer will provide each worker with 3 meals a day or furnish free and convenient cooking and kitchen facilities. \* (Please begin response on this form and use Addendum C if additional space is needed.)  
 All furnishings and equipment supplied by the employer, e.g., furniture, eating and cooking utensils; and utilities available, such as gas, electricity, heat.  
 Workers must buy and prepare own meals. Kitchen facilities, pots, pans, dishes and utensils provided.

|   |  |
|---|--|
| 2. If meals are provided, the employer: * | <input checked="" type="checkbox"/> <b>WILL NOT</b> charge workers for such meals.   |
|   | <input type="checkbox"/> <b>WILL</b> charge workers for such meals at \$ <u>      </u> . <u>      </u> per day per worker. |

**F. Transportation and Daily Subsistence**

1. Describe the terms and arrangement for daily transportation the employer will provide to workers. \*  
 (Please begin response on this form and use Addendum C if additional space is needed.)  
 Employer will provide transportation from the employer provided housing to the actual work site and return at the end of the day. Transportation will meet all requirements at CFR 655.122(h)

2. Describe the terms and arrangements for providing workers with transportation (a) to the place of employment (i.e., inbound) and (b) from the place of employment (i.e., outbound). \*  
 (Please begin response on this form and use Addendum C if additional space is needed.)  
 Employer agrees to reimburse inbound transportation and subsistence expenses 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.

|   |                 |                                  |                       |
|---|-----------------|----------------------------------|-----------------------|
| 3. During the travel described in Item 2, the employer will pay for or reimburse daily meals by providing each worker * | a. no less than | \$ <u>  12  </u> . <u>  46  </u> | per day *             |
|   | b. no more than | \$ <u>  55  </u> . <u>  00  </u> | per day with receipts |



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**G. Referral and Hiring Instructions**

1. Explain how prospective applicants may be considered for employment under this job order, including verifiable contact information for the employer, or the employer's authorized hiring representative, methods of contact, and the days and hours applicants will be considered for the job opportunity. \*

*(Please begin response on this form and use Addendum C if additional space is needed.)*

Contact Employer, MerryBeth Barone directly, at (315) 699-4724 or Nearest One Stop Office at (877) 466-4757  
Referrals, interviews or calls will be received or held Monday-Friday between 9AM- 4PM at the business location.

2. Telephone Number to Apply \*

+1 (315) 699-4724

3. Email Address to Apply \*

Mb@bgardens.com

4. Website address (URL) to Apply \*

N/A

**H. Additional Material Terms and Conditions of the Job Offer**

1. Is a completed **Addendum C** providing additional information about the material terms, conditions, and benefits (monetary and non-monetary) that will be provided by the employer attached to this job order? \*

Yes  No