

**Agricultural and Food Processing
Clearance Order**

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



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 ES constitute a contractual job offer to which ETA or a State agency is in any way a party.

OMB Approval No. 1205-0134
Expires: 07/31/99

1. Industry Code	2. Job Order Number	3. Occupational Title and Code																			
4. Employer's Name and Address (Number, Street, City, State, ZIP Code and Telephone Number)			5. Anticipated Period of Employment																		
			From: _____ To: _____																		
7. Preferred Crew Leader/Worker's Name and Address			6. Clearance Order Issue Date																		
			Job Order Expiration Date																		
Social Security Number		Leader's Functions																			
		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"></td> <td style="width:10%; text-align: center;">Yes</td> <td style="width:10%; text-align: center;">No</td> <td style="width:30%;"></td> </tr> <tr> <td>Supervises</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Transports</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Pays</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Assumes OASI</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>			Yes	No		Supervises	<input type="checkbox"/>	<input type="checkbox"/>		Transports	<input type="checkbox"/>	<input type="checkbox"/>		Pays	<input type="checkbox"/>	<input type="checkbox"/>		Assumes OASI	<input type="checkbox"/>
	Yes	No																			
Supervises	<input type="checkbox"/>	<input type="checkbox"/>																			
Transports	<input type="checkbox"/>	<input type="checkbox"/>																			
Pays	<input type="checkbox"/>	<input type="checkbox"/>																			
Assumes OASI	<input type="checkbox"/>	<input type="checkbox"/>																			
Telephone Number		8. No. & Type of Workers Requested																			
		Total Number _____																			
		No. Individual _____																			
		No. Family _____																			
9. Wage Rates, Special Pay Information and Deductions																					
Crop Activity	Flat Rate (i.e., hr. wk.)	Piece Rate	Unit																		
			Est. Hourly Rate Equiv.																		
			C/L Wage Rate																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
_____	_____	_____	_____																		
(See attachment no. _____)																					
			10. Anticipated Hrs. of Work																		
			Per Week _____																		
			Normal Hours Per Day																		
			Sun _____																		
			Mon _____ Thur _____																		
			Tue _____ Fri _____																		
			Wed _____ Sat _____																		

11. Job Specifications (If additional space is needed, please use separate sheet of paper or reverse of form)

(See attachment no. _____)

12. Location and Direction to Work Site	13. Board Arrangements
(See attach. no. _____)	(See attachment no. _____)

14. Location and Description of Housing	Number and Capacity of Housing Units																		
Employer assures the availability of no cost or public housing which meets the full set of applicable standards. (See attach. no. _____)	<table style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Barracks</th> <th colspan="2">Family Units</th> <th colspan="2">Single Rooms</th> </tr> <tr> <th>No.</th> <th>Total Cap.</th> <th>No.</th> <th>Total Cap.</th> <th>No.</th> <th>Total Cap.</th> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Barracks		Family Units		Single Rooms		No.	Total Cap.	No.	Total Cap.	No.	Total Cap.						
	Barracks		Family Units		Single Rooms														
No.	Total Cap.	No.	Total Cap.	No.	Total Cap.														
	Authorized Capacity _____																		

15. Referral Instructions	16. Collect Calls Accepted									
(See attach. no. _____)	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>By Employer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>By Order Holding Office</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes	No	By Employer	<input type="checkbox"/>	<input type="checkbox"/>	By Order Holding Office	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No								
By Employer	<input type="checkbox"/>	<input type="checkbox"/>								
By Order Holding Office	<input type="checkbox"/>	<input type="checkbox"/>								

17. Transportation Arrangements	18. Distribution of Clearance Order
(See attach. no. _____)	

19. Address of Order Holding Office (Include Telephone Number)	20. 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.
	Signature _____

Name of Agency Representative (Include Telephone Number)	Title

*Person are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents obligation to reply are Mandatory (PL 97-300), 29 USC 49). Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Employment Service, U.S. Department of Labor, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).

Agricultural and Food Processing
Clearance Memorandum

U.S. Department of Labor
Employment and Training Administration



OMB Approval No. 1205-0134
Expires: 07/31/99

1. To: (Name and Address)	3. JOB Order Number	4. Date of Issue
	5. Employer	
2. From: (Name and Address of Local Office)	6. Distribution	

7. Please note the following concerning the above job order:

8. Employer's Certification **▶** This clearance memorandum accurately describes the changes in employment conditions offered by me on the above Job Order.

Typed Name of Employer	Signature (Title if other than Employer named)	Date Signed
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9. BY: Typed Name of ES Agency Representative	Title	Date Signed
Signature		Telephone Number

10. Applicant Holding Office: ("X" one)

Accepted (If accepted, list local offices extend to). Rejected (If rejected, provide reasons).

Comments

11. BY: Typed Name of ES Agency Representative	Telephone Number	Date Signed
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Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents' obligation to reply are Mandatory (PL 97-300), 29 USC 49). Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 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. Employment Service, U.S. Department of Labor, Room N-4456, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0134).



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1. Date Form Initiated

2. Leader's Name (Last, First, Middle Initial)		3. Social Security No.	4. Category (Check appropriate box) a. <input type="checkbox"/> Crew b. <input type="checkbox"/> Family c. <input type="checkbox"/> Individuals			5. Changes (C) - Verification (V)				
3. Permanent Address (No., St., City, State, ZIP)		7. Permanent Phone No.	8. Leader Functions a. <input type="checkbox"/> Supervises b. <input type="checkbox"/> Assumes payroll responsibility c. <input type="checkbox"/> Transports FLC Reg. No. _____			Action	State	Local Ofc.	Date	Initials
3. Present Location (No., St., City, State, ZIP)		10. Present Phone No.	11. Originating Office Address							
12. L/O Phone No.	13. Name of L/O Representative		14. Do you have truck(s) for hire? <input type="checkbox"/> Yes <input type="checkbox"/> No →			If "YES" Specify Type				

15. Work Itinerary	*Service and Status Codes	1. Tentative Schedule	2. Schedule	3. Referral	4. Revised Itinerary	5. Job Request	6. Self-Commitment	7. Job Confirmation Requested	8. Home Based	9. Supportive Services
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Service & Status Code*	Dates (Mo. & Day)		Employer's Name and Address (Include Phone No.)	Job Order No.	Activity	Total Individuals			Housing Requirements			
	From	To				Total in Group	Total Workers	Total Non-Workers	No. of Families	Total in Family	Unattached	
											Male	Female
A	B		C	D	E	F	G	H	I	J	K	

16. Supportive Services Needed	Individual's Name	Type of Needed Service

17. Comments On any Item	18. Distribution
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