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

**Clearance Order**

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1. **Job Order Number**

2. **Occupational Title and Code**

3. **Anticipated Period of Employment**
   - **From:**
   - **To:**

4. **Employer's Name and Address**
   - (Number, Street, City, State, ZIP Code and Telephone Number)

5. **Preferred Crew Leader/Worker's Name and Address**
   - **Social Security Number**
   - **Telephone Number**

6. **Clearance Order Issue Date**

7. **Job Order Expiration Date**

8. **No. & Type of Workers Requested**
   - **Total Number**
   - **No. Individual**
   - **No. Family**

9. **Wage Rates, Special Pay Information and Deductions**
   - **Crop Activity**
   - **Piece Rate**
   - **Unit**
   - **Est. Hourly Rate Equiv.**
   - **C/L Wage Rate**

10. **Anticipated Hrs. of Work**
    - **Per Week**

11. **Normal Hours Per Day**
    - **Sun**
    - **Mon**
    - **Tues**
    - **Wed**
    - **Thurs**
    - **Fri**
    - **Sat**

12. **Board Arrangements**
    - **Number and Capacity of Housing Units**
    - **Barracks**
    - **Family Units**
    - **Single Rooms**

13. **Referral Instructions**
    - **By Employer**
    - **By Order Holding Office**

14. **Transportation Arrangements**

15. **Collect Calls Accepted**
    - **Yes**
    - **No**

16. **Distribution of Clearance Order**

17. **Address of Order Holding Office**
    - **Include Telephone Number**

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**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**

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**Name of Agency Representative**

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**Title**

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Person 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 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).
To: (Name and Address)  

3. JOB Order Number

4. Date of Issue

5. Employer

6. Distribution

Please note the following concerning the above job order:

1. 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

1. BY: Typed Name of ES Agency Representative

Title

Date Signed

Signature

Telephone Number

0. Applicant Holding Office: (*) one

☐ Accepted (If accepted, list local offices extend to).

☐ Rejected (If rejected, provide reasons).

Comments

1. BY: Typed Name of ES Agency Representative

Telephone Number

Date Signed

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1. Date Form Initiated

2. Leader's Name (Last, First, Middle Initial)  
4. Category (Check appropriate box)  
   - a. Crew  
   - b. Family  
   - c. Individuals  
5. Changes (C) - Verification (V)  
   - Action  
   - State  
   - Local Ofc.  
   - Date  
   - Initials  

6. Permanent Address (No., St., City, State, ZIP)  
7. Permanent Phone No.  

8. Leader Functions  
   - a. Supervises  
   - b. Assumes payroll responsibility  
   - c. Transports  
   - FLC Reg. No.  

9. 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?  
   - Yes  
   - No  
15. Work Itinerary  
   - *Service and Status Codes  
   - 1. Tentative Schedule  
   - 2. Schedule  
   - 3. Referral Schedule  
   - 4. Revised Itinerary  
   - 5. Job Confirmation Requested  
   - 6. Self-Commitment  
   - 7. Job Confirmation Requested  
   - 8. Home Based Services  
   - 9. Supportive Services  

<table>
<thead>
<tr>
<th>Service &amp; Status Code*</th>
<th>Dates (Mo. &amp; Day)</th>
<th>Employer's Name and Address (Include Phone No.)</th>
<th>Job Order No.</th>
<th>Activity</th>
<th>Total Individuals</th>
<th>Housing Requirements</th>
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<td>C</td>
<td>D</td>
<td>E</td>
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16. Supportive Services Needed  

17. Comments On Any Item  

18. Distribution

ETA 785 (January 1990)
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rew Leader: (Name and Complete Address)  To: (Name and Address of Employer)

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Will arrive approximately ___________ (a.m.) ___________ (p.m.). Will report to __________________________ (Instructions on ETA 790)

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<th>Name</th>
<th>Address</th>
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<th>Referral Results</th>
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Name of Representative                  Date Signed

Results Verified (ES Representative’s Name)  Date Signed

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