

**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 the ETA or a State agency is in any way a party.

OMB Approval No. 1205-0134
Expires: 02/28/98

1. Industry Code	2. Job Order Number	3. Occupational Title and Code
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4. Employer's Name and Address (Number, Street, City, State, ZIP Code and Telephone Number)	5. Anticipated Period of Employment	
	From:	To:
	6. Clearance Order Issue Date	Job Order Expiration Date

7. Preferred Crew Leader/Worker's Name and Address	Social Security Number	Leader's Functions Supervises <input type="checkbox"/> Yes <input type="checkbox"/> No Transports <input type="checkbox"/> <input type="checkbox"/> Pays <input type="checkbox"/> <input type="checkbox"/> Assumes OASI <input type="checkbox"/> <input type="checkbox"/>	8. No. & Type of Workers Requested Total Number _____ No. Individual _____ No. Family _____
	Telephone Number		

9. Wage Rates, Special Pay Information and Deductions						10. Anticipated Hrs. of Work
Crop Activity	Flat Rate (i.e., hr. wk.)	Piece Rate	Unit	Est. Hourly Rate Equiv.	C /L Wage Rate	
_____	_____	_____	_____	_____	_____	Per Week _____
_____	_____	_____	_____	_____	_____	Normal Hours Per Day
_____	_____	_____	_____	_____	_____	Sun _____
(See attachment no. _____)						Mon _____ Thur _____
						Tue _____ Fri _____
						Wed _____ Sat _____

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

(See attachment no. _____)

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

4. Location and Description of Housing	Number and Capacity of Housing Units					
	Barracks		Family Units		Single Rooms	
	No.	Total Cap.	No.	Total Cap.	No.	Total Cap.
Employer assures the availability of no cost or public housing which meets the full set of applicable standards. (See attach. no. _____)	Authorized Capacity _____					

5. Referral Instructions	16. Collect Calls Accepted	
(See attach. no. _____)	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. _____)	

9. 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. 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).



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

Please note the following concerning the above job order:

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
BY: Typed Name of ES Agency Representative	Title	Date Signed
Signature		Telephone Number

0. Applicant Holding Office: ("X" 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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Employment and Training Administration



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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)				
6. 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
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? If "YES" Specify Type <input type="checkbox"/> Yes <input type="checkbox"/> No →					

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

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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X" appropriate box(es)
 Referral Information Only Verification

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To: (Name and Address of State Employment Service - Local Office)

From: (Name and Address of State Employment Service - Local Office)

Telephone Number

Telephone Number

Team Leader: (Name and Complete Address)

To: (Name and Address of Employer)

No. of Workers Telephone Number Order Number Telephone Number

Will arrive approximately _____ (a.m.) _____ (p.m.) Will report to _____

(Instructions on ETA 790)

Name	Address	Social Security Number	Applicant Characteristics				Referral Results
			Age	Sex	Race	Veteran	

Name of Representative Date Signed Results Verified (ES Representative's Name) Date Signed

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