



# Connecticut Department of Labor

Foreign Labor Certification Unit

## H-2B Foreign Labor SWA Job Order Form

### EMPLOYER INFORMATION:

Employer/Business Name: \_\_\_\_\_

FEIN: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Employer (Industry): \_\_\_\_\_

### JOB ORDER INFORMATION (Please be thorough. Attach additional sheets, if necessary.)

Worksite, if different from business address: \_\_\_\_\_

Travel to worksite provided  No  Yes If yes, designated pickup location: \_\_\_\_\_

Title of job opening: \_\_\_\_\_

Number of openings: \_\_\_\_\_ Education required: \_\_\_\_\_

Experience required: \_\_\_\_\_ Will you accept a trainee?  No  Yes

Will you accept related experience?  No  Yes Will on-the-job training (OJT) be provided?  No  Yes

If yes, please specify: \_\_\_\_\_

Job is: Full-time and temporary:  Peakload  Seasonal  One-Time Occurrence  Intermittent

From (dates): \_\_\_\_\_ to \_\_\_\_\_

Work hours: From \_\_\_\_\_ to \_\_\_\_\_ Total hours per week \_\_\_\_\_

Salary range: From \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Per \_\_\_\_\_

Overtime Offered?  No  Yes If yes, at what rate? \_\_\_\_\_

Mark work days:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat  Varies

Pay Day: \_\_\_\_\_ Frequency of Pay:  Weekly  Bi-weekly

Housing Provided:  No  Yes Deduction for housing, if any: \_\_\_\_\_

Other Deductions (must comply with State and Federal Regulations): \_\_\_\_\_

Other Benefits provided: \_\_\_\_\_

Driver License Required:  No  Yes Class: \_\_\_\_\_ Drug testing:  No  Yes

Physical Ability requirements (ex.: Lifting): \_\_\_\_\_

**Job description:** (Must include duties to be performed, minimum education and experience requirements, work hours and days, and the anticipated start and end dates of employment.)

**Recruitment Information**

Candidates should contact employer directly by (check all that apply):  Mail  Email  Fax  Telephone  
(Mail must be an option as there are job seekers who do not have access to email, fax, and/or telephones.)

Candidates may also apply directly through local Career Center of the State Workforce Agency (SWA), whose contact information is provided below.

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**This section to be completed by the SWA:**

Local SWA Career Center Name: \_\_\_\_\_

Local SWA Career Center Address: \_\_\_\_\_

Local SWA Career Center Phone Number: \_\_\_\_\_

SWA Job Order Number: \_\_\_\_\_

**Additional Comments:**