

H-2B Application for Temporary Employment Certification
ETA Form 9142B
U.S. Department of Labor



Please read and review the filing instructions carefully before completing the ETA Form 9142E. A copy of the instructions can be found at <http://www.foreignlaborcert.doleta.gov/>. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Department of Labor. If submitting this form non-electronically, ALL required fields/items containing an asterisk (*) must be completed as well as any fields/items where a response is conditional as indicated by the section (§) symbol.

A. Employment-Based Nonimmigrant Visa Information

1. Indicate the type of visa classification supported by this application (Write classification symbol): *

H-2B

B. Temporary Need Information

1. Job Title *

Carpenter Helpers

2. SOC (ONET/OES) code *

47-3012

3. SOC (ONET/OES) occupation title *

Helpers--Carpenters

4. Is this a full-time position? *

☒ Yes ☐ No

Period of Intended Employment

5. Begin Date *

4/1/2019

(mm/dd/yyyy)

6. End Date *

12/20/2019

(mm/dd/yyyy)

7. Worker positions needed/basis for the visa classification supported by this application

20

Total Worker Positions Being Requested for Certification *

Basis for the visa classification supported by this application

(indicate the total workers in each applicable category based on the total workers identified above)

20

a. New employment *

0

d. New concurrent employment *

0

b. Continuation of previously approved employment *
without change with the same employer

0

e. Change in employer *

0

c. Change in previously approved employment *

0

f. Amended petition *

8. Nature of Temporary Need: (Choose only one of the standards) *

☒ Seasonal

☐ Peakload

☐ One-Time Occurrence

☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need *

Please See Addendum

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C. Employer Information

Important Note: Enter the full name of the individual employer, partnership, or corporation and all other required information in this section. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, identify the main or primary employer in the section below and then submit a separate attachment that identifies each employer, by name, mailing address, and total worker positions needed, under the application.

1. Legal business name *		
Stone Pro LLC		
2. Trade name/Doing Business As (DBA), if applicable		
N/A		
3. Address 1 *		
3312 White Oak Lane		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
Eau Claire	Wisconsin	54703
8. Country *	9. Province	
United States Of America	N/A	
10. Telephone number *	11. Extension	
715-271-1483		
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
██████████	238140	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
█	██████████	2004
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor		
<input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

D. Employer Point of Contact Information

Important Note: The information contained in this Section must be that of an employee of the employer who is authorized to act on behalf of the employer in labor certification matters. The information in this Section must be different from the agent or attorney information listed in Section E, unless the attorney is an employee of the employer. For joint employer or master applications filed on behalf of more than one employer under the H-2A program, enter only the contact information for the main or primary employer (e.g., contact for an association filing as joint employer) under the application.

1. Contact's last (family) name *	2. First (given) name	3. Middle name(s)
Manning	Jerry	N/A
4. Contact's job title *		
Owner		
5. Address 1 *		
3312 White Oak Lane		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
Eau Claire	Wisconsin	54703
10. Country *	11. Province	
United States Of America	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
715-271-1483		jmmanning@stonepromasonry.com

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E. Attorney or Agent Information (If applicable)

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Attorney or Agent's last (family) name § Bernard	3. First (given) name § Aaron	4. Middle name DAVID	
5. Address 1 § 226 south 3rd street			
6. Address 2 N/A			
7. City § Ames	8. State Iowa	9. Postal code § 50010	
10. Country § United States Of America		11. Province N/A	
12. Telephone number § 515-232-4444	13. Extension	14. E-Mail address attorney@bernardfirm.com	
15. Law firm/Business name § THE BERNARD FIRM P.L.C.		16. Law firm/Business FEIN § [REDACTED]	
17. State Bar number (only if attorney) § AT0000811		18. State of highest court where attorney is in good standing (only if attorney) § Iowa	
19. Name of the highest court where attorney is in good standing (only if attorney) § Supreme Court			

F. Job Offer Information

a. Job Description

1. Job Title * CARPENTER HELPERS	
2. Number of hours of work per week Basic *: 40 Overtime: 10	3. Hourly Work Schedule * A.M. (h:mm): 07 : 00 P.M. (h:mm): 05 : 00
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed MUST begin in this space. If necessary, add attachment to <u>continue and complete</u> description. * Help carpenter by carrying tools, wood, making simple wood cuts, nailing simple lumber pieces, positioning wood forms, cleaning up job site.	

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F. Job Offer Information (continued)

b. Minimum Job 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 <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type)
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation required §
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. * Must be able to lift and carry 80 pounds for 20 yards.	

c. Place of Employment Information

1. Worksite address 1 * 15801 Elmhurst Lane	
2. Address 2 N/A	
3. City * Apple Valley	4. County * Dakota
5. State/District/Territory * Minnesota	6. Postal code * 55124
7. Will work be performed in multiple worksites within an area of intended employment or at location(s) other than the address listed above? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § Please See Addendum	

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G. Rate of Pay

1. Basic Rate of Pay Offered *	1a. Overtime Rate of Pay (if applicable) \$
From: \$ ¹⁸ . ⁰⁴ To (Optional): \$.	From: \$ ²⁷ . ⁰⁶ To (Optional): \$.
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate	
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$	
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ Applicants may receive a higher wage than advertised due to experience or merit.	

H. Recruitment Information

1. Name of State Workforce Agency (SWA) serving the area of intended employment *		
N/A		
2. SWA job order identification number	2a. Start date of SWA job order *	2b. End date of SWA job order *
N/A		
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name of Newspaper/Publication (in area of intended employment for H-2B only) *	Dates of Print Advertisement \$	
4.	From:	To:
5.	From:	To:
6. Referral and Hiring Information: Enter at least two verifiable methods by which prospective U.S. workers can contact the employer and apply for the job opportunity.		
a. Telephone Number to Apply *	b. Email Address to Apply *	
715-271-1483	jmannings@stonepromasonry.com	
c. Website address (URL) to Apply *		

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I. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer must attest that it will abide by certain terms, assurances and obligations as a condition for receiving a temporary labor certification from the U.S. Department of Labor. Applications that fail to attach Appendix A or Appendix B will be considered incomplete and not accepted for processing by the ETA application processing center.

1. For H-2A Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix A. §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to all the applicable terms, assurances and obligations contained in Appendix B. §	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

J. Preparer

Complete this section if the preparer of this application is a person other than the one identified in either Section D (employer point of contact) or E (attorney or agent) of this application.

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle name
4. Job Title § N/A		
5. Firm/Business name § N/A		
6. E-Mail address § N/A		

K. U.S. Government Agency Use (ONLY)

Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 4/25/2019 to 12/20/2019.

Certifying Officer

Department of Labor, Office of Foreign Labor Certification

4/25/2019 8:25 AM EDT

Determination Date (date signed)

H-400-19004-309770

Case number

Full Certification

Case Status

Public Burden Statement 1205-0509

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 1.5 hours to complete the form and 25 minutes per response for all other H-2B information collection requirements, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this data collection is required to obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.).

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ADDENDUM

ADDENDUM SECTION B.9: Statement of Temporary Need

Stone Pro LLC has a seasonal need that is traditionally tied to a season of the year by an event which is of a recurring nature, specifically, the weather that permits concrete and masonry construction. Stone Pro LLC only needs carpenter helpers during the warm weather months of the year. During the winter months, from January through March, the weather is too cold for the concrete to set properly, excavation of the ground is more difficult, if not impossible, and additional costs are incurred when additives must be added to the concrete mixture. This naturally creates a recurring seasonal need for carpenter helpers which build the forms for the concrete from April through December and not year-round. A permanent workforce for carpenter helpers will not be needed from January through March. Accordingly, Stone Pro LLC is requesting twenty (20) carpenter helpers from April 1, 2019 to December 20, 2019 Please [REDACTED] for further information on our seasonal need, including related exhibits.

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ADDENDUM

ADDENDUM SECTION F.c.7a.: Additional Worksites

2. State: Minnesota Area Based On: BLS Area Area: Minneapolis-St. Paul-Bloomington, MN-WI MSA
Start Date of Work: N/A End Date of Work: N/A
Number of H2B Workers Requested: N/A Wage Rate: N/A Unit of Pay: N/A
Additional Worksites Information: N/A
