ETA Form 9142B

Case Number: 11-400-13318-550100

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

3. Rate of Pay						
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	By (if applicable) §		
From: \$ 10 , 35 To (Optional): \$		From: \$	*	To (Optiona	al): \$	*
2. Per: (Choose only one) * Hour]Week □ Bi-We	ekly Mon	h 🔲 Year	Piece Ra	te	•
2a. If Piece Rate is indicated in question 2, N/A			•			
Additional Wage Information (e.g., multiple of necessary, add attachment to continue of the continue of t	e worksite applicat and complete desc	tions, itinerant cription. §	work, or oth	ner special prod	edure	es).
Wage Offer Equals or Exceeds Prevailing effective April 24, 2013.	g Wage Based o	n Methodolog	y Publish	ed in the Inter	im Fi	nal Rule
H. Recruitment Information	***************************************	***************************************			The Serve Sive	00000000000000000000000000000000000000
Name of State Workforce Agency (SWA) s SC WORKS / CHARLESTON CENTER	serving the area of	intended emp	loyment *			
2. SWA job order identification number *	2a. Start date of	SWA job orde	г*	2b. End date of SWA job order (In H-2A this date is 50% of contract per		
568950	11/01/2013			11/12/2013		ar boridinar portou,
3. Is there a Sunday edition of a newspaper intended employment? *	(of general circula	tion) in the are	a of	Yes		No
				AND THE PROPERTY OF THE PARTY O		
Name of Newspaper/Publication (in area	of intended employmer	nt for H-28 only) *		Dates of Prin	Adve	rtisement §
4. THE POST AND COURIER	of intended employmen	nt for H-28 only) *	From: 11/03/201		To:	rtisement § 1/2013
4. THE POST AND COURIER 5. N/A			11/03/201 From:	3	To: 11/04 To:	1/2013
4. THE POST AND COURIER	program. Use the	e space below	11/03/201 From: to identify the	3 he type(s) or so	To: 11/04 To: ource(s	1/2013
4. THE POST AND COURIER 5. N/A 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify the	3 he type(s) or so	To: 11/04 To: ource(s	1/2013
4. THE POST AND COURIER 5. N/A 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify the	3 he type(s) or so	To: 11/04 To: ource(s	1/2013

FOR DEPARTMENT OF LABOR USE ONLY

Case Status: Partial Certification Validity Period: 03/01/2014 to 11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

I. Declaration of Employer and Attorney/Agent		
• • • • • • •	ad take ad dhead the city of the feet and the city of	
In accordance with Federal regulations, the employer mu- as a condition for receiving a temporary labor certification		
Appendix A or Appendix B will be considered incomplete		
center.		
1. For H-2A Applications ONLY, please confirm that yo	u have read and agree to all the	
applicable terms, assurances and obligations contained	I in Appendix A. §	Yes No NA
2. For H-2B Applications ONLY, please confirm that yo	u have read and agree to all the	TYes TNo TN/A
applicable terms, assurances and obligations contained	in Appendix B. §	Yes No N/A
440000-1000-1000-1000-1000-1000-1000-10	ra mara anusan na silana sa an mahaberimingan mbahiginishiyan ma samaka kana kerindan halipidan yakan pikana ki kidan saminnishinan misida mbahidi sida bida bida bida bida bida bida bida b	2 0
J. Preparer		
Complete this section if the preparer of this application is		r Section D (employer
point of contact) or E (attorney or agent) of this application	٦.	
1. Last (family) name §	2. First (given) name §	3. Middle initial §
N/A	N/A	N/A
4. Job Title §		7 77 7
N/A		
5. Firm/Business name §		
5. I minudameas name y		
N/A		
6, E-Mail address §		
N/A		
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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 amen	ded. I hereby certify that
there are not sufficient U.S. workers available and the em		
conditions of workers in the U.S. similarly employed. By v		
acknowledges the following:		
This certification is valid from03/01/2014	toto	
William L. Culson		
numand unson	12/03/2013	
Department of Labor, Office of Foreign Labor Certificati	on Determination Date	e (date signed)
H-400-13318-550100	Partial Certificati	าก
Case number	Case Status	VII
	and the contract of the contra	ja kjamigringipoja Maina kiloji okuda arriki di Mirioji aryu kianta gidan dipian va kyroti Mirio Kili (1809 Midd
L. Public Burden Statement (1205-0509)		
Persons are not required to respond to this collection of informati	ion 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 review the data needed, and completing and reviewing the collection of		
obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C.	1101, et seq.). Please send comments regarding the	is burden estimate or any
other aspect of this information collection to the Office of Foreign	Labor Certification * U.S. Department of Labor * Re	oom C4312 * 200
Constitution Ave., NW, * Washington, DC * 20210 or by email ET to this address.	A.OFLC.Forms@dol.gov. Please do not send the	completed application
THE TELEVISION WHITE OF STATES		
ETA FORTR 9142B FOR DEPARTMENT O	F LABOR USE ONLY	Page 6 of 8
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H-2B Application for Temporary Employment Certification ETA Form 9142B U.S. Department of Labor



ADDENDUM

ADDENDUM SECTION B.9: Additional Notes Regarding Statement of Temporary Need

We are experiencing an increase in corporate business as many companies come to our resort for off-site meeting. We are also fortunate to be a vacation destination for many families.

With these business demands, we continue to face the reality of inadequate staffing for our busy months of the year. This creates a negative impact on the experience we are able to provide to our guests during our peak season, as it impedes our capability to deliver the highest quality of products and services.

The resort has a need for employees to fill the position of Cook. Although our resort is open to guests year round, the peak demand is from March through the end of November. For instance, our average occupancy from December. February during the fiscal year 2012 was 18% compared to 48% during the period of March through November. This trend has continued through fiscal year 2013 evidencing a 141% increase in occupancy during the peak season. We produce 341% higher revenue during our peak-load season. The higher room rates and greater occupancy that increase our revenue call for the utmost in guest service. Therefore, it is essential for us to have the appropriate staff to deter to our guests. For instance, our staffing history through 2013 reflects that during our busy months, we have an average of 105 Cooks compared to 52 during our off-season.

Despite extensive efforts to recruit, we still encounter difficulty hiring the additional staff needed to serve our guests during our prime business season, and our experience with employee shortages is a recurring event. In striving to meet the demands for staffing, we continue to exhaust every available resource: we advertise in local newspepers and on the Resort website, we participate in local, statewide and national career fairs, we encourage interest through our employee referral program, we submit a job openings notice with our local branch of the South Carolina Department of Employment and Workforce in neighboring Charleston, SC, and we communicate opportunities to the Division of Social Services. Yet, we still fall short in recruiting the necessary associates to ensure excellence in service delivery and meeting the expectations of our guests, owners and fellow workers.

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ADDENDUM

ADDENDUM SECTION H.6: Additional Notes Regarding Recruitment Information

In addition to our advertisement in The Post and Courier, South Carolina's targest daily newspaper, advertisement was fisted on The Post and Courier's website. We also contacted The South Carolina Department of Employment and Workforce to get contact information on individuals that were referred by The Charleston Workforce Center. Even though these individuals may not have contacted us, we attempted contact through the Workforce Center Message Center, telephone and mail.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name N/A	2. First (given) name N/A	Middle initial N/A	
Firm/Business name N/A	MMM and a second a		
5. E-Mail address N/A	Will West 1.1.		
6. Signature		7. Date signed	

B. Employer Declaration

By virtue of my signature below, i HEREBY CERTIFY the following conditions of employment:

- The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispule involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the emptoyer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

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H-2B Application for Temporary Employment Certification



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- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).

Last (family) name BOZARD	First (given) name JENNIFER	3. Middle initial L
4. Title DIRECTOR HUMAN RESOURCES		
5. Signature		6. Date signed

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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Please read and review the filing instructions carefully before completing the ETA Form 9142B. 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, https://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, https://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 extensive of the foreignlaborcert.doleta.gov/. In accordance with Federal Regulations, incomplete or obviously inaccurate applications will not be certified by the Section (%) and the foreignlaborcert.doleta.gov/

Worker positions needed/basis for the visa classification supported by this applic 14 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 a. New employment * 0 b. Continuation of previously approved employment * without change with the same employer 0 c. Change in previously approved employment * Nature of Temporary Need: (Choose only one of the standards) *	tended Employment 6. End Date * 11/30/2014 (mm/dd/yyyy) ation
SOC (ONET/OES) code * 3. SOC (ONET/OES) occupation title * 5-2021 Food Preparation Workers Is this a full-time position? * Period of Int Worker positions needed/basis for the visa classification supported by this applic 14 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 (indicate the total workers in each applicable category based on the total workers identified 0 14 a. New employment * 0 b. Continuation of previously approved employment * without change with the same employer 0 c. Change in previously approved employment * Nature of Temporary Need: (Choose only one of the standards) * Seasonal Peakload One-Time Occurrence Intermitten Statement of Temporary Need *	6. End Date * 11/30/2014 ation f above) d. New concurrent employmen e. Change in employer * f. Amended petition *
SOC (ONET/OES) code * 3. SOC (ONET/OES) occupation title * 5-2021 Food Preparation Workers Is this a full-time position? * Yes No 5. Begin Date * 03/01/2014 Worker positions needed/basis for the visa classification supported by this applic 14 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 14 a. New employment * 0 b. Continuation of previously approved employment * without change with the same employer 0 c. Change in previously approved employment * Nature of Temporary Need: (Choose only one of the standards) * Seasonal Peakload One-Time Occurrence Intermitten	6. End Date * 11/30/2014 ation f above) d. New concurrent employmen e. Change in employer * f. Amended petition *
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Worker positions needed/basis for the visa classification supported by this applic 14 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 a. New employment * 0 b. Continuation of previously approved employment * without change with the same employer 0 c. Change in previously approved employment * Nature of Temporary Need: (Choose only one of the standards) * Seasonal Peakload One-Time Occurrence Intermitten Statement of Temporary Need *	d above) d. New concurrent employmen e. Change in employer * f. Amended petition *
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14 a. New employment * 0 0	d. New concurrent employment e. Change in employer * f. Amended petition *
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without change with the same employer 0	f. Amended petition *
Nature of Temporary Need: (Choose only one of the standards) * Seasonal Peakload One-Time Occurrence Intermitten Statement of Temporary Need *	MANUFACTURE CONTRACTOR
Seasonal Peakload One-Time Occurrence Intermitten Statement of Temporary Need *	nt or Other Temporary Need
Statement of Temporary Need *	it of Other Temporary Need

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Legal business name *
KIAWAH ISLAND INN COMPANY LLC

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.

2. Trade name/Doing Business As (DBA), if app KIAWAH ISLAND GOLF RESORT	licable		
3. Address 1 * ONE SANCTUARY BEACH DRIVE			
4. Address 2 N/A			
5. City * KIAWAH ISLAND		6. State *	7. Postal code * 29455
8. Country * UNITED STATES OF AMERICA		9. Province N/A	
10. Telephone number * 843-768-2700		11. Extension N/A	
12. Federal Employer Identification Number (FE	IN from IRS) *	13. NAICS code (must b 721110	pe at least 4-digits) *
14. Number of non-family full-time equivalent en	nployees	15. Annual gross reven \$□	ue 16. Year established 1975
Type of employer application (choose only one Individual Employer H-2A Labor Contractor or Job Contractor D. Employer Point of Contact Information Important Note: The information contained in this Set the employer in labor certification matters. The inform Section E, unless the attorney is an employee of the employer under the H-2A program, enter only the coras joint employer) under the application.	As A	n <u>must be different</u> from the a	er (H-2A only) nt (H-2A only) er who is authorized to act on behalf of gent or attorney information listed in ons filed on behalf of more than one
Contact's last (family) name * BOZARD	First (given) r JENNIFER	name * 3	. Middle name(s) *
4. Contact's job title * DIRECTOR HUMAN RESOURCES			
5. Address 1 * ONE SANCTUARY BEACH DRIVE			
6. Address 2 N/A			
KIAWAH ISLAND			. Postal code * 9455
10. Country * UNITED STATES OF AMERICA		11. Province N/A	
12. Telephone number * 843-768-2803	13. Extension N/A	14. E-Mail address JENNIFER_BOZARD	@KIAWAHRESORT.COM

FOR DEPARTMENT OF LABOR USE ONLY

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Validity Period: 03/01/2014

to 11/30/2014

Case Number: H-400-13318-008472

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U.S. Department of Labor

. Attorney or Agent Information (f applicable)							
Is/are the employer(s) represent (including essentiations entire as as	ed by an attom	ey or agent in	n the filing of	f this application	n E *	Y	es	√ No
(including associations acting as ag 2. Attorney or Agent's last (family)		1-2A program . First (given				name(s)	8	-
) Halle S	N/		Herrio(e)	ď	
N/A	I NA	<u> </u>						
5. Address 1 § N∕A								
6. Address 2 N/A						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None Thanks	
7. City § N/A			8. Stat	eş	9. Po	stal code	\$	
10. Country § N/A	A Miller		11. Pro N/A	ovince				
12. Telephone number §	13. Ex	tension	14, E-I	Mail address				
N/A	N/A		N/A					
15. Law firm/Business name §		2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16. Law firm/l	Business	FEIN §		······································
N/A				N/A		*		
17. State Bar number (only if attorned	y) §			tate of highest c		re attorne	y is in	good
N/A			standi N/A	ng (only if attorne	y) §			
19. Name of the highest court whe	re attorney is in	good standi	ng (only if atte	orney) §	- Constitution			
N/A	•	•	-					
Job Offer Information a. Job Description 1. Job Title * KITCHEN HELPER		· ····································			······································		,	<u></u>
2. Number of hours of work per wee	3 P		3 Hours	Vork Schedule *				
Basic *: 40 Overtime			-	mm): 8 : 0	D M	(h:mm); <u>4</u>	0	i
·····								
Does this position supervise the			Yes ✓ N		supervise	(if applic	able)	
Job duties – A description of the to continue and complete descri		erformed MU	ST begin in	this space. If ne	cessary,	add attac	hmen	it
SEE ADDENDUM	,							
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	international desiration of the second secon						Page 3 of	18
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F. Job Offer Information (continued)						
b. Minimum Job Requirements						
Education: minimum U.S. diploma/degree required *	111111111111111111111111111111111111111	7				
☑None ☐ High School/GED ☐ Associate's ☐ Bachelor	's Master's Doctorate (P	hD) 🗆 01	her d	earee (J	D. MC	D. etc.)
1a. If "Other degree" in question 1, specify the diploma/	1b. Indicate the major(s) and	d/or field(s) of s	tudy req	uired	
degree required §	(May list more than one related	major and r	nore t	han one f	ield)	
N/A	N/A					
2. Does the employer require a second U.S. diploma/degr				Yes	Toronto and the same	Vo.
2a. If "Yes" in question 2, indicate the second U.S. diplom	a/degree and the major(s) and/	or field(s)	of stu	udy requ	ired §	
N/A						
3. Is training for the job opportunity required? *				Yes	✓ N	10
3a. If "Yes" in question 3, specify the number of	3b. Indicate the field(s)/name					
months of training required \$ N/A	(May list more than one related find)	eio ano inc	re ina	ın one typ	ie)	
	IWA					
4. Is employment experience required? *				Yes	√ N	10
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation r	equirea §				
N/A	N/A					
5. Special Requirements - List specific skills, licenses/certi	fications, and requirements of t	he job opj	ortur	nity, *		
All applicants must be able to complete an employme	nt application.					
To the second se						
c. Place of Employment Information						
1. Worksite address 1.* ONE SANCTUARY BEACH DRIVE						
2. Address 2		VIWIL		,		vwiiii
N/A 3. City *		ounty *	······································		·····	
KIAWAH ISLAND		RLESTO	M			
5. State/District/Territory *	294	ostal cod 55-5434	9 ^			
7. Will work be performed in multiple worksites within an a employment or a location(s) other than the address liste		es 🔽	lo			
7a. If Yes in question 7, identify the geographic place(s) of	employment with as much spe	ecificity as	poss	ible. If r	necess	sary,
submit an attachment to continue and complete a listin	g of all anticipated worksites. §					
N/A						
THE CONTROL OF THE CO						
ETA FORM 9142B FOR DEPARTMENT OF L.	AROP USE ONLY			Page	4 of 8	

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ETA Form 9142B

Case Number: H-400-13318-008472

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

G. Rate of Pay							
Basic Rate of Pay Offered *		1a. Overtíme	Rate of Pa	ay (if applic	able) §		
From: \$ 9 .61 To (Optional); \$		From: \$	*	To (C	ptiona	l): \$	*
2. Per: (Choose only one) * Hour	Week Bi-We			Pie	ce Rate)	
2a. If Piece Rate is indicated in question 2, s	specify the wage o	offer requireme	nts: §				
Additional Wage Information (e.g., multipl If necessary, add attachment to continue			work, or oth	ner speci	al proc	edure	es).
Wage Offer Equals or Exceeds Prevailing effective April 24, 2013 N/A	g Wage Based o	n Methodolog	gy Publish	ed in the	e Interi	m Fi	nal Rule
H. Recruitment Information	e de la cambrado esta 1900,000 de constituir a cambra de mentro e activo es apo	народобрадова и Осторий и объемпарова под	ec a tonorom/wysyllapapapapasanyane anton	el La liber de mileral est e malaba a assas a que	nde halveen jaar van die fande verwen	ofeten Communication (gas	HERONOLINA BISAN BISAN BISAN BISAN PENDENGAN PENDENGAN PENDESIA PENDESIA
Name of State Workforce Agency (SWA) s SC WORKS / CHARLESTON CENTER	serving the area of	f intended emp	loyment *				
2. SWA job order identification number *	2a. Start date of	f SWA job orde	r*				/A job order *
568970	11/01/2013				n H-2A this date is 50% of contract per 1/12/2013		s or cormact period)
3. Is there a Sunday edition of a newspaper	(of general circula	tion) in the are	a of		Yes		No
intended employment? *				٧	105		
intended employment? * Name of Newspaper/Publication (in area	of intended employme	nt for H-28 only) •		Dates of	<u> </u>	Adve	ertisement §
4	of intended employme	nt for H-28 only) *	From: 11/03/201		f Print	To:	
Name of Newspaper/Publication (in area	of intended employme	nt for H-2B only) *	From: 11/03/201 From:		of Print	To:	ertisement §
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5.	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,
Name of Newspaper/Publication (in area 4. THE POST & COURIER 5. n/a 6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *	program. Use the	e space below	11/03/201 From: to identify t	3 he type(s	of Print of or so	To: 11/04 To: urce(ertisement § 4/2013 (s) of recruitment,

FOR DEPARTMENT OF LABOR USE ONLY

Case Status: Full Certification Validity Period: 03/01/2014 to 11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

I. Declaration of Employer and Attorney/Agent		
In accordance with Federal regulations, the employer mu as a condition for receiving a temporary labor certification Appendix A or Appendix B will be considered incomplete	from the U.S. Department of Labor. Apr	olications that fail to attach
center.		
For H-2A Applications ONLY, please confirm that yo applicable terms, assurances and obligations contained	l in Appendix A. §	Yes No N/A
For H-2B Applications ONLY, please confirm that yo applicable terms, assurances and obligations contained.		Yes No N/A
disclassin in the major page 1000000000000000000000000000000000000	160-150-150-150-150-150-150-150-150-150-15	от и замент упраточно до полосной ученива мето запроченосной в ставит выводили обратов в подосносно чности
J. Preparer	a name at her than the are identified in s	oither Section D (employer
Complete this section if the preparer of this application is point of contact) or E (attorney or agent) of this application		sidiei Section D (employer
1. Last (family) name §	2. First (given) name §	3. Middle initial §
N/A	N/A	N/A
4. Job Title § N/A		
5. Firm/Business name §	The second secon	
or initial desiration of		
N/A		
6. E-Mail address §		
there are not sufficient U.S. workers available and the emconditions of workers in the U.S. similarly employed. By acknowledges the following: This certification is valid from03/01/2014	virtue of the signature below, the Departmto	ent of Labor hereby
1. B D 1		
William L. Culson	12/11/2013	
Department of Labor, Office of Foreign Labor Certificati	on Determination	Date (date signed)
H-400-13318-008472		
Case number	Full Certificat Case Status	ion
	a voi a desti ten na production a manadant ta advir ingring production destination destina	On may pay and may may make the latter of
L. Public Burden Statement (1205-0509)		
Persons are not required to respond to this collection of informat burden for this collection of information is estimated to average 1 information collection requirements, including the time for review the data needed, and completing and reviewing the collection of obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. other aspect of this information collection to the Office of Foreign Constitution Ave., NW, * Washington, DC * 20210 or by email ET to this address.	.5 hours to complete the form and 25 minutes ing instructions, searching existing data source information. The obligation to respond to this 1101, et seq.). Please send comments regard Labor Certification * U.S. Department of Labor	per response for all other H-2B es, gathering and maintaining data collection is required to ing this burden estimate or any r*Room C4312*200
ETA FORM 9142B FOR DEPARTMENT O	F LABOR USE ONLY	Page 6 of 8
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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

ADDENDUM

ADDENDUM SECTION B.9: Additional Notes Regarding Statement of Temporary Need

Kiawah Island Golf Resort provides guest accommodations, which include our Forbes 5 Star and AAA 5 Diamond, 255-room luxury hotel and spa, The Sanctuary, and 525 homes and villas. We are also proud to have 5 championship golf courses, including the famed Ocean Course (rated #1 U.S. Golf Resort by Travel & Leisure Magazine), and award-winning recreation (rated #1 U.S. Family Resort by Travel & Leisure Magazine), and award-winning recreation (rated #1 U.S. Family Resort by Travel & Leisure Magazine), and conference facilities. All of these wonderful amenities are tocated on a barrier island gracing 18 miles of uninterrupted, windswept beach near Charleston, South Carolina. Charleston was recently rated the #1 travel destination by Conde Nast Traveler Magazine.

We are experiencing an increase in corporate business as many companies come to our resort for off-site meeting. We are also fortunate to be a vacation destination for many tamifies.

With these business demands, we continue to face the reality of inadequata staffing for our busy months of the year. This creates a negative impact on the experience we are able to provide to our guests during our peak season, as it impedes our capability to deliver the highest quality of products and services.

The resort has a need for employees to fill the position of Kitchen Helper. Allhough our resort is open to guests year round, the peak demand is from March through the end of November. For instance, our average occupancy from December. February during the fiscal year 2012 was 18% compared to 48% during the period of March through November. This trend has continued through fiscal year 2013 evidencing a 141% increase in occupancy during the peak season. We produce 341% higher revenue during our peak-load season. The higher room rates and greater occupancy that increase our revenue call for the utmost in guest service. Therefore, it is essential for us to have the appropriate staff to cater to our guests. For instance, our staffing history through 2013 reflects that during our busy months, we have an average of 25 Kitchen Helpers compared to 11 during our off-season.

Despite extensive efforts to recruit, we still encounter difficulty hiring the additional staff needed to serve our guests during our prime business season, and our experience with employee shortages is a recurring event. In striving to meet the demands for staffing, we continue to exhaust every available resource; we advertise in local newspapers and on the Resort website, we participate in local statewide and national career fairs, we encourage interest through our employee referral program, we submit a job openings notice with our local branch of the South Carolina Department of Employment and Workforce in neighboring Charleston, SC, and we communicate opportunities to the Division of Social Services. Yet, we still tall short in recruiting the necessary associates to ensure excellence in service delivery and meeting the necessary associates to ensure excellence in service delivery and meeting the necessary associates to ensure excellence in service delivery and meeting the necessary associates to ensure excellence in service delivery and meeting the necessary associates.

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ADDENDUM

ETA Form 9142 B

Section F question 3 - Hourly Work Schedule:

Rotating Shifts, 6:00 am - 2:00 pm, 8:00 am - 4:00 pm, 3:00 pm - 11:00 pm, 11:00 pm - 7:00 am. 5 days /week, including holidays and weekends.

Section F question 5 - Job Duties:

To assist kitchen staff with the daily operations. Duties include washing, slicing, chopping, mixing, and storing of food products. Maintain supply of dishes, bowls, cooking utensils, and condiments. Portioning, plating, and expediting food service. Cleaning of the kitchen including washing dishes, silver, stainless, pots and pans, and kitchen equipment, and washing floors.

Note: This information was included in Section F when completing form on-line, however it did not show when we printed form. We are including as an attachment to make sure you have requested information.

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

ADDENDUM

ADDENDUM SECTION H.6: Additional Notes Regarding Recruitment Information

In addition to our advertisement in The Post and Courier, South Carolina's largest daily newspaper, advertisement was listed on The Post and Courier's website. We also contacted The South Carolina Department of Employment and Workforce to get contact information on individuals that were referred by The Charleston Workforce Center. Even though these individuals may not have contacted us, we attempted contact through the Workforce Center Message Center, telephone and mail.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attomey or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name N/A	2. First (given) name N/A	3. Middle initial
4. Firm/Business name		
N/A		
5. E-Mail address N/A		
6. Signature	WH.	7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws;
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee tor any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowlingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name	2. First (given) name	3. Middle initial
BOZARD	JENNIFER	L
4. Title		
DIRECTOR HUMAN RESOUR	RCES	
5. Signature	W	6. Date signed

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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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 9142B. 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, https://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, https://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.

Employment-Based Nonimmigrant Vi	sa Information			
Indicate the type of visa classification	supported by this application	n (Write classifica	tion symbol): *	H-2B
Temporary Need Information	·			
1. Job Title *SERVER				
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occ	cupation title *		***************************************
5-3031	Waiters and Waitresse	ş		
. Is this a full-time position? *			ended Employmei	
Yes No	5. Begin Date * 03/01/2 (mm/dd/yyyy)	014	6. End Date * (mm/dd/yyyy)	11/30/2014
. Worker positions needed/basis for the	visa classification supporte	d by this applica	ation	
60 Total Worker Positions B	eing Requested for Certifi	cation *		
Basis for the visa classification suppor (indicate the total workers in each applicab		vorkers identified	above)	
a. New employment *		0	d. New concurren	t employment *
b. Continuation of previous without change with the s		0	e. Change in emp	loyer*
0 c. Change in previously ap	proved employment *	0	f. Amended petition	on *
Nature of Temporary Need: (Choose o	nly one of the standards) * One-Time Occurrence	Intermittent	or Other Tempora	ry Need
. Statement of Temporary Need *				
EE ADDENDUM				
A WANTED TO THE STATE OF THE ST				
TA Form 9142B FOR	DEPARTMENT OF LABOR U	SE ONLY		Page 1 of 7
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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

C	Emp	lover	Inform	ation

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 math 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.

worker positions needed, under the application.				
Legal business name * KIAWAH ISLAND INN COMPANY LLC		A CONTRACTOR OF THE PROPERTY O		
Trade name/Doing Business As (DBA), if app KIAWAH ISLAND GOLF RESORT	licable			
3. Address 1 * ONE SANCTUARY BEACH DRIVE	, , , , , , , , , , , , , , , , , , ,			
4. Address 2 N/A	44M-1			
5. City * KIAWAH ISLAND		6. State * SC	7. 294	Postal code * 55
8. Country * UNITED STATES OF AMERICA		9. Province N/A		
10. Telephone number * 843-768-2700		11. Extension N/A		
12. Federal Employer Identification Number (FEI	N from IR5) *	13. NAICS code (must t 721110	e at le	east 4-digits) *
14. Number of non-family full-time equivalent em	nployees	15. Annual gross reven \$□		16. Year established 1975
Individual Employer H-2A Labor Contractor or Job Contractor D. Employer Point of Contact Information Important Note: The information contained in this Se the employer in labor certification matters. The inform Section E, unless the attorney is an employee of the employer under the H-2A program, enter only the con as joint employer) under the application.	ction must be that of	must be different from the a	er (H- nt (H- er who igent o	2A only) 2A only) is authorized to act on behalf of r attorney information listed in d on behalf of more than one
Contact's last (family) name *	2. First (given) r	name * 3	. Mid	dle name(s) *
BOZARD	JENNIFER	L		
4. Contact's job title * DIRECTOR HUMAN RESOURCES				
5. Address 1 * ONE SANCTUARY BEACH DRIVE				
6. Address 2 N/A				
KIAWAH ISLAND		8. State * SC 2	Pos 9455	stal code *
10 Country * UNITEO STATES OF AMERICA		11 Province		
12. Telephone number * 843-768-2803	13. Extension N/A	14. E-Mail address JENNIFER_BOZARD	@KI/	AWAHRESORT.COM
			ALTE ANNELS E	

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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

 Is/are the employer(s) represent (including associations acting as ac 2. Attorney or Agent's last (family) N/A 	gent under t	omey or agent II				[
Attorney or Agent's last (family)		ne H-ZA program	n)? If "Yes" o	inis application omplete Section	n E. *		Yes	√ No
* * *	name §	3. First (given			Middle	name(s) §	
	•	N/A		N/A	Α			
5. Address 1 § I/A		and a summing of the summer of	* HINTY THE EAST OF THE PARKET					
6. Address 2 V/A							****************	
7. City §	VIII 13 10 10 10 10 10 10 10 10 10 10 10 10 10	****	8. State	§	9. Po:	stal cod	e §	
10. Country §	PAPOONOMINI BPA MANAGAMA		11. Prov	/ince	1		***************************************	
12. Telephone number §	13.	Extension		ail address		······································	***************************************	
V/A	N/A		N/A					
15. Law firm/Business name §		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		16. Law firm/E	Business	FEIN §		
I/A			***************************************	N/A	<u></u>			
17. State Bar number (only if attorn N/A	ey) §	3009	standin	ate of highest co g (only if attorne)		re attor	ney is i	n good
		In in an art Account	N/A	> 8	***************************************			
 Name of the highest court who 	ere attorney	is in good standi	ng (only if attor	ney) §				
V/A								
a. Job Description 1. Job Title * SERVER								
2. Number of hours of work per we	ek		3. Hourly Wo	ork Schedule *			·····	
Basic *: 40 Overtime			-	n): <u>8</u> : <u>0</u>	P.M. (h:mm):	4 :	0
4. Does this position supervise the	work of oth	er employees?	Yes 🗸 No	4a. If yes, n worker will s) §
5. Job duties - A description of the		e performed MU	***************************************		cessary,	add att	achme	nt
to continue and complete descr	iption. *							
SEE ADDENDUM								

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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

Job Offer Information (continued)		
b. Minimum Job Requirements		
1. Education: minimum U.S. diploma/degree required	*	
☑None ☐ High School/GED ☐ Associate's ☐ Back	helor's Master's Do	ctorate (PhD) Other degree (JD, MD, etc.)
1a. If "Other degree" in question 1, specify the diplom degree required §	a/ 1b. Indicate the m	ajor(s) and/or field(s) of study required § ne related major and more than one field)
N/A	N/A	
2. Does the employer require a second U.S. diploma/	/degree? *	Yes ✓ No
2a. If "Yes" in question 2, Indicate the second U.S. dig	ploma/degree and the ma	or(s) and/or field(s) of study required §
N/A		
3. Is training for the job opportunity required? *	<u> </u>	Yes 🗸 No
3a. If "Yes" in question 3, specify the number of months of training required §		ld(s)/name(s) of training required \$ ne related field and more than one type)
N/A	N/A	
Is employment experience required? *	***************************************	Yes ✓ No
4a. If "Yes" in question 4, specify the number of	4b. Indicate the oc	cupation required §
months of experience required \$ N/A	N/A	
5. Special Requirements - List specific skills, licenses/	/certifications, and require	ments of the job opportunity. *
c. Place of Employment Information		
Worksite address 1* ONE SANCTUARY BEACH DRIVE		
2. Address 2 N/A		
3. City *		4. County*
KIAWAH ISLAND		CHARLESTON
5. State/District/Territory * SC	104	6. Postal code * 29455-5434
Will work be performed in multiple worksites within employment or a location(s) other than the address	s listed above? *	☐Yes ✔No
7a. If Yes in question 7, identify the geographic place submit an attachment to <u>continue and complete</u> a		
N/A		
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Case Number: H-400-13318-150259

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

2 Per: (Choose only one) *							
2 Per: (Choose only one) *	Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	y (if applicable	§	3
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A 3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to continue and complete description. \$ Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013. N/A Recruitment Information 1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number * 2a. Start date of SWA job order * (In H-24 this date is 50% of contract period) 11/12/2013 3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-28 only) * Name of Newspaper/Publication (in area of intended employment for H-28 only) * From: To: To: 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *		·	From: \$		To (Optio	onal): \$	
N/A 3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to continue and complete description. Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013. N/A Recruitment Information 1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number * 2. SWA job order identification number * 2. SWA job order identification number * 3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-28 only) * Name of Newspaper/Publication (in area of intended employment for H-28 only) * To: 11/03/2013 To: 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	✓ Hour L				Piece	Rate	
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geographic location(s) of recruitment, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *	5. N/A						
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	geographic location(s) of recruitment, and				ucted. If nec	essai y	, add attachment
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FOR DEPARTMENT OF LABOR USE ONLY

Case Status: Full Certification Validity Period: 03/01/2014 to 11/30/2014

Case Number: <u>H-400-13318-150259</u>

H-2B Application for Temporary Employment Certification ETA Form 9142B



10 11/30/2014

U.S. Department of Labor

	Q.Q. W.	oparano.					
Declaration of Employer and A	ttornev/Agent						
In accordance with Federal regula as a condition for receiving a temp Appendix A or Appendix B will be center.	tions, the employer must porary labor certification	from the L	J.S. Departmen	t of Labor. Ar	plications	that fail t	o attach
For H-2A Applications ONLY, applicable terms, assurances an				all the	Ye	s No	N/
For H-2B Applications ONLY, applicable terms, assurances an				all the	Yes	s No)N/
J. Preparer Complete this section if the prepare point of contact) or E (attorney or a			her than the on	e identified in	either Sec	ction D (e	mployer
1. Last (family) name §		2. First (g	iven) name §			3. Midd	e initial §
N/A	OCCUMENTAL	N/A				N/A	
4. Job Title § N/A			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5. Firm/Business name §			y vyv v At II		www.t.		*****
N/A					W		
6. E-Mail address § N/A							
conditions of workers in the U.S. si acknowledges the following:	milarly employed. By v	irtue of the	signature pelov	w, the Depart	nent of La	ipor nerei	oy
This certification is valid from	03/01/2014	to	11/30/2014	· · · · · · · · · · · · · · · · · · ·			
William L. Culson	gë.			12/11/2013			
Department of Labor, Office of F	oreign Labor Certification	on	i	Determination	Date (dat	te signed)
H-400-13318-150259				Full Certifica	tion		
Case number		_		Case Status	313613		
Public Burden Statement (12	05-0509)	II i de-glisode ine tonobalis librille i i i r andill	er lane abreji di didika di di serim jerim yang menengenji projekti di selah di	Cardo Carlo Anno Residente de Compositorio de Carlo Ca	200000000000000000000000000000000000000		
Persons are not required to respond to burden for this collection of information information collection requirements, inche data needed, and completing and robtain/retain benefits (Immigration and other aspect of this information collection Constitution Ave., NW, * Washington, Exo this address.	is estimated to average 1. cluding the time for reviewing eviewing the collection of in Nationality Act, 8 U.S.C. 1 on to the Office of Foreign	.5 hours to c ng instructio nformation. 101, et seq. Labor Certifi	omplete the form ns, searching exi- The obligation to). Please send or cation * U.S. Dep	and 25 minutes sting data source respond to this symments regard artment of Labo	s per respon ces, gathering data collecting this but or * Room C	nse for all ng and ma ction is req rden estim 24312 * 20	other H-2i intalning uired to ate or any 0
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H-2B Application for Temporary Employment Certification ETA Form 9142B U.S. Department of Labor



ADDENDUM

ADDENDUM SECTION H.6: Additional Notes Regarding Recruitment Information

In addition to our advertisement in The Post and Courier, South Carolina's largest daily newspaper, advertisement was listed on The Post and Courier's website. We also contacted The South Carolina Department of Employment and Workforce to get contact information on individuals that were referred by The Charleston Workforce Center. Even though these individuals may not have contacted us, we attempted contact through the Workforce Center Message Center, telephone and mail.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the Information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name N/A	First (given) name N/A	Middle initial N/A
Firm/Business name N/A	THE	
5. E-Mail address N/A		
6. Signature		7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, satary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the emptoyer is tiable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer witl notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truty and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other emptoyer or at another employer's worksite unless:
 - (i) The emptoyer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other emptoyer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) Alt worksites are tisted on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of tabor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that t have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).

Last (family) name	2. First (given) name	Middle initial
BOZARD	JENNIFER	L
4. Title		
DIRECTOR HUMAN RESOURCES		
5. Signature	HIII W.I.	6. Date signed

Public Burden Statement (1205-0509)

Persons are not required to respond to this collection of Information unless It disptays a currentty 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.). Please send comments regarding this burden estimate or any other aspect of this Information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by emait ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

ETA Form 9142B - Appendix B	FOR DEPARTMENT OF	LABOR USE ONLY	Page B.2 of B.2
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ADDENDUM

ETA Form 9142 B

Section F question 3 - Hourly Work Schedule:

Rotating Shifts, 6:00 am - 2:00 pm, 8:00 am - 4:00 pm, 3:00 pm - 11:00 pm, 11:00 pm - 7:00 am. 5 days /week, including holidays and weekends.

Section F question 5 - Job Duties:

To serve/deliver food and beverage products to resort guests. Assist with the opening/closing of restaurant/food and beverage area; set-up/clean/tear down work station/tables; prepare side work; take guest orders, advise kitchen personnel of items ordered, serve/deliver requested items and present check to guest; and clear table/remove tray from guest room.

Note: This information was included in Section F when completing form on-line, however it did not show when we printed form. We are including as an attachment to make sure you have requested information.

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 9142B. 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.

Employment-Based Nonimmigrant Vi	sa Information			
. Indicate the type of visa classification	supported by this application	(Write classification	n symbol): *	H-2B
Temporary Need Information				
. Job Title *HOUSEPERSON				
SOC (ONET/OES) code *	3. SOC (ONET/OES) occi	pation title *		14
7-2012	Maids and Housekeepir	ng Cleaners		
. Is this a full-time position? *		Period of Inten		
✓ Yes No	5. Begin Date * 03/01/20 (mm/dd/yyyy)	14	6. End Date	11/30/2014
. Worker positions needed/basis for the		by this application		,
75 Total Worker Positions B	leing Requested for Certific	ation *		
Basis for the visa classification support (indicate the total workers in each applicate		orkers identified ab	ove)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
75 a. New employment *		0 d	. New concurr	ent employment *
0 b. Continuation of previous	ly approved employment *	0 6	. Change in er	nployer *
without change with the	same employer			
c. Change in previously ap	proved employment *	0 f	Amended pet	ition *
B. Nature of Temporary Need: (Choose of	· -			
Seasonal ✓ Peakload	One-Time Occurrence	Intermittent o	r Other Tempo	rary Need
Statement of Temporary Need *	er dib let at 1996			
etermination made based on inform	ation on file with the Depa	rtment.		
4.5.11.11.11.11.11.11.11.11.11.11.11.11.1				Page 4 of 7
ETA Form 9142B FOR	DEPARTMENT OF LABOR US	E ONLY		Page 1 of 7
ase Number: ++400-13318-685647	Case Status: Full Certification	Validity Period:	03/01/2014	11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

C	. Е	m	ploy	ver	Info	rma	tion

1. Legal business name *

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.

KIAWAH ISLAND INN COMPANY LL				
2. Trade name/Doing Business As (DBA KIAWAH ISLAND GOLF RESORT), if applicable			
3. Address 1 * ONE SANCTUARY BEACH DRIVE				
4. Address 2 N/A				
5. City * KIAWAH ISLAND		6. State *		Postal code * 455
8. Country * UNITED STATES OF AMERICA		9. Province N/A		
10. Telephone number * 843-768-2700		11. Extension N/A		
12. Federal Employer Identification Num	ber (FEIN from IRS) *	13. NAICS code (mus 721110	t be at	least 4-digits) *
14. Number of non-family full-time equiv	alent employees	15. Annual gross rev	enue	16. Year established 1975
17. Type of employer application (choose	e only one box below) *			
	<i>,</i>	Association - Sole Emplo		
✓ Individual Employer ☐ H-2A Labor Contractor or Job Contractor		Association – Joint Emplo Association – Filing as Ag	yer (H	1-2A only) 1-2A only)
H-2A Labor Contractor or Job Contractor	on in this Section must be that the information in this Section of the employer. For join	of an employee of the emplor must be different from the temployer or master applications.	oyer whe	H-2A only) or is authorized to act on behalf of or attorney information listed in led on behalf of more than one
H-2A Labor Contractor or Job Contractor D. Employer Point of Contact Information Important Note: The information contained the employer in labor certification matters. To Section E, unless the attorney is an employe employer under the H-2A program, enter only	on in this Section must be that the information in this Section of the employer. For join	of an employee of the employen must be different from the temployer or master applicar the main or primary employ	oyer whe agent ations file	H-2A only) or is authorized to act on behalf of or attorney information listed in led on behalf of more than one
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Page 2 of 7

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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

	ed by an attorney or agented the entitle of the ent			E, * Yes V				
2. Attorney or Agent's last (family)				4. Middle name(s) §				
N/A	N/A		N/A					
5. Address 1 § N/A		RACCOLORES SESSESSES SESSESSES SESSESSES SESSESS						
6. Address 2 N/A	100 April 100 Ap	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	THE RESIDENCE OF THE PROPERTY				
7. City § N/A	The state of the s	8. State N/A	\$	9. Postal code §				
D. Country § A		N/A	11. Province N/A					
12. Telephone number §	13. Extension	14, E-M	14. E-Mail address					
N/A	N/A	N/A	N/A					
15. Law firm/Business name §	, , , , , , , , , , , , , , , , , , , ,		16. Law firm/Bu	siness FEIN §				
N/A		200000000000000000000000000000000000000	N/A					
17. State Bar number (only if attorned) y) §			irt where attorney is in good				
N/A		N/A	g (only if attorney)	9				
19. Name of the highest court whe	re attorney is in good stan	nding (only if attor	mey) §	NOTA INCOMPOSES PROCESSOR CONTRACTOR PROCESSOR CONTRACTOR CONTRACT				
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. Job Offer Information								
a. Job Description								
a. Job Description 1. Job Title * HOUSEPERSON		- al accionato - managara managara						
1. Job Title * HOUSEPERSON	ek	3. Hourly Wo	ork Schedule *					
1. Job Title *		_	ork Schedule *	P.M. (h:mm): 4 : 0				
Job Title * HOUSEPERSON Number of hours of work per we-	·	A.M. (h:mi	n): <u>8</u> : <u>0</u> 4a. If yes, nu	P.M. (h:mm): 4 : 0 mber of employees pervise (if applicable) §				
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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

c. Place of Employment Information 1. Worksite address 1 * ONE SANCTUARY BEACH DRIVE 2. Address 2 N/A 3. City * KIAWAH ISLAND 5. State/District/Territory * SC 7. Will work be performed in multiple worksites within a employment or a location(s) other than the address 7a. If Yes in question 7, identify the geographic place(submit an attachment to continue and complete a line).	listed above? * s) of employment with as	4. Count CHARLE 6. Posta 29455 Yes much specifici rksites. §	STON code *		e. If n	ecessary,
1. Worksite address 1 * ONE SANCTUARY BEACH DRIVE 2. Address 2 N/A 3. City * KIAWAH ISLAND 5. State/District/Territory * SC 7. Will work be performed in multiple worksites within a employment or a location(s) other than the address 7a. If Yes in question 7, identify the geographic place(submit an attachment to continue and complete a limited in the sand complete and complete as in the sand complete and complete a	listed above? * s) of employment with as	6. Posta 29455 Yes	STON code *		e. If n	ecessary,
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1. Worksite address 1 * ONE SANCTUARY BEACH DRIVE 2. Address 2 N/A 3. City *		1	-			
Worksite address 1 * ONE SANCTUARY BEACH DRIVE Address 2 N/A		4 Count	V *	44 HHIII AAAA		
Worksite address 1 * ONE SANCTUARY BEACH DRIVE Address 2						

c. Place of Employment Information						
All applicants must be able to complete an employ						
N/A 5. Special Requirements - List specific skills, licenses/c	N/A certifications, and requirer	nents of the io	b oppor	tunity	*	
months of experience required §	2000	apation requi	-0 3			
Is employment experience required? * 4a. If "Yes" in question 4, specify the number of	4b. Indicate the occ	unation requir	ad 8	<u></u>	Yes	√ No
N/A	N/A		3	·····		
months of training required §	(May list more than on					
Is training for the job opportunity required? * If "Yes" in question 3, specify the number of	3b. Indicate the fiel	d(s)/name(s) o	of trainin		Yes uired	√ No §
A CONTRACTOR OF THE CONTRACTOR						71
 If "Yes" In question 2, indicate the second U.S. dipi N/A 	loma/degree and the major	or(s) and/or fie	ld(s) of	study	requi	red §
2. Does the employer require a second U.S. diploma/d				<u> </u>	Yes [√ No
N/A	N/A					
 If "Other degree" in question 1, specify the diploma degree required § 	a/ 1b. Indicate the ma (May list more than or					
						
☑None ☐ High School/GED ☐ Associate's ☐ Bach	•					
	*	······································				

Case Number. H-400-13318-685647

Case Status: Full Certification Validity Period: 03/01/2014

to __11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

18. Overtime Rate of Pay (of applicable) § From: \$ 10	G. Rate of Pay							
2. Per: (Choose only one) * Hour Week Bi-Weekly Month Year Piece Rate 2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A 3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to continue and complete description. \$ "Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013." 4. Recruitment Information 1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number * 2a. Start date of SWA job order * (In H-24 this date is 50% of contract period) 11/12/2013 3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-28 only) * Name of Newspaper/Publication (in area of intended employment for H-28 only) * Prom: To: 11/03/2013 11/04/2013 5. From: To: 11/03/2013 6. Additional Recruitment Activities for H-28 program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	Basic Rate of Pay Offered *		1a, Overtime	Rate of Pa	y (if applic	able) §	7	
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A 3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to continue and complete description. \$ "Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013." 4. Recruitment Information 1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number * 2a. Start date of SWA job order * (in H-2A this date is 50% of contract period) 11/101/2013 3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-28 only) * Dates of Print Advertisement \$ 4. To: 11/03/2013 5. N/A 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	From: \$ 9 . 10 To (Optional): \$	*	From: \$		_ To (C	ptiona	1): \$	
2a. If Piece Rate Is indicated in question 2, specify the wage offer requirements: § N/A 3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to continue and complete description. § "Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013." 1. Recruitment Information 1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number * 2a. Start date of SWA job order * (In H-2A this date is 50% of contract period) 11/12/2013 3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-28 only) * Dates of Print Advertisement § The POST & COURIER 11/03/2013 5. N/A From: To: 11/04/2013 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	2. Per: (Choose only one) *	Week Bi-We	ekly Mont	th Year	· DPie	ce Rat	8	
If necessary, add attachment to continue and complete description. § "Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013." 1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number * 2a. Start date of SWA job order * 2b. End date of SWA job order * (In H-2A this date is 50% of contract period) 11/01/2013 11/01/2013 3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-2B only) * Pates of Print Advertisement § The POST & COURIER 11/03/2013 11/04/2013 5. N/A From: 11/03/2013 11/04/2013 5. N/A 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	2a. If Piece Rate is indicated in question 2, s	pecify the wage o	ffer requireme	nts: §				-
"Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013." 1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number * 2a. Start date of SWA job order * (In H-2A this date is 50% of contract period) 11/01/2013 3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-2B only) * Name of Newspaper/Publication (in area of intended employment for H-2B only) * To: 11/03/2013 11/04/2013 5. N/A 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *				work, or oth	ner speci	al proc	edures).	*************************
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1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number *								
1. Name of State Workforce Agency (SWA) serving the area of intended employment * SC WORKS / CHARLESTON CENTER 2. SWA job order identification number *					:	****		***************************************
SC WORKS / CHARLESTON CENTER 2. SWA job order identification number *	H. Recruitment Information	h-salan birakhilah berlama noorassan on on sasta mornigggaran oo	like anakhilikiyatiya) piratakka kaneenat Marimena Proto	Milderionis Leavingue I Leavingue ericht Albeitein erichte eri	between the second seco		ommodustral (appagate) est illamannation er iller valoria	MARKER ORFOLOGO
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-28 only) * THE POST & COURIER 5. N/A 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	T	erving the area of	intended emp	loyment *		***************************************	~~~	
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? * Name of Newspaper/Publication (in area of intended employment for H-2B only) * Dates of Print Advertisement § 4. From: To: 11/03/2013 11/04/2013 5. N/A 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	2. SWA job order identification number *	2a. Start date of	SWA job orde	r*				
intended employment? * Name of Newspaper/Publication (in area of intended employment for H-28 only) * Dates of Print Advertisement \$ 4. THE POST & COURIER To: 11/03/2013 N/A 6. Additional Recruitment Activities for H-28 program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	568964	11/01/2013			11/12/2	013		
4. THE POST & COURIER 5. N/A 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	intended employment? *			a of	V	<u> </u>		
THE POST & COURIER 5. N/A 6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *	Name of Newspaper/Publication (in area	of intended employme	nt for H-28 only) *		Dates o	f Print		}
 Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. * 					3			
geographic location(s) of recruitment, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *	5. N/A			From:			To:	
SEE ADDENDUM	geographic location(s) of recruitment, and							
	SEE ADDENDUM							
	·							
	£							

Page 5 of 7

Case Number: H-400-13318-685847

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

I. Declaration of Employer and Attorney/Agent						
In accordance with Federal regulations, the employer mu as a condition for receiving a temporary labor certification Appendix A or Appendix B will be considered incomplete center.	from the U.S. Department of Labor. Ap	plicatio	ns th	at fail to	atta	<u>ch</u>
For H-2A Applications ONLY, please confirm that yo applicable terms, assurances and obligations contained			Yes	No		N/A
2. For H-2B Applications ONLY, please confirm that yo applicable terms, assurances and obligations contained		√	Yes	No		N/A
J. Preparer	а зая топовыемого рамо (4.000000000 ублобия», шили и реголого судень мого в бируулуу топоза а инвектрор а мурулг	150FE/F-9400,8000*000	00038200	***************************************	PPENDOCOE	terres contracts
Complete this section if the preparer of this application is a point of contact) or E (attorney or agent) of this application		either (Section	on D (em	ploy	er
1. Last (family) name §	2. First (given) name §		3	. Middle	initia	al §
N/A	N/A		N	I/A		-
4. Job Title § N/A			1			
5. Firm/Business name §		*************************************				
N/A						
6. E-Mail address § N/A				······································		
conditions of workers in the U.S. similarly employed. By vacknowledges the following: This certification is valid from03/01/2014	irtue of the signature below, the Departrice to11/30/2014	ient of	Labo	or hereby	i	
William L. Culson	12/11/2013					
Department of Labor, Office of Foreign Labor Certificati	· · · · · · · · · · · · · · · · · · ·	Date (date	signed)		
H-400-13318-685647	m., 1) A . 425 - 4					
Case number	<u>Full Certifical</u> Case Status	lon				
L. Public Burden Statement (1205-0509)	, way ya ka marakilisan sila ada anda anda ka sa jada ana anyanyan punopisa ada 2006 ilaha kumu mahayan an asabaha hara ka manayan a ka		delaren in energy serial	ig o o or or meaning and green to proper to the party of	меннициць	MICHAEL MARKET CONTROL
Persons are not required to respond to this collection of information burden for this collection of information is estimated to average 1 information collection requirements, including the time for review the data needed, and completing and reviewing the collection of obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. other aspect of this information collection to the Office of Foreign Constitution Ave., NW. * Washington, DC * 20210 or by email ET to this address.	.5 hours to complete the form and 25 minutes ing instructions, searching existing data source information. The obligation to respond to this 1101, et seq.). Please send comments regardi Labor Certification * U.S. Department of Labor	per res es, gath data co ing this r * Roor	iponse nering illection burde m C43	e for all of and mair on is requi on estimat 312 * 200	her h tainir ired to le or a	I-2B ng o any
ETA FORM 9142B FOR DEPARTMENT OF				Page 6 of	7	
Case Number: H-400-13318-685647 Case Status: Full C	Certification Validity Period: 03/01/2014	to	11/30/	2014		

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

ADDENDUM

ADDENDUM SECTION H.6: Additional Notes Regarding Recruitment Information

In addition to our advertisement in The Post and Courier, South Carolina's largest daily newspaper, advertisement was listed on The Post and Courier's website. We also contacted The South Carolina Department of Employment and Workforce to get contact information on individuals that were referred by The Charleston Workforce Center. Even though these individuals may not have contacted us, we attempted contact through the Workforce Center Message Center, telephone and mail.

Page 7 of 7

Case Number: H-400-13318-685647

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



For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowlngly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name N/A	2. First (given) name N/A	3. Middle initial N/A
Firm/Business name N/A		
5. E-Mail address N/A	V 400 L	
6. Signature	W. Carlotte	7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered lerms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 3. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

ETA Form 9142B – Appendix B	FOR DEPARTMENT O	F LABOR USE ONLY			Page B.1 of B.2	
Case Number: H-400-13318-685647	Case Status: r. s O. secure	Period of Employment	03/01/2014	ta	11/30/2014	

H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).

Last (family) name BOZARD	First (given) name JENNIFER	3. Middle initial L		
4. Title DIRECTOR HUMAN RESOURCES				
5. Signature			6. Date signed	

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

ETA Form 9142B - Appendix B	FOR DEPARTMENT OF LA	BOR USE ONLY			Page B.2 of B.2
Case Number: H-400-13318-685647	Case Status: Full Certification	Period of Employment:	03/01/2014	to	11/30/2014

ADDENDUM

ETA Form 9142 B

Section F question 3 - Hourly Work Schedule:

Rotating Shifts, 6:00 am - 2:00 pm, 8:00 am - 4:00 pm, 3:00 pm - 11:00 pm, 11:00 pm - 7:00 am. 5 days /week, including holidays and weekends.

Section F question 5 - Job Dutles:

To maintain Kiawah Island Golf Resort in a clean and orderly manner. Clean guest room accommodations/meeting rooms, halls, and public area spaces; remove, sort, fold, carry, and replace linens; load/unload washers/dryers; make beds; replenish supplies, set up guest room furniture/meeting room furniture, pictures, and amenities according to resort standards; mop and/or vacuum and dust, clean bathrooms, clean and polish mirrors and windows.

Note: This information was included in Section F when completing form on-line, however it did not show when we printed form. We are including as an attachment to make sure you have requested information.

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 9142B. 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

Employment-Based Nonimmigran	t Visa Information			
Indicate the type of visa classificati	on supported by this application	า (Write classificati	on symbol): *	H-2B
Temporary Need Information				
1. Job Title *BELLPERSON				
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occ	cupation title *		
39-6011	Baggage Porters and B	Bellhops		
4. Is this a full-time position? *		Period of Inte	nded Employn	nent
Yes No	5. Begin Date * 03/01/2	014	6. End Date (mm/dd/yyy)	11/30/2014
7. Worker positions needed/basis for		d by this applicat		
9 Total Worker Position	s Being Requested for Certifi	cation *		
Designation vise already attention and	manda di burdhin manificadina			
Basis for the visa classification sup (indicate the total workers in each appli		vorkers identified a	bove)	
9 a. New employment *		0	d. New concur	rent employment *
b. Continuation of previous without change with the	ously approved employment *	0	e. Change in e	mployer *
	approved employment *	0	f. Amended pe	tition *
8. Nature of Temporary Need: (Choos Seasonal Peakload	e only one of the standards) * One-Time Occurrence	Intermittent	or Other Tempo	orany Need
9. Statement of Temporary Need *	Offe-Time Occurrence	mitermittent	or Other Tempe	orary Need
SEE ADDENDUM				
ETA Form 9142B F6	OD DEBARTMENT OF LABOR 15	SE ONLY		Page 1 of 8
•	OR DEPARTMENT OF LABOR US		02/01/2014	44 70 704 4
Case Number: H-400-13318-677136	Case Status: Partial Certification	Validity Period:	US/U1/2014	to 11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

C. 1	Emp	oloyer	Inform	nation

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.

worker positions needed, under the application.						
Legal business name * KIAWAH ISLAND INN COMPANY LLC						
2. Trade name/Doing Business As (DBA), if app KIAWAH ISLAND GOLF RESORT	licable					
3. Address 1 * ONE SANCTUARY BEACH DRIVE						
4. Address 2 N/A						
5. City * KIAWAH ISLAND		6. State * SC	7. F 294	Postal code * 55		
8. Country * UNITED STATES OF AMERICA		9. Province N/A				
10. Telephone number * 843-768-2700		11. Extension N/A				
12. Federal Employer Identification Number (FE	IN from IRS) *	13. NAICS code (must 721110	be at lea	ast 4-digits) *		
14. Number of non-family full-time equivalent er	nployees	15. Annual gross rever \$		16. Year established 1975		
Individual Employer ☐ H-2A Labor Contractor or ☐ Job Contractor						
D. Employer Point of Contact Information Important Note: The information contained in this Se the employer in labor certification matters. The information Section E, unless the attorney is an employee of the employer under the H-2A program, enter only the coras joint employer) under the application.	nation in this Sectior employer. For joint o	n <u>must be different</u> from the a employer or master applicati	agent or ons filed	attorney information listed in do not behalf of more than one		
Contact's last (family) name *	2. First (given) r	name *	3. Midd	dle name(s) *		
BOZARD	JENNIFER	L				
4. Contact's job title * DIRECTOR HUMAN RESOURCES	•					
5. Address 1 * ONE SANCTUARY BEACH DRIVE	•					
6. Address 2 N/A						
ZCitX* KIAWAH ISLAND			9. Post 9455	al code *		
10. Country * UNITED STATES OF AMERICA		11. Province N/A				
12. Telephone number *	13. Extension	14. E-Mail address				
843-768-2803	N/A	JENNIFER_BOZARD	@KIA	WAHRESORT.COM		

ETA Form 9142B	FOR DEPARTMENT OF LABOR USE ONLY		LY		
Case Number: H-400-13318-677136	Case Status: Partial Certification	Validity Period:	03/01/2014	to_	11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

E. Attorney or Agent Information (lf applicable)	· · · · · · · · · · · · · · · · · · ·					
Is/are the employer(s) represent (including associations acting as agont as ago						Yes	No
Attorney or Agent's last (family)		rst (given) nar			dle name(s	s) §	<u> </u>
N/A	N/A		·	N/A			
5. Address 1 § N/A	· · · · · · · · · · · · · · · · · · ·				1.7. 44. 5		
6. Address 2 N/A							
7. City § N/A			8. State §	9.	Postal cod	ie §	
10. Country § N/A			11. Provir V/A	nce			
12. Telephone number §	13. Extens		14. E-Mai	l address			
N/A	N/A		N/A				
15. Law firm/Business name §			1	6. Law firm/Busin	ess FEIN (Ş	
N/A			N	/A			
17. State Bar number (only if attorn	ey) §			of highest court v	vhere attor	ney is	n good
N/A			N/A	(only if attorney) 9			
19. Name of the highest court whe	ere attorney is in go	od standing (o	nly if attorne	y) §			
N/A							
		Wedge 144, Mr 4-2-d Erminningsbyr. 142.	, A. (10	US. ARE ARE AREA OF THE STREET, MANAGEMENT AND AREA	COMMISSION CONTRACTOR		
a. Job Description 1. Job Title * BELLPERSON	·····			A CONTRACTOR AND A STORY			\\\\
2. Number of hours of work per we	ek	3. H	lourly Work	Schedule *	* * * * * * * * * * * * * * * * * * * *		
Basic *: 40 Overtime);	А	.M. (h:mm)	<u>8</u> :0 P.I	M. <i>(h:mm)</i> :	<u>4</u> : _	0
4. Does this position supervise the	work of other emp	loyees? *	s 🗸 No	4a. If yes, number worker will super) §
5. Job duties – A description of the to continue and complete description		rmed MUST be	egin in this	space. If necessa	ary, add at	tachme	ent
SEE ADDENDUM							
		001.00				Page 3	of 8
ETA Form 9142B	FOR DEPARTMENT	OF LABOR USE	ONLY			_	
Case Number: H-400-13318-677136	Case Status: Par	tial Certification	Validity	Period: 03/01/2014	to11/30)/2014	

F. Job Offer Information (continued)

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

b. Minimum Job Requirements					
Education: minimum U.S. diploma/degree required *					
☑None ☐ High School/GED ☐ Associate's ☐ Bachelor	's ☐Master's ☐Doctor	ate (PhD) 🔲 Othe	er degr	ee (JD,	MD, etc.)
1a. If "Other degree" in question 1, specify the diploma/ degree required §	1b. Indicate the major(
N/A	N/A	·			•
2. Does the employer require a second U.S. diploma/degr	ree? *		TY	′es ✓	No
2a. If "Yes" in question 2, indicate the second U.S. diplom) and/or field(s) o	study	require	d §
N/A					
3. Is training for the job opportunity required? *			Y	′es √	No
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s) (May list more than one re				
N/A	N/A				
4. Is employment experience required? *	· · · · · · · · · · · · · · · · · · ·		Y	′es 🗸	No No
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupa	ation required §			
N/A	N/A				
5. Special Requirements - List specific skills, licenses/certi	fications, and requiremen	ts of the job oppo	rtunity.	*	
All applicants must be able to complete an employment	ent application.				
a Place of Employment Information					
c. Place of Employment Information 1. Worksite address 1 * ONE SANCTUARY BEACH DRIVE					
ONE SANCTUARY BEACH DRIVE 2. Address 2					
N/A 3. City *		4 Country			
KIAWAH ISLAND		4. County * CHARLESTON	J		
		6. Postal code			
5. State/District/Territory * SC		29455-5434			
7. Will work be performed in multiple worksites within an a employment or a location(s) other than the address liste		Yes ✓ No			
7a. If Yes in question 7, identify the geographic place(s) o			ossible	. If ned	cessary,
submit an attachment to continue and complete a listin	g of all affilicipated works	ies. g			
N/A					
ETA Form 9142B FOR DEPARTMENT OF L.	ABOR USE ONLY			Page 4 o	f 8

Case Number: <u>H-400-1</u>3318-677136

Case Status: Partial Certification Validity Period: 03/01/2014 to 11/30/2014

Case Number: H-400-13318-677136

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

. Rate of Pay					
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	ay (if applicable) §	
From: \$ <u>8</u> , <u>51</u> To (Optional): \$	**************************************	From: \$	·	_ To (Option	al): \$
2. Per: (Choose only one) *]Week □ Bi-We			Piece Ra	(e
2a. If Piece Rate is indicated in question 2, s N/A		·	*		
 Additional Wage Information (e.g., multipl If necessary, add attachment to continue 	e worksite applicat and complete desc	tions, itinerant cription. §	work, or otl	her special pro	cedures).
Nage Offer Equals or Exceeds Prevailing effective April 24, 2013 N/A	g Wage Based o	n Methodolog	gy Publish	ed in the Inte	rim Final Rule
and the state of t					
	an min melan kentrelikka di merken dilah dilah sebuah melan dilah sebuah melan dilah sebuah melan dilah sebuah		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······································
Recruitment Information			***************************************		
1. Name of State Workforce Agency (SWA) s SC WORKS / CHARLESTON CENTER	serving the area of	intended emp	loyment *		
2. SWA job order identification number *	2a. Start date of	SWA job orde	r*		of SWA job order *
668939	11/01/2013			11/12/2013	is a contract backet.
 Is there a Sunday edition of a newspaper intended employment? * 			a of	√ Yes	No
Name of Newspaper/Publication (in area	of intended employmen	nt for H-2B only) *	FT	Dates of Prin	t Advertisement §
HE POST AND COURIER			From: 11/03/201	3	To: 11/04/2013
5. N/A			From:		То:
 Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. * SEE ADDENDUM 					
ETA FORM 9142B FOR DEPAI	RTMENT OF LABOR	R USE ONLY			Page 5 of 8

Case Status: Partial Certification Validity Period: 03/01/2014 to 11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

I. Declaration of Employer and Attorney/Agent									
In accordance with Federal regulations, the employer mu as a condition for receiving a temporary labor certification	1. For H-2A Applications ONLY, please confirm that you have read and agree to all the								
For H-2A Applications ONLY, please confirm that yo applicable terms, assurances and obligations contained		all the	Yes No N/A						
2. For H-2B Applications ONLY, please confirm that yo applicable terms, assurances and obligations contained		all the	Yes No N/A						
J. Preparer		etävetmetäväätääääänjänymetvätä tiätävätäätäääääääääääääääääääääää	ACCOUNTY OF THE PARTY OF THE PA						
Complete this section if the preparer of this application is a point of contact) or E (attorney or agent) of this application		e identified in either	Section D (employer						
1. Last (family) name §	2. First (given) name §	······································	3. Middle initial §						
N/A	N/A		N/A						
4. Job Title §	<u> </u>								
5. Firm/Business name §									
N/A			2						
6. E-Mail address § N/A									
there are not sufficient U.S. workers available and the emconditions of workers in the U.S. similarly employed. By vacknowledges the following: This certification is valid from03/01/2014	virtue of the signature belo	w, the Department o							
William L. Corlean		12/03/2013							
Department of Labor, Office of Foreign Labor Certification	on	Determination Date	(date signed)						
H-400-13318-677136 Case number		<u>Partial Certificatio</u> Case Status	n						
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L. Public Burden Statement (1205-0509) Persons are not required to respond to this collection of informati burden for this collection of information is estimated to average 1 information collection requirements, including the time for reviewing the data needed, and completing and reviewing the collection of obtain/retain benefits (immigration and Nationality Act, 8 U.S.C. 1 other aspect of this information collection to the Office of Foreign Constitution Ave., NW, * Washington, DC * 20210 or by email ET to this address.	.5 hours to complete the forming instructions, searching exi information. The obligation to 1101, et seq.). Please send or Labor Certification * U.S. Dep	and 25 minutes per re sting data sources, gai respond to this data c omments regarding thi artment of Labor * Roc	esponse for all other H-ŽB thering and maintaining collection is required to s burden estimate or any om C4312 * 200						
ETA FORM 9142B FOR DEPARTMENT OF			Page 6 of 8						
Case Number: H-400-13318-677136 Case Status: Partia	al Certification Validity Per	iod: 03/01/2014 to	0_11/30/2014						

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

ADDENDUM

ADDENDUM SECTION B.9: Additional Notes Regarding Statement of Temporary Need

Klawah Island Golf Resort provides guest accommodations, which include our Forbes 5 Star and AAA 5 Diamond, 255-room luxury hotel and spa, The Sancluary, and 525 homes and villas. We are also proud to have 5 championship golf courses, including the famed Ocean Course (rated #1 U.S. Golf Resort by Travel & Leisure Magazine), 24 tennis courts (rated #1 by Tennis Magazine), and award-winning recreation (rated #1 U.S. Family Resort by Travel & Leisure Magazine), dining and conference facilities. All of these wonderful amenities are located on a barrier island gracing 10 miles of uninterrupted, windswept beach near Charleston, South Carolina. Charleston was recently rated the #1 travel destination by Conde Nast Traveler Magazine.

We are experiencing an increase in corporate business as many companies come to our resort for off-site meeting. We are also fortunate to be e vacation destination for many families.

With these business demands, we continue to face the reality of inadequate staffing for our busy months of the year. This creates a negative impact on the experience we are able to provide to our guests during our peak season, as it impedes our capability to deliver the highest quality of products and services.

The resort has a need for employees to fill the position of Belliperson. Although our resort is open to guests year round, the peak demand is from March through the end of November. For instance, our average occupancy from December February during the fiscal year 2012 was 16% compared to 46% during the period of March through November. This trend has continued through fiscal year 2013 evidencing a 141% increase in occupancy during the peak season. We produce 341% higher revenue during our peak-load season. The higher room rates and greater occupancy that increase our revenue call for the ulmost in guest service. Therefore, it is essential for us to have the appropriate staff to cater to our guests. For instance, our staffing history through 2013 criflosts that during our busy months, we have an average of 38 Belipersons compared to 24 during our off-season.

Despite extensive efforts to recruit, we still encounter difficulty hiring the additional staff needed to serve our guests during our prime business season, and our experience with employee shortages is a recurring event. In striving to meet the demands for staffing, we continue to exhaust every available resource: we advertise in local newspapers and on the Resort website, we participate in local, statewide and national career fairs, we encourage interest through our employee referral program, we submit a job openings notice with our local branch of the South Carolina Department of Employment and Workforce in neighboring Charteston, SC, and we communicate opportunities to the Division of Social Services. Yet, we still fall short in recruiting the necessary associates to ensure excellence in service delivery and meeting the expectations of our guests, owners and fellow workers.

 ETA Form 9142B
 FOR DEPARTMENT OF LABOR USE ONLY
 Page 7 of 8

 Case Number: H-400-13318-877136
 Case Status: Partial Certification
 Validity Period: 03/01/2014
 to 11/30/2014

2:15-cv-01097-RMG Date Filed 03/06/15 Entry Number 1-4 Page 50 of 63

OMB Approval: 1205-0509 Expiration Date: 03/31/2016

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

ADDENDUM

ADDENDUM SECTION H.6: Additional Notes Regarding Recruitment Information

In addition to our advertisement in The Post and Courier, South Carolina's largest daily newspaper, edvertisement was listed on The Post and Courier's website and 2 local publications, The Household Helper and Market Scene. We also contacted The South Carolina Department of Employment and Workforce loget contact information on individuals that were referred by The Charleston Workforce Center. Even though these individuals may not have contacted us, we attempted contact through the Workforce Center Message Center, telephone and mail.

ETA Form 9142B FOR DEPARTMENT OF LABOR USE ONLY

Case Number: | H-400-13318-677135 | Case Status: | Partial Certification | Validity Period: | 03/01/2014 | to | 11/30/2014 |

OMB Control Number: 1205-0509 Expiration Date: 03/31/2016

H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name N/A	2. First (given) name N/A	3. Middle initial N/A
Firm/Business name N/A		J
5. E-Mail address N/A		
6. Signature	- Page 1 and	7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the Application for Temporary Employment Certification in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

ETA Form 9142B - Appendix B	FOR DEPARTMENT OF I	ABOR USE ONLY	Page B.1 of B.2	2
Case Number: H-400-13318-677136	Case Status: Domini Continuo	Period of Employment: 03/01/20	14 to 11/30/2014	

OMB Control Number: 1205-0509 Expiration Date: 03/31/2016

H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. Eunderstand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name	2. First (given) name	3. Middle	e initial
BOZARD	JENNIFER	Ļ	
4. Title		*************************************	
DIRECTOR HUMAN RESOURCES			
5. Signature			6. Date signed
ALA.			

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

ETA Form 9142B - Appendix B	FOR DEPARTMENT OF L	ABOR USE ONLY	Page B.2 of B.	.2
Case Number: H-400-13318-677136	Case Status: Partial Certification	Period of Employment: 03/01/2014	to 11/30/2014	

ADDENDUM

ETA Form 9142 B

Section F question 3 - Hourly Work Schedule:

Rotating Shifts, 6:00 am - 2:00 pm, 8:00 am - 4:00 pm, 3:00 pm - 11:00 pm, 11:00 pm - 7:00 am. 5 days /week, including holidays and weekends.

Section F question 5 - Job Duties:

To assist guests with the unloading, storage, delivery and loading of luggage and other guest property. Duties also include transferring luggage and guests, securing of guests' personal items, and rendering personal assistance and furnishing information to guests regarding hotel facilities and surrounding areas.

Note: This information was included in Section F when completing form on-line, however it did not show when we printed form. We are including as an attachment to make sure you have requested information.

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 9142B. 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, https://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, https://www.foreignlaborcert.doleta.gov/. In accordance with Federal Regulations, incomplete or obviously inaccurate applications with Federal Regulations and the federal Regulations are supplied to the federal Regulations and the federal Regulations are supplied to the federal Regulations and the federal Regulations are supplied to the federal Regulations and the federal Regulations are supplied to the federal Regulation a

Employment-Based Nonimmigra	nt Visa Information			
Indicate the type of visa classifica	tion supported by this application	(Write classificat	tion symbol): *	H-2B
Temporary Need Information				
1. Job Title *CABANA ATTENDAN	VT			
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occ	upation title *		
9-3091	Amusement and Recre	ation Attendar	nts	
4. Is this a full-time position? *		Period of inte	nded Employme	
Yes No	 Begin Date * 03/01/2((mm/dd/yyyy))14	6. End Date *	11/30/2014
 Worker positions needed/basis fo 	r the visa classification supporter	d by this applica	tion	
22 Total Worker Position	ns Being Requested for Certifi	cation *		
Basis for the visa classification su		مسد در پ		
(indicate the total workers in each app	plicable category based on the total v	orkers identified a	apove)	
a. New employment *		0	d. New concurrer	nt employment *
0 b. Continuation of previous without change with	viously approved employment * the same employer	0	e. Change in em	ployer *
	ly approved employment *	0	f. Amended petit	ion *
3. Nature of Temporary Need: (Choo				
Seasonal ✓ Peakload D. Statement of Temporary Need *	One-Time Occurrence	Intermittent	or Other Tempora	ary Need
•				
SEE ADDENDUM				
ETA Form 9142B	MANAGE WARREST MANAGE STRUCTURE CONTROL OF THE CONTROL	(X* A(X)) (2)		Page 1 of 8
•	FOR DEPARTMENT OF LABOR US			
Case Number: <u>H-400-13318-218023</u>	Case Status: Full Certification	Validity Period:	03/01/2014 to	11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

¢	. Er	nplo	yer	Inform	ation

ETA Form 9142B

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.	oparate and more man		
Legal business name * KIAWAH ISLAND INN COMPANY LLC			
2. Trade name/Doing Business As (DBA), if a KIAWAH ISLAND GOLF RESORT	applicable	A CONTRACTOR OF THE CONTRACTOR	
3. Address 1 * ONE SANCTUARY BEACH DRIVE		Ath	
4. Address 2 N/A			
5. City * KIAWAH ISLAND		6. State *	7. Postal code * 29455
8. Country * UNITED STATES OF AMERICA		9. Province N/A	
10. Telephone number * 843-768-2700		11. Extension N/A	
12. Federal Employer Identification Number	(FEIN from IRS) *	13. NAICS code (mus 721110	t be at least 4-digits) *
14. Number of non-family full-time equivalent	t employees	15. Annual gross reve \$⊡	enue 16. Year established 1975
H-2A Labor Contractor or Job Contractor D. Employer Point of Contact Information Important Note: The information contained in this the employer in labor certification matters. The in Section E, unless the attorney is an employee of employer under the H-2A program, enter only the as joint employer) under the application.	s Section must be that conformation in this Section the employer. For joint	n <u>must be different</u> from the employer or master applica	ent (H-2A only) over who is authorized to act on behalf of agent or attorney information listed in tions filed on behalf of more than one
Contact's last (family) name *	2. First (given)	name *	3. Middle name(s) *
BOZARD	JENNIFER		L
4. Contact's job title * OIRECTOR HUMAN RESOURCES			
5. Address 1 ' ONE SANCTUARY BEACH DRIVE			
6. Address 2 N/A			
7 City * KIAWAH ISLAND		8 State *	9. Postal code * 29455
10. Country * UNITEO STATES OF AMERICA		11 Province N/A	
12. Telephone number *	13. Extension	14. E-Mail address	
843-768-2803	N/A	JENNIFER_BOZAR	D@KIAWAHRESORT.COM

Page 2 of 8 FOR DEPARTMENT OF LABOR USE ONLY Case Number: H-400-13318-218023 Case Status: Full Certification Validity Period: 03/01/2014 to 11/30/2014

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

. Attorney or Agent Information (If	applicable)			•••••			
Is/are the employer(s) represente							Yes	√ No
(including associations acting as age 2. Attorney or Agent's last (family) n		e H-2A progran 3. First (giver			on E. * I. Middle	nam		IV.
N/A	ane y	N/A	, , , , , , , , , , , , , , , , , , ,		I/A		-(-/3	
5. Address 1 § N/A			B.0774	norm case, and accommon accommon accommon and accommon ac			***************************************	/
6. Address 2			· · · · · · · · · · · · · · · · · · ·	······································				
√A 7. City §			8. Stat	e §	9. Po	stal	ode §	
N/A 10. Country §		and the second s	N/A 11. Pro	wince				OCCORDED SERVICE DE LA COMPTENZA DE LA COMPTEN
N/A			N/A					***
12. Telephone number § N/A	13. N/A	Extension	14. E-l	Mail address				
	N//A			AC I may Emm	//>//		N 6	
15. Law firm/Business name § N/A				16. Law firm N/A	rousiness	> FE((N 3	
17. State Bar number (only if attorne)	/) §			tate of highest		ere at	torney is	in good
N/A			N/A	ng (only if attorn	ey) ş			
19. Name of the highest court when	e attorney i	s in good stand	ing (only if atto	omey) §	water minimizer minimizer	***************************************	HILL HILLSON FINANCIAN AND AND AND AND AND AND AND AND AND A	
N/A								
a. Job Description 1. Job Title * CABANA ATTENDANT 2. Number of hours of work per wee		mere as un municipality and a second		Vork Schedule				0
Basic *: 40 Overtime:		MIANI		nm): 8 : 0			" 4 :	<u>U</u>
4. Does this position supervise the	work of oth	er employees? ` 	Yes ✓ N	4a. If yes, worker will) §
 Job duties – A description of the to continue and complete descrip 		performed MU	ST begin in	this space. If n	ecessary	, add	attachme	mt
To perform routine functions of se up of property rental items. Prepa area. Ensure proper accounting of Section F question 3 - Hourly Wo	are, production all moni- ork Schedu	ce, and services and guest of	e the snack charges.	bar areas. M	aintain a	clea	n and sa	afe work
Rotating Shifts, 6:00 am - 2:00 pr ncluding holidays and weekends		ii - 4:00 pm, 3:	νυ pm * 11:	oo pm, 11:00	μш = 7:0	,van	ii. o days	, iweek,
ETA Form 9142B FC	OR DEPART	MENT OF LABO	R USE ONLY			************	Page 3	of 8
Case Number: H-400-13318-218023	Case Si	atus: Full Certification	Val	idity Period: 03/01	/2014	to 1	1/30/2014	

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

1a. If "Other degree" in question 1, specify the diploma/ degree required § 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				
gree? *	······	П	es 🗸	No
ma/degree and the major((s) and/or field(s) o	of study	require	ed §
		Y	'es 🗸	No
N/A				
		Y	es 🗸	/ No
	pation required §			
	-11 the 1-th	m mbs s.m. l.d	*	
	4. County *			
	CHARLESTO	N		
	6. Postal code 29455-5434	*		
n area of intended sted above? *				
		possible	. If ne	cessary,
LABOR USE ONLY			Page 4 d	of 8
	1b. Indicate the major (May list more than one N/A) Pegree? * Ima/degree and the major (May list more than one IN/A) 4b. Indicate the field (May list more than one IN/A) 4b. Indicate the occup N/A Partifications, and requirement application.	1b. Indicate the major(s) and/or field(s) (May list more than one related major and m N/A logree? * loma/degree and the major(s) and/or field(s) of ma/degree and the major(s) and/or field(s) of train (May list more than one related field and more N/A 4b. Indicate the occupation required § N/A artifications, and requirements of the job opportment application. 4. County * CHARLESTO 6. Postal code 29455-5434 In area of intended sted above? *	1b. Indicate the major(s) and/or field(s) of study (May list more than one related major and more than N/A Pegree? * Ima/degree and the major(s) and/or field(s) of study 3b. Indicate the field(s)/name(s) of training required (May list more than one related field and more than one N/A 4b. Indicate the occupation required § N/A Partifications, and requirements of the job opportunity. Image: A county * CHARLESTON 6. Postal code * 29455-5434 In area of intended sted above? * Of employment with as much specificity as possible in a possible in the possible in th	(May list more than one related major and more than one field N/A logree? * Yes variation and war field(s) of study required the study list more than one related field and more than one type) Ab. Indicate the field(s)/name(s) of training required than one type) N/A 4b. Indicate the occupation required than one type) N/A artifications, and requirements of the job opportunity. * ment application. 4. County * CHARLESTON 6. Postal code * 29455-5434 n area of intended sted above? * of employment with as much specificity as possible. If ne

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



3. Rate of Pay						
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	y (if applicable) §		
From: \$ 9 , 56 To (Optional): \$	·	From: \$		To (Optiona	al): \$	
2. Per. (Choose only one) *	2. Per. (Choose only one) * C					
2a. If Piece Rate is indicated in question 2, s				Piece Ra	le	
N/A 3. Additional Wage Information (e.g., multiple	warksita analisa	tione itinorant	work or oth	ar enacial pro	adura	
If necessary, add attachment to continue a	and complete des	cription. §	WOIK, OI OU	iei speciai prov	Journ	
Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013.						
H. Recruitment Information	a van 'n maaren er selena here linnet er maar 'n militeri kent kan ken kentaman as bepelen er gaar a se sen en	anna a markeriniquinemeteranamere annang-aptiquigi	SOCIAL STRUCTURE OF THE PROPERTY OF THE PROPER		***************************************	**************************************
Name of State Workforce Agency (SWA) s SC WORKS / CHARLESTON CENTER	erving the area of	fintended empl	loyment *			
2. SWA job order identification number *	2a. Start date of	SWA job orde	r*	2b. End date		/A job order * of contract period)
568936	11/01/2013			11/12/2013		
Is there a Sunday edition of a newspaper intended employment? *	(of general circula	ition) in the are	a of	√Yes		No
Name of Newspaper/Publication (in area	of intended employme	nt for H-2B only) *		Dates of Prin	t Adve	ertisement §
4. THE POST & COURIER			From: 11/03/201	3	To: 11/04	4/2013
5. N/A	MM ^M Fudurable Manager		From:		To:	
6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. SEE ADDENDUM						

Page 5 of 8 FOR DEPARTMENT OF LABOR USE ONLY to _11/30/2014 Case Status: Full Certification Validity Period: 03/01/2014

Case Number: +1-400-13318-218023

ETA Form 9142B

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

			and the same of th
I. Declaration of Employer and Attorney/Agent			
In accordance with Federal regulations, the employer must as a condition for receiving a temporary labor certification Appendix A or Appendix B will be considered incomplete center.	from the U.S. Departme	nt of Labor Applicatio	ns that fail to attach
For H-2A Applications ONLY, please confirm that you applicable terms, assurances and obligations contained		all the	Yes No N/A
For H-2B Applications ONLY, please confirm that you applicable terms, assurances and obligations contained	u have read and agree to	all the	Yes No N/A
J. Preparer			
Complete this section if the preparer of this application is a point of contact) or E (attorney or agent) of this application		ne identified in either S	Section D (employer
Last (family) name §	2. First (given) name §		3. Middle initial §
N/A	N/A		N/A
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 there are not sufficient U.S. workers available and the employed conditions of workers in the U.S. similarly employed. By vacknowledges the following:	ployment of the above wi	I not adversely affect t	he wages and working
This certification is valid from03/01/2014	to11/30/201	4	
William L. Conlaw		12/03/2013	
Department of Labor, Office of Foreign Labor Certification	on	Determination Date (date signed)
H-400-13318-218023		Full Certification	
Case number	_	Case Status	
L. Public Burden Statement (1205-0509)			Anna de la companya de la compa
Persons are not required to respond to this collection of information burden for this collection of information is estimated to average 1 information collection requirements, including the time for reviewing the data needed, and completing and reviewing the collection of	.5 hours to complete the form na instructions, searching ex	n and 25 minutes per res disting data sources, gath	ponse for all other H-2B ering and maintaining

obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

ETA Form 9142B	FOR DEPARTMENT OF LABOR USE ONLY			Page 6 of 8
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H-2B Application for Temporary Employment Certification ETA Form 9142B U.S. Department of Labor



ADDENDUM

ADDENDUM SECTION B.9: Additional Notes Regarding Statement of Temporary Need

We are experiencing an increase in corporate business as many companies come to our resort tor off-site meeting. We are also fortunate to be a vacation destination for many families.

With these business demands, we continue to face the reality of inadequate staffing for our busy months of the year. This creates a negative impact on the experience we are able to provide to our guests during our peak season, as it impedes our capability to deliver the highest quality of products and services.

The resort has a need for employees to fill the position of Cabana Attendant. Although our resort is open to guests year round, the peak demand is from March through the end of November. For instance, our average occupancy from December. February during the fiscal year 2012 was 16% compared to 48% during the period of March through November. This trend has continued through fiscal year 2013 evidencing a 141% increase in occupancy during the peak season. We produce 341% higher revenue during our peak-load season. The higher room rates and greater occupancy that increase our revenue call for the ulmost in guest service. Therefore, it is assential for us to have the appropriate staff to cater to our guests. For instance, our staffing history through 2013 reflects that during our busy months, we have an average of 39 Cabana Attendants compared to 12 during our off-season.

Despite extensive efforts to recruit, we still encounter difficulty hiring the additional staff needed to serve our guests during our prime business season, and our experience with employee shortages is a recurring event. In striving to meet the demands for staffing, we continue to exhaust every available resource: we advertise in local newspapers and on the Resort website, we participate in local, statewide and national career fairs, we encourage interest through our employee reterral program, we submit a job openings notice with our local branch of the South Carolina Department of Employment and Workforce in neighboring Charleston, SC, and we communicate opportunities to the Division of Social Services. Yet, we still fell short in recruiting the necessary associates to ensure excellence in service delivery and meeting the expectations of our guests, owners and fellow workers.

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U.S. Department of Labor

ADDENDUM

ADDENDUM SECTION H.6: Additional Notes Regarding Recruitment Information

In addition to our advertisement in The Post and Courier, South Carolina's largest daily newspaper, advertisement was fisted on The Post and Courier's website. We also contacted The South Carolina Department of Employment and Workforce to get contact information on individuals that were referred by The Charleston Workforce Center. Even though these individuals may not have contacted us, we attempted contact through the Workforce Center Message Center, telephone and mail.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name N/A	First (given) name N/A	3. Middle initial				
4. Firm/Business name						
N/A						
5. E-Mail address N/A						
6. Signature	4144	7. Date signed				

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations,
- The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be Issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws;
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

ETA Form 9142B - Appendix B	FOR DEPARTMENT OF LABOR USE ONLY				Page B.1 of B.2
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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below. I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish false information in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do so is a felony punishable by a \$250,000 fine or 5 years in the Federal penitentlary or both (18 U.S.C. 1001).

1. Last (family) name	2. First (given) name	3. Middle initial				
BOZARD	JENNIFER	L				
4. Title						
DIRECTOR HUMAN RESOURCES						
5. Signature		6. Date signed				

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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EXHIBIT E

2015 Kiawah 9142B Forms

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 9142B. 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.

. Indicate the type of visa classification	supported by this application	(Write classi	fication symbol): *	H-2B
Temporary Need Information				
I. Job Title *COOK				
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occ	upation title	*	
5-2014	Cooks, Restaurant			
. Is this a full-time position? *			Intended Employmen	t
Yes No	5. Begin Date * 03/01/20	15	6. End Date * (mm/dd/yyyy)	11/30/2015
. Worker positions needed/basis for th		by this app		
33 Total Worker Positions	Being Requested for Certific	cation *		
Basis for the visa classification suppo (indicate the total workers in each application)		orkers identifi	ied above)	
a. New employment *		0	d. New concurrent	employment *
b. Continuation of previou without change with the	isly approved employment * same employer	0	e. Change in empl	oyer *
0 c. Change in previously a		0	f. Amended petitio	n *
S. Nature of Temporary Need: (Choose Seasonal ✓ Peakload O. Statement of Temporary Need *	only one of the standards) * One-Time Occurrence	Intermitt	ent or Other Temporar	y Need
EE ADDENDUM				

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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

C. Employer Information

<u>Important Note</u>: 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, <u>by name, mailing address, and total</u> worker positions needed, under the application.

applicable				
	6. State *	7. Postal code * 29455		
	9. Province N/A			
	11. Extension N/A			
12. Federal Employer Identification Number (FEIN from IRS) * 13. NAICS code (must be at least 4-digits) * 721110				
employees	15. Annual gross reven	ue 16. Year established 1975		
one box below) *	ı	'		
☐ As	sociation - Joint Employe	er (H-2A only)		
s Section must be that o	f an employee of the employe	er who is authorized to act on behalf o		
he employer. For joint	employer or master application	gent or attorney information listed in ons filed on behalf of more than one (e.g., contact for an association filing		
he employer. For joint contact information for 2. First (given)	employer or master application the main or primary employed name *	gent or attorney information listed in one filed on behalf of more than one (e.g., contact for an association filing . Middle name(s) *		
he employer. For joint contact information for	employer or master application the main or primary employer	gent or attorney information listed in one filed on behalf of more than one (e.g., contact for an association filing . Middle name(s) *		
he employer. For joint contact information for 2. First (given)	employer or master application the main or primary employed name *	gent or attorney information listed in one filed on behalf of more than one (e.g., contact for an association filing . Middle name(s) *		
he employer. For joint contact information for 2. First (given)	employer or master application the main or primary employed name *	gent or attorney information listed in one filed on behalf of more than one (e.g., contact for an association filing . Middle name(s) *		
he employer. For joint contact information for 2. First (given)	employer or master application the main or primary employed name *	gent or attorney information listed in one filed on behalf of more than one (e.g., contact for an association filing . Middle name(s) *		
he employer. For joint contact information for 2. First (given)	employer or master application the main or primary employer mame * 3 W	gent or attorney information listed in one filed on behalf of more than one (e.g., contact for an association filing . Middle name(s) *		
he employer. For joint contact information for 2. First (given)	employer or master application the main or primary employed name * 3	gent or attorney information listed in ons filed on behalf of more than one (e.g., contact for an association filing). Middle name(s) *		
he employer. For joint contact information for 2. First (given)	employer or master application the main or primary employer mame * 3 W	gent or attorney information listed in ons filed on behalf of more than one (e.g., contact for an association filing). Middle name(s) *		
	FEIN from IRS) * t employees one box below) * As As As	6. State * SC 9. Province N/A 11. Extension N/A 13. NAICS code (must b) 721110 1 employees 15. Annual gross reven		

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E. Attorney or Agent Information (If appl	icable	e)									
Is/are the employer(s) represented by (including associations acting as agent units).							E. *		Yes	√	No
2. Attorney or Agent's last (family) name		3. First (giver					Middle r	ame	(s) §		_
N/A		N/A				N/A					
5. Address 1 § N/A											
6. Address 2 N/A											
7. City § N/A			8. N//	State §	Ş		9. Pos	tal co	de §		
10. Country § N/A			1. N/.	1. Provi A	nce						
12. Telephone number §	13.	Extension	14	4. E-Ma	il address						
N/A N/A N/A											
15. Law firm/Business name § N/A 16. Law firm/Business FEIN §											
17. State Bar number (only if attorney) §			1	18. Stat	e of highes	st cou	rt where	e atto	rney is	in god	bc
N/A standing (only if attorney) § N/A											
19. Name of the highest court where atto	rney i	s in good stand	ing (only	y if attorn	ey) §						
N/A											
F. Job Offer Information											
a. Job Description											
1. Job Title * COOK											
2. Number of hours of work per week			3. Hou	urly Wor	k Schedule	e *					-
Basic *: 40 Overtime:			A.N	Л. (h:mm)): <u>8</u> : <u>00</u>)	P.M. (h	:mm):	<u>4</u> :	00	
4. Does this position supervise the work of other employees? ★ Yes ✓ 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 continue and complete description. *											
SECTION F QUESTION 3: Rotating shifts, 6AM-2PM, 8AM-4PM or 3PM-11PM; (start and end times may vary); 5 days per week, including weekends and holidays.											
JOB DUTIES: To produce consistently high quality food products according to the menu or assigned specials in a timely and organized manner. Ensure a high level of sanitation and safety at all times.											

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U.S. Department of Labor

F. Job Offer Information (continued)

b. Minimum Job Requirements								
Education: minimum U.S. diploma/degree required *								
☑None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)								
1a. If "Other degree" in question 1, specify the diploma/ degree required §	1b. Indicate the major (May list more than one re							
N/A	N/A							
2. Does the employer require a second U.S. diploma/degr	ree? *		Yes ✓ 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 § N/A								
		<u> </u>	V. ZV.					
3. Is training for the job opportunity required? * 3a. If "Yes" in question 3, specify the number of	3b. Indicate the field(s)	//name(s) of trainin	Yes V No					
months of training required § (May list more than one related field and more than one type)								
N/A	N/A							
4. Is employment experience required? *			Yes ✓ No					
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupa	ation required §						
N/A	N/A							
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *								
ALL APPLICANTS MUST BE ABLE TO COMPLETE	AN EMPLOYMENT AF	PPLLICATION.						
c. Place of Employment Information								
Worksite address 1 * ONE SANCTUARY BEACH DRIVE								
2. Address 2 N/A								
3. City *		4. County *						
KIAWAH ISLAND		CHARLESTON						
5. State/District/Territory *		6. Postal code * 29455						
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *								
7a. If Yes in question 7, identify the geographic place(s) or	f employment with as mu	ch specificity as po	ssible. If necessary,					
submit an attachment to continue and complete a listin	g of all anticipated works	ites. §						
N/A								
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U.S. Department of Labor

G. Rate of Pay							
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	ay (if applicable) §			
From: \$ 10 . 15 To (Optional): \$ N/A From: \$ N/A To (Optional): \$ N/A							
2. Per: (Choose only one) * Hour	Week Bi-We	eekly Mont	h Year	Piece Rat	te		
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: § N/A							
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to continue and complete description. §							
N/A	<u>and complete</u> des	cription. y					
H. Recruitment Information							
Name of State Workforce Agency (SWA) s CHARLESTON CENTER	erving the area of	r intended empl	loyment *				
2. SWA job order identification number *	2a. Start date of	f SWA job orde	r *		of SWA job order *		
596-713	11/01/2014			(In H-2A this date is 50% of contract 11/13/2014			
Is there a Sunday edition of a newspaper intended employment? *	of general circula	ation) in the are	a of	Yes	No		
Name of Newspaper/Publication (in area	of intended employme	ent for H-2B only) *		Dates of Print	t Advertisement §		
4. POST AND COURIER			From: 11/03/201	4	To: 11/03/2014		
5. POST AND COURIER			From: 11/09/201	4	To: 11/09/2014		
	6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment						
In addition to our advertisement in The P	ost and Courier,	, South Caroli	na's large	st daily newsp	paper,		
advertisement was listed on The Post an of Employment and Workforce to get con							
Workforce Center. Even though these in							
Workforce Center Message Center, telep	hone and mail.				_		

FOR DEPARTMENT OF LABOR USE ONLY

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

I. Declaration of Employer and Attorney/Agen	I.	Declaration	of Empl	lover and	Attorne	v/Agen
--	----	-------------	---------	-----------	---------	--------

In accordance with Federal regulations, the employer must as a condition for receiving a temporary labor certification Appendix A or Appendix B will be considered incomplete center.	from the U.S. Departme	ent of Labor. Applications	that fail to att	tach
For H-2A Applications ONLY, please confirm that you applicable terms, assurances and obligations contained		o all the	s No	N/A
For H-2B Applications ONLY, please confirm that you applicable terms, assurances and obligations contained	u have read and agree to	o all the	s No	N/A
J. Preparer Complete this section if the preparer of this application is a point of contact) or E (attorney or agent) of this application		ne identified in either Sec	ction D (emplo	oyer
1. Last (family) name §	2. First (given) name §		3. Middle ini	tial §
N/A	N/A		N/A	
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 there are not sufficient U.S. workers available and the employed of workers in the U.S. similarly employed. By viacknowledges the following:	oloyment of the above wi	II not adversely affect the	wages and w	
This certification is valid from 03/01/2015	to 11/30/201	12/09/2014		
Department of Labor, Office of Foreign Labor Certification	on	Determination Date (dat	e signed)	-
H-400-14329-776525		Full Certification		
Case number	_	Case Status		-
L. Public Burden Statement (1205-0509) Persons are not required to respond to this collection of informatic burden for this collection of information is estimated to average 1. Information collection requirements, including the time for reviewing the data needed, and completing and reviewing the collection of inobtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1	5 hours to complete the form ng instructions, searching en nformation. The obligation	m and 25 minutes per responding xisting data sources, gathering to respond to this data collect	nse for all other ng and maintair ction is required	· H-ŽB ning I to

other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email <u>ETA.OFLC.Forms@dol.gov.</u> Please <u>do not</u> send the completed application to this address.

ETA Form 9142B FOR DEPARTMENT OF LABOR USE ONLY				
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OMB Control Number: 1205-0509 Expiration Date: 03/31/2016

H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aimbet, or counsel another to do sits a felony punishable by \$250,000 "ne or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

1. Attorney or Agent's last (family) name	2. First (given) name	Middle initial
]	, , , , ,	
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- 1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- 2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- 6. The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

ETA Form 9142B – Appendix B FOR DEPARTMENT OF LABOR USE ONLY Page B.1 of B.2

Case Number: H-400-14329-776525 Case Status: Full Certification Period of Employment: 03/01/2015 to 11/30/2015

OMB Control Number: 1205-0509 Expiration Date: 03/31/2016

H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish falsienformation in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do is a felony punishable by a \$25000 "ne or 5 years in the Fedal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name	2. First (given) name	Middle initial				
SIMPSON	JESSICA	W				
4. Title						
HUMAN RESOURCES GENERALIST						
5. Signature			6. Date signed			

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

ETA Form 9142B – Appendix B	FOR DEPARTMENT OF I	ABOR USE ONLY		Page B.2 of B.2	
Case Number: H-400-14329-776525	Case Status: Full Certification	Period of Employment: 03/01/2015	to	11/30/2015	



ETA FORM 9142
Section B Question 9
STATEMENT OF TEMPORARY NEED continuation

Kiawah Island Golf Resort provides guest accommodations, which include our Forbes 5 Star and AAA 5 Diamond, 255-room luxury hotel and spa, The Sanctuary, and 525 homes and villas. We are also proud to have 5 championship golf courses, including the famed Ocean Course (rated #1 U.S. Golf Resort by Travel & Leisure Magazine), 24 tennis courts (rated #1 by Tennis Magazine), and award-winning recreation (rated #1 U.S. Family Resort by Travel & Leisure Magazine), dining and conference facilities. All of these wonderful amenities are located on a barrier island gracing 10 miles of uninterrupted, windswept beach near Charleston, South Carolina. Charleston was recently rated the #1 travel destination by Conde Nast Traveler Magazine.

We are experiencing an increase in corporate business as many companies come to our resort for offsite meeting. We are also fortunate to be a vacation destination for many families.

With these business demands, we continue to face the reality of inadequate staffing for our busy months of the year. This creates a negative impact on the experience we are able to provide to our guests during our peak season, as it impedes our capability to deliver the highest quality of products and services.

The resort has a need for employees to fill the position of Cook. Although our resort is open to guests year round, the peak demand is from March through the end of November. For instance, our average occupancy from December – February during the fiscal year 2013 was 20% compared to 50% during the period of March through November. This trend has continued through fiscal year 2014 evidencing a 154% increase in occupancy during the peak season. We produce 362% higher revenue during our peakload season. The higher room rates and greater occupancy that increase our revenue call for the utmost in guest service. Therefore, it is essential for us to have the appropriate staff to cater to our guests. For instance, our staffing history through 2014 reflects that during our busy months, we have an average of 60 Cooks compared to 44 during our off-season.

Despite extensive efforts to recruit, we still encounter difficulty hiring the additional staff needed to serve our guests during our prime business season, and our experience with employee shortages is a recurring event. In striving to meet the demands for staffing, we continue to exhaust every available resource: we advertise in local newspapers and on the Resort website, we participate in local, statewide and national career fairs, we encourage interest through our employee referral program, we submit a job openings notice with our local branch of the South Carolina Department of Employment and Workforce in neighboring Charleston, SC, and we communicate opportunities to the Division of Social Services. Yet, we still fall short in recruiting the necessary associates to ensure excellence in service delivery and meeting the expectations of our guests, owners and fellow workers.

Kiawah Island Golf Resort

11/20/2014

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 9142B. 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.

-							
sa Information							
Indicate the type of visa classification supported by this application (Write classification symbol): * H-2B							
3. SOC (ONET/OES) occupation title *							
35-2021 Food Preparation Workers							
4. Is this a full-time position? * Period of Intended Employment							
5. Begin Date * 03/01/2015 6. End Date * 11/30/2015 (mm/dd/yyy)							
visa classification supported by this applica	ation						
eing 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) 9 a. New employment * 0 d. New concurrent employment * 0 e. Change in employer * without change with the same 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 * SEE ADDENDUM							
	3. SOC (ONET/OES) occupation title * Food Preparation Workers Period of Int 5. Begin Date * 03/01/2015 (mm/dd/yyyy) visa classification supported by this application application to the category based on the total workers identified to the category based on the category based on the total workers identified to the category based on the category based	3. SOC (ONET/OES) occupation title * Food Preparation Workers Period of Intended Employm 5. Begin Date * 03/01/2015 6. End Date (mm/dd/yyyy) visa classification supported by this application eing Requested for Certification * ted by this application e category based on the total workers identified above) 0 d. New concurred y approved employment * ame employer oroved employment *					

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 Case Number:
 H-400-14324-361354
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 Validity Period: 03/01/2015
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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

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.

Legal business name * KIAWAH ISLAND INN COMPANY							
2. Trade name/Doing Business As (DBA), if ap KIAWAH ISLAND GOLF RESORT	plicable						
3. Address 1 * ONE SANCTUARY BEACH DRIVE							
4. Address 2 N/A							
5. City * KIAWAH ISLAND	6. State * SC	Postal code * 155					
8. Country * UNITED STATES OF AMERICA	9. Province N/A						
10. Telephone number * 843-768-2700	11. Extension N/A						
12. Federal Employer Identification Number (FE	13. NAICS code (must be at least 4-digits) * 721110						
14. Number of non-family full-time equivalent e	4. Number of non-family full-time equivalent employees			16. Year established 1975			
H-2A Labor Contractor or Job Contractor D. Employer Point of Contact Information Important Note: The information contained in this S the employer in labor certification matters. The infor Section E, unless the attorney is an employee of the employer under the H-2A program, enter only the coas joint employer) under the application.	ection must be that o	n <u>must be</u> <u>different</u> from the s employer or master applicati	er who	o is authorized to act on behalf or attorney information listed in ed on behalf of more than one			
Contact's last (family) name *	2. First (given)	ame * 3. Middle nar		ddle name(s) *			
SIMPSON	JESSICA	W		!			
4. Contact's job title * HUMAN RESOURCES GENERALIST							
5. Address 1 * ONE SANCTUARY BEACH DRIVE							
6. Address 2 N/A							
7. City * KIAWAH ISLAND			9. Postal code * 29455				
10. Country * UNITED STATES OF AMERICA		11. Province N/A					
12. Telephone number *	13. Extension	14. E-Mail address JESSIE SIMPSON@KIAWAHRESORT.COM					
843-768-2700	N/A	JESSIE_SIMPSON@)KIAV	VARRESORT.COM			

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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

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. * 2. Attorney or Agent's last (family) name § N/A N/A 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. * NO 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. * NO 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. * NO 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. * NO 2. Attorney or Agent's last (family) name § N/A N/A N/A
(including associations acting as agent under the H-2A program)? If "Yes", complete Section E. * 2. Attorney or Agent's last (family) name § N/A 3. First (given) name § 4. Middle name(s) § N/A 5. Address 1 § N/A
N/A
5. Address 1 § N/A
N/A
C Address 0
6. Address 2 N/A
7. City § 8. State § 9. Postal code § N/A N/A
10. Country § 11. Province N/A
12. Telephone number § 13. Extension 14. E-Mail address
N/A N/A
15. Law firm/Business name § 16. Law firm/Business FEIN §
N/A N/A
17. State Bar number (only if attorney) § 18. State of highest court where attorney is in good
N/A standing (only if attorney) § N/A
19. Name of the highest court where attorney is in good standing (only if attorney) §
N/A
F. Job Offer Information
a. Job Description
1. Job Title * KITCHEN HELPER
Number of hours of work per week 3. Hourly Work Schedule *
Basic *: 40 Overtime: A.M. (h:mm): 8 : 00 P.M. (h:mm): 4 : 00
4. Does this position supervise the work of other employees? 4a. If yes, number of employees
Yes No 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. *
SECTION F QUESTION 3: : Rotating shifts 6AM-2PM, 8AM-4PM or 3PM-11PM; (start and end times may vary);
5 days per week, including weekends and holidays.
JOB DUTIES: To assist kitchen staff with the daily operations. Duties include washing, slicing, chopping, mixing, and storing of food products. Maintain supply of dishes, bowls, cooking utensils, and condiments. Portioning, plating, and expediting food service. Cleaning of the kitchen including washing dishes, silver, stainless, pots and
pans, and kitchen equipment, and washing floors.

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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

F. Job Offer Information (continued)

b. Minimum Job Requirements										
Education: minimum U.S. diploma/degree required *										
☑None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)										
1a. If "Other degree" in question 1, specify the diploma/ degree required §) and/or field(s) of study required § ated major and more than one field)								
N/A N/A										
2. Does the employer require a second U.S. diploma/degre			Yes	√	No					
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study requ						§				
N/A										
3. Is training for the job opportunity required? *			Yes	√	No					
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s)/name(s) of trai (May list more than one related field and mo									
N/A	N/A									
4. Is employment experience required? *				Yes		No				
4a. If "Yes" in question 4, specify the number of	tion required §									
months of experience required § N/A	N/A									
5. Special Requirements - List specific skills, licenses/certif	ications, and requirement	ts of the job op	portun	ity. *						
ALL APPLICANTS MUST BE ABLE TO COMPLETE AN EMPLOYMENT APPLICATION.										
c. Place of Employment Information										
Worksite address 1 * ONE SANCTUARY BEACH DRIVE										
2. Address 2 N/A										
3. City *	4. County *									
KIAWAH ISLAND	CHARLESTON									
5. State/District/Territory * SC	6. Postal code * 29455									
7. Will work be performed in multiple worksites within an a employment or a location(s) other than the address liste	Yes 🚺	No								
7a. If Yes in question 7, identify the geographic place(s) of submit an attachment to continue and complete a listing		ch specificity as tes. \$	possi	ible. If i	nece	essary,				
	y · · · · · · · · · · · · · · · · · · ·	•								
N/A										

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U.S. Department of Labor

G. Rate of Pay						
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	ay (if applicable) §		
From: \$ <u>10</u> . <u>20</u> To (Optional): \$	<u>N/A</u>	From: \$	<u>N/A</u>	_ To (Optiona	al): \$ <u>N/A</u>	
2. Per: (Choose only one) * Hour		eekly Mont		Piece Rat	te	
2a. If Piece Rate is indicated in question 2, s N/A	pecify the wage o	offer requiremen	nts: §			
Additional Wage Information (e.g., multiple If necessary, add attachment to continue a			work, or oth	ner special prod	cedures).	
N/A	<u>and complete</u> des	cription. y				
H. Recruitment Information						
Name of State Workforce Agency (SWA) s SC WORKS / CHARLESTON CENTER	erving the area of	f intended emp	loyment *			
2. SWA job order identification number *	2a. Start date of	f SWA job orde	r*		of SWA job order *	
596824	11/01/2014			11/13/2014		
3. Is there a Sunday edition of a newspaper intended employment? *	(of general circula	ation) in the are	a of	Yes	No	
Name of Newspaper/Publication (in area	of intended employme	ent for H-2B only) *		Dates of Print	t Advertisement §	
4. POST AND COURIER			From: 11/03/201	4	To: 11/03/2014	
5. POST AND COURIER			From: 11/09/201	4	To: 11/09/2014	
6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, <u>and</u> to <u>continue and complete</u> description. *						
In addition to our advertisement in The P advertisement was listed on The Post an of Employment and Workforce to get con Workforce Center. Even though these in Workforce Center Message Center, telep Attached please find our detailed recruitment.	d Courier's web tact information dividuals may no shone and mail.	site. We also on individual	contacted s that were	The South Correct by	Carolina Department The Charleston	

FOR DEPARTMENT OF LABOR USE ONLY
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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

I. Declaration of Employer and Attorney/Age

. Decidiation of Employer and Atto	ille y/Agelit								
In accordance with Federal regulation as a condition for receiving a tempora Appendix A or Appendix B will be con	ary labor certification	from the	U.S. Departme	ent of Labor. A	pplication	s tha	t fail to	attac	<u>ch</u>
center.	•								
For H-2A Applications ONLY, ple applicable terms, assurances and o				o all the	Y	es	No		N/A
2. For H-2B Applications ONLY, ple applicable terms, assurances and o				o all the	Y	es [No		N/A
J. Preparer									
Complete this section if the preparer cooint of contact) or E (attorney or age			ther than the o	one identified ir	either Se	ectior	n D (em	ploy	er
1. Last (family) name §		2. First (g	given) name §			3.	Middle	initia	al §
N/A		N/A	, , ,			N/A	Α		
4. Job Title §						1			
N/A									
5. Firm/Business name §									-
N/A									
6. E-Mail address § N/A									
K. U.S. Government Agency Use (C	ONI Y)								
Pursuant to the provisions of Section	-	ne Immiar	ation and Natio	anality Act as	amended	l ho	rohy co	rtify f	that
here are not sufficient U.S. workers a									
conditions of workers in the U.S. similar	arly employed. By vi	rtue of the	e signature be	low, the Depart	ment of L	.abor	hereby		_
acknowledges the following:									
	00/04/0045		11/20/201	E					
This certification is valid from	03/01/2015	to	11/30/201						
1 101									
William L. Culson				12/16/2014					
Department of Labor, Office of Fore	ion Labor Certificatio	<u></u>		12/16/2014 Determinatio		ate si	ianed)		
Department of Eason, emice of Fore	igii Laboi Commodiic	,,,,		Beterrimatio	ii Bato (ai	ato 01	grica		
H-400-14324-361354				CEDTIFIED					
Case number		_		CERTIFIED Case Status	<u>'</u>				
L. Public Burden Statement (1205-	0509)								
Persons are not required to respond to this		on unless it	displays a curre	ently valid OMR o	control num	her	Public re	enorti	na
burden for this collection of information is e	estimated to average 1.	5 hours to	complete the for	m and 25 minute	es per resp	onse '	for all oth	her H	I-2B
information collection requirements, including the data needed, and completing and reviews.									
obtain/retain benefits (Immigration and Nat	tionality Act, 8 U.S.C. 1	101, et seq	.). Please send	comments regar	ding this b	urden	estimat	e or a	any

other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email <u>ETA.OFLC.Forms@dol.gov</u>. **Please <u>do not</u> send the completed application** to this address.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aimbet, or counsel another to do sits a felony punishable by \$250,000 "ne or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

1. Attorney or Agent's last (family) name	2. First (given) name	Middle initial
]	, , , , ,	
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- 1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- 2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- 6. The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish falsienformation in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do is a felony punishable by a \$2500,0 "ne or 5 years in the Fedal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name SIMPSON	2. First (given) name JESSICA	3. Middle initial W				
4. Title HUMAN RESOURCES GENERALIST						
5. Signature			6. Date signed			

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

ETA Form 9142B – Appendix B	FOR DEPARTMENT OF L	ABOR USE ONLY		Page B.2 of B.2
Case Number: H-400-14324-361354	Case Status: CERTIFIED	Period of Employment:	03/01/2015	to 11/30/2015

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 9142B. 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, https://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, https://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, https://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, https://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, https://www.foreignlaborcert.doleta.gov/. In accordance with Federal Regulations, incomplete or obviously inaccurate applications with the submitted in the foreignlaborcert. It is a submitted with the foreignlaborcert.doleta.gov/">https://www.foreignlaborcert.doleta.gov/. In accordance with Federal Regulations, incomplete or obviously inaccurate applications with the foreignlaborcert.

A. Employment-Based Nonimmigrant Vis	<u> </u>						
Indicate the type of visa classification supported by this application (Write classification symbol): * H-2B							
B. Temporary Need Information							
1. Job Title *SERVER							
2. SOC (ONET/OES) code * 35-3031	SOC (ONET/OES) occupation title * Mailton and Mailton and a						
4. Is this a full-time position? *	Waiters and Waitresses		tended Employm	ent			
Yes No	5. Begin Date * 03/01/20 (mm/dd/yyyy)			* 11/30/2015			
7. Worker positions needed/basis for the		by this applic		,			
60 Total Worker Positions Bo	eing Requested for Certific	ation *					
Basis for the visa classification support (indicate the total workers in each applicable		orkers identifie	d above)				
a. New employment *		0	d. New concurre	ent employment *			
b. Continuation of previously without change with the s		0	e. Change in er	mployer *			
0 c. Change in previously app		0	f. Amended pet	ition *			
8. Nature of Temporary Need: (Choose or Seasonal Peakload	nly one of the standards) * One-Time Occurrence	Intermitte	nt or Other Tempo	rary Need			
9. Statement of Temporary Need *				,			
SEE ADDENDUM							

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 Case Number:
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 Case Status: CERTIFIED
 Validity Period: 03/01/2015
 to 11/30/2015

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

C. Employer Information

<u>Important Note</u>: 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, <u>by name, mailing address, and total</u> worker positions needed, under the application.

worker pooliterie riceaea, ander the application.				
Legal business name * KIAWAH ISLAND INN COMPANY				
2. Trade name/Doing Business As (DBA), if appKIAWAH ISLAND GOLF RESORT	olicable			
3. Address 1 * ONE SANCTUARY BEACH DRIVE				
4. Address 2 N/A				
5. City * KIAWAH ISLAND		6. State * SC	7. 294	Postal code * 55
8. Country * UNITED STATES OF AMERICA		9. Province N/A		
10. Telephone number * 843-768-2700		11. Extension N/A		
12. Federal Employer Identification Number (FE	EIN from IRS) *	13. NAICS code (must b 721110	e at le	east 4-digits) *
14. Number of non-family full-time equivalent en	mployees	15. Annual gross reven	ue	16. Year established 1975
D. Employer Point of Contact Information Important Note: The information contained in this Step the employer in labor certification matters. The information E, unless the attorney is an employee of the employer under the H-2A program, enter only the coas joint employer) under the application.	ection must be that o mation in this Section employer. For joint	n <u>must be different</u> from the a employer or master application	er who	e is authorized to act on behalf of ar attorney information listed in ad on behalf of more than one
Contact's last (family) name *	2. First (given) ı	name * 3	. Mid	ldle name(s) *
SIMPSON	JESSICA	W		
4. Contact's job title * HUMAN RESOURCES GENERALIST	•			
5. Address 1 * ONE SANCTUARY BEACH DRIVE				
6. Address 2 N/A				
7. City * KIAWAH ISLAND		SC 29	. Pos 9455	stal code *
		11. Province N/A		
12. Telephone number *	13. Extension	14. E-Mail address	∠ ∧\^	/AUDESODT COM
10. Country * UNITED STATES OF AMERICA	13. Extension	11. Province N/A		
843-768-2700	N/A	JESSIE_SIMPSON@	KIAW	VAHRESUR I.COM

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 Form 9142B
 FOR DEPARTMENT OF LABOR USE ONLY
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 Case Number:
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 Validity Period: 03/01/2015
 to 11/30/2015

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

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 FOR DEPARTMENT OF LABOR USE ONLY
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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

F.	Job	Offer	Information	(continued)

b. Minimum Job Requirements		
Education: minimum U.S. diploma/degree required *		
☑None ☐ High School/GED ☐ Associate's ☐ Bachelor		
1a. If "Other degree" in question 1, specify the diploma/ degree required §	1b. Indicate the major(s) and/or field(s) of (May list more than one related major and more	
N/A	N/A	
2. Does the employer require a second U.S. diploma/degr		Yes ✓ No
2a. If "Yes" in question 2, indicate the second U.S. diploma	a/degree and the major(s) and/or field(s) of st	tudy required §
3. Is training for the job opportunity required? *		Yes ✓ No
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s)/name(s) of training (May list more than one related field and more th	
N/A	N/A	
4. Is employment experience required? *		Yes 🗸 No
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation required §	
N/A	N/A	
5. Special Requirements - List specific skills, licenses/certi		inity. *
ALL APPLICANTS MUST BE ABLE TO COMPLETE	AN EMPLOYMENT APPLICATION.	
c. Place of Employment Information		
Worksite address 1 * ONE SANCTUARY BEACH DRIVE		
2. Address 2 N/A		
3. City *	4. County *	
KIAWAH ISLAND	CHARLESTON	
5. State/District/Territory * SC	6. Postal code * 29455	
7. Will work be performed in multiple worksites within an a employment or a location(s) other than the address liste		
7a. If Yes in question 7, identify the geographic place(s) or		sible. If necessary.
submit an attachment to continue and complete a listin	g of all anticipated worksites. §	,,
N/A		
		Dogo 4 of C
ETA Form 9142B FOR DEPARTMENT OF L.	ABOR USE ONLY	Page 4 of 6

FOR DEPARTMENT OF LABOR USE ONLY

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ETA Form 9142B

H-2B Application for Temporary Employment Certification ETA Form 9142B

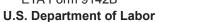


U.S. Department of Labor

G. Rate of Pay					
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	ay (if applicable) §	
From: \$ <u>9</u> . <u>42</u> To (Optional): \$	<u>N/A</u>	From: \$	<u>N/A</u>	_ To (Optiona	al): \$ <u>N/A</u>
2. Per: (Choose only one) * Hour	Week Bi-We	eekly Mont	h Year	Piece Rat	te
2a. If Piece Rate is indicated in question 2, s N/A	pecify the wage o	offer requiremen	nts: §		
3. Additional Wage Information (e.g., multiple If necessary, add attachment to continue a			work, or oth	ner special proc	cedures).
N/A	<u>ana compiete</u> aes	cription. §			
H. Recruitment Information					
Name of State Workforce Agency (SWA) s CHARLESTON CENTER	erving the area of	r intended empl	oyment *		
2. SWA job order identification number *	2a. Start date of	f SWA job orde	r *		of SWA job order *
596821	11/01/2014			11/13/2014	is 50% of contract period)
Is there a Sunday edition of a newspaper intended employment? *	of general circula	ation) in the are	a of	Yes	No
Name of Newspaper/Publication (in area	of intended employme	nt for H-2B only) *		Dates of Print	t Advertisement §
4. POST AND COURIER			From: 11/03/201	4	To: 11/03/2014
5. POST AND COURIER			From: 11/09/201	4	To: 11/09/2014
6. Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and to continue and complete description. *					
In addition to our advertisement in The P	ost and Courier,	, South Caroli	na's large:	st daily newsp	paper,
advertisement was listed on The Post an					•
of Employment and Workforce to get con Workforce Center. Even though these in					
Workforce Center Message Center, telep			•	•	· ·

FOR DEPARTMENT OF LABOR USE ONLY

H-2B Application for Temporary Employment Certification ETA Form 9142B





I. Declaration of Employer and Attorney/Agent

, , , , , , , , , , , , , , , , , , ,			
In accordance with Federal regulations, the employer must attest that it will abide as a condition for receiving a temporary labor certification from the U.S. Department Appendix A or Appendix B will be considered incomplete and not accepted for proceedings.	ent of Labor. Applications	s that fail to att	ach .
center.			
1. For H-2A Applications ONLY, please confirm that you have read and agree to applicable terms, assurances and obligations contained in Appendix A. §	o all the	es No	N/A
2. For H-2B Applications ONLY, please confirm that you have read and agree to applicable terms, assurances and obligations contained in Appendix B. §	o all the	es No	N/A
J. Preparer			
Complete this section if the preparer of this application is a person other than the coontact) or E (attorney or agent) of this application.	one identified in either Se	ction D (emplo	yer
1. Last (family) name § 2. First (given) name §		3. Middle ini	tial §
N/A N/A		N/A	
4. Job Title §			
N/A			
5. Firm/Business name §			
·			
N/A			
6. E-Mail address § N/A			
IV/A			
K. U.S. Government Agency Use (ONLY) Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and National Pursuant to the provisions of Section 101 (a)(15)(h)(ii) of the Immigration and National Pursuant Technology (a) (b) of the Immigration and National Pursuant Technology (a) (b) of the Immigration and National Pursuant Technology (a) (b) of the Immigration and National Pursuant Technology (a) (b) of the Immigration and National Pursuant Technology (a) (a) of the Immigration and National Pursuant Technology (a) of the Immigration and National Pursuant Technolog	ill not adversely affect the low, the Department of La	e wages and w	
ELLY ARROY OF THE PROPERTY OF	12/11/2014		_
Department of Labor, Office of Foreign Labor Certification	Determination Date (da	ite signed)	
H-400-14324-142444	CEDTIEIED		
Case number	CERTIFIED Case Status		-
L. Public Burden Statement (1205-0509)			
Persons are not required to respond to this collection of information unless it displays a curre burden for this collection of information is estimated to average 1.5 hours to complete the for information collection requirements, including the time for reviewing instructions, searching esthe data needed, and completing and reviewing the collection of information. The obligation obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 1101, et seq.). Please send other aspect of this information collection to the Office of Foreign Labor Certification * U.S. De Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov . Pto this address.	m and 25 minutes per responsisting data sources, gather to respond to this data colle comments regarding this but the partment of Labor * Room	onse for all other ring and maintair ection is required urden estimate o C4312 * 200	H-2B ning to r any

ETA Form 9142B	FOR DEPARTMENT OF LABOR US	Page 6 of 6	
Case Number: H-400-14324-142444	Case Status: CERTIFIED	Validity Period 03/01/2015	to 11/30/2015

H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aimbet, or counsel another to do sits a felony punishable by \$250,000 "ne or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name	2. First (given) name	3. Middle initial
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- 1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- 2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

ETA Form 9142B – Appendix B	FOR DEPARTMENT OF	F LABOR USE ONLY		Page B.1 of B.2
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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish falsienformation in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do is a felony punishable by a \$2500,0 "ne or 5 years in the Fedal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name SIMPSON	2. First (given) name JESSICA	3. Middle initial W		
4. Title HUMAN RESOURCES GENERALIST	-			
5. Signature			6. Date signed	

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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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 9142B. 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.

				(3)		
A. Employment-Based Nonimmigrant Vis	sa Information					
Indicate the type of visa classification s	1. Indicate the type of visa classification supported by this application (Write classification symbol): * H-2B					
B. Temporary Need Information						
1. Job Title *BELLPERSON						
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occu	pation title	*			
39-6011	Baggage Porters and Bellhops					
4. Is this a full-time position? * Period of Intended Employment						
√ Yes No	5. Begin Date * 03/01/2015 6. End Date * (mm/dd/yyyy) 11/30/2015					
7. Worker positions needed/basis for the	visa classification supported	by this app	lication			
11 Total Worker Positions Bo	eing Requested for Certific	ation *				
Basis for the visa classification support		orkers identif	ied above)			
a. New employment *		0	d. New concurre	ent employment *		
b. Continuation of previously without change with the s		0	e. Change in er	mployer *		
c. Change in previously app	proved employment *	0	f. Amended pet	ition *		
8. Nature of Temporary Need: (Choose or Seasonal Peakload	only one of the standards) * One-Time Occurrence	Intermitt	ent or Other Tempo	rary Need		
9. Statement of Temporary Need *						
SEE ADDENDUM						

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 Case Status: CERTIFIED
 Validity Period: 03/01/2015
 to 11/30/2015

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

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.

Legal business name * KIAWAH ISLAND INN COMPANY				
2. Trade name/Doing Business As (DBA), if appl KIAWAH ISLAND GOLF RESORT	icable			
3. Address 1 * ONE SANCTUARY BEACH DRIVE				
4. Address 2 N/A				
5. City * KIAWAH ISLAND		6. State * SC	7. 29	Postal code * 455
8. Country * UNITED STATES OF AMERICA		9. Province N/A	•	
10. Telephone number * 843-768-2700		11. Extension N/A		
12. Federal Employer Identification Number (FEI	N from IRS) *	13. NAICS code (must 721110	be at	least 4-digits) *
14. Number of non-family full-time equivalent em	ployees	15. Annual gross reve	nue	16. Year established 1975
D. Employer Point of Contact Information Important Note: The information contained in this Section E, unless the attorney is an employee of the employee of the employee.	As A	n <u>must be</u> <u>different</u> from the employer or master applicat	ver (Hent (H	I-2A only) I-2A only) o is authorized to act on behalf of or attorney information listed in ed on behalf of more than one
employer under the H-2A program, enter only the conas joint employer) under the application.				
Contact's last (family) name * SIMPSON	First (given) rJESSICA		3. MI N/A	ddle name(s) *
4. Contact's job title * HUMAN RESOURCES GENERALIST		I		
5. Address 1 * ONE SANCTUARY BEACH DRIVE				
6. Address 2 N/A				
7. City * KIAWAH ISLAND		SC 2	9. Po 29455	estal code *
10. Country * UNITED STATES OF AMERICA		11. Province N/A		
12. Telephone number * 843-768-2700	13. Extension N/A	14. E-Mail address JESSIE_SIMPSON@	ĝΚIΑ\	WAHRESORT.COM
		I		

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 to 11/30/2015

H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

E.	Attorney or Ag	ent Information	(If applicable)
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Section F question 5 Job Duties:

Attorney or Agent Information (If app It is/are the employer(s) represented by		•	in the	filing of	this applicati	on	□ Vaa	. Also
(including associations acting as agent un	nder th	ne H-2A progran	m)? If	"Yes", c			Yes	No No
2. Attorney or Agent's last (family) name	§	3. First (giver	n) nan	ne §		4. Middle	name(s) §	
N/A		N/A				N/A		
5. Address 1 § N/A								
6. Address 2 N/A								
7. City § N/A				8. State	: §	9. Po N/A	stal code §	
10. Country § N/A				11. Pro N/A	vince	•		
12. Telephone number §	13.	Extension		14. E-N	lail address			
N/A	N/A		1	N/A				
15. Law firm/Business name §					16. Law fire	m/Business	s FEIN §	
N/A					N/A			
17. State Bar number (only if attorney) §					ate of highes		ere attorney	is in good
N/A				standin N/A	g (only if attor	rney) §		
19. Name of the highest court where atto	orney i	s in good stand	ling (o	nly if atto	rney) §			
N/A								
. Job Offer Information								
a. Job Description								
1. Job Title * BELLPERSON								
2. Number of hours of work per week			3. H	ourly W	ork Schedule	*		
Basic *: 40 Overtime:			А	.M. (h:mi	m): <u>8</u> : <u>00</u>	P.M.	(h:mm): <u>4</u>	: <u>00</u>
4. Does this position supervise the work	of oth	er employees?		s √ No			of employee e (if applicat	
5. Job duties – A description of the dutie to continue and complete description.		e performed MU	JST be	egin in th	nis space. If	necessary,	, add attach	ment
SEE ADDENDUM								
Section F question 3 - Hourly Work S	chedu	ıle:						
Rotating Shifts, 6:00 am - 2:00 pm, 8:5 days /week including holidays and			:00 pr	m - 11:0	00 pm, 11:0	0 pm - 7:0	00 am.	

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To assist guests with the unloading, storage, delivery and loading of luggage and other guest property. Duties also include transferring luggage and guests, securing of guests' personal items, and rendering personal

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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

F.	Job	Offer	Information	(continued)

b. Minimum Job Requirements							
Education: minimum U.S. diploma/degree required *							
☑None ☐ High School/GED ☐ Associate's ☐ Bachelor		, ,	• •	,			
1a. If "Other degree" in question 1, specify the diploma/ degree required §	1b. Indicate the major(s (May list more than one rela						
N/A	N/A						
2. Does the employer require a second U.S. diploma/degr			Yes ✓	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 §							
N/A							
3. Is training for the job opportunity required? * Yes V							
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 m							
N/A	N/A						
4. Is employment experience required? *			Yes 🗸	N o			
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupat	ion required §					
N/A	N/A						
5. Special Requirements - List specific skills, licenses/certif	ications, and requirements	s of the job oppo	rtunity. *				
All applicants must be able to complete an application	1.						
Discontinuous the formation							
c. Place of Employment Information							
Worksite address 1 * ONE SANCTUARY BEACH DRIVE							
2. Address 2 N/A							
3. City *		4. County *					
KIAWAH ISLAND		CHARLESTON	١				
5. State/District/Territory * SC	2	6. Postal code 29455	*				
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *							
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 continue and complete a listing of all anticipated worksites. §							
N/A							
IN/A							
		<u> </u>					

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G. Rate of Pay						
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	By (if applicable) §		
From: \$ <u>8</u> . <u>82</u> To (Optional): \$. <u>N/A</u>	From: \$	<u>N/A</u>	_ To (Optiona	al): \$ <u>N/A</u>	
2. Per: (Choose only one) *						
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: § N/A						
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to continue and complete description. §						
N/A	<u>ana compiete</u> aes	cription. §				
II. De amidus ant lufa martina						
H. Recruitment Information1. Name of State Workforce Agency (SWA) s	erving the area of	f intended emp	lovment *			
SC WORKS / CHARLESTON CENTER	civing the area of	i interiaca cirip	ioyment			
2. SWA job order identification number *	2a. Start date of	f SWA job orde	r*		of SWA job order * is 50% of contract period)	
596811	11/01/2014		11/13/2014		,	
3. Is there a Sunday edition of a newspaper intended employment? *	of general circula	ation) in the are	a of	Yes	No	
Name of Newspaper/Publication (in area	of intended employme	nt for H-2B only) *		Dates of Print	t Advertisement §	
4. THE POST AND COURIER			From: 11/03/201	4	To: 11/03/2014	
5. THE POST AND COURIER			From: 11/09/201	4	To: 11/09/2014	
	6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment					
In addition to our ad in the Post and Cour on The Post and Courier's website and 2 contacted the South Carolina Departmen that were referred by the Charleston Wor us, we attempted to contact them through	local publication t of Employmen kforce Center.	ns, The Hous It and Workfor Even though	ehold Help rce to get these indiv	per and Marke contact inform viduals may n	et Scene. We also nation on individuals ot have contacted	

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H-2B Application for Temporary Employment Certification ETA Form 9142B





I. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer must as a condition for receiving a temporary labor certification of Appendix A or Appendix B will be considered incomplete a center.	from the U.S. Departme	nt of Labor. Applications	s that fail to attach
For H-2A Applications ONLY, please confirm that you applicable terms, assurances and obligations contained in the contai		all the	es No N/A
2. For H-2B Applications ONLY, please confirm that you applicable terms, assurances and obligations contained i		o all the	es No N/A
J. Preparer			
Complete this section if the preparer of this application is a point of contact) or E (attorney or agent) of this application.		ne identified in either Se	ction D (employer
1. Last (family) name §	2. First (given) name §		3. Middle initial §
	N/A		N/A
4. Job Title § N/A			
5. Firm/Business name §			
N/A 6. E-Mail address §			
N/A			
acknowledges the following: This certification is valid from 03/01/2015	to 11/30/201	5	•
This certification is valid from	_ 10	<u> </u>	
William L. Culson			
The same of the sa	_	12/04/2014	
Department of Labor, Office of Foreign Labor Certification	n	Determination Date (da	ite signed)
H-400-14322-869470		055555	
Case number	_	CERTIFIED Case Status	
L. Public Burden Statement (1205-0509)			
Persons are not required to respond to this collection of information burden for this collection of information is estimated to average 1.5 information collection requirements, including the time for reviewing the data needed, and completing and reviewing the collection of in obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. 11 other aspect of this information collection to the Office of Foreign La Constitution Ave., NW, * Washington, DC * 20210 or by email ETA to this address.	is hours to complete the form g instructions, searching ex- formation. The obligation to 01, et seq.). Please send abor Certification * U.S. De	m and 25 minutes per responsising data sources, gather to respond to this data colle comments regarding this but partment of Labor * Room of the comments regarding the subpartment of Labor * Room of the comments regarding this but partment of Labor * Room of the comments regarding this but the comments regarding this but the comments regarding this but the comments regarding the comments	onse for all other H-ŽB ring and maintaining action is required to urden estimate or any C4312 * 200
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OMB Approval: 1205-0509 Expiration Date: 03/31/2016

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ADDENDUM

ADDENDUM SECTION F.a.5: Additional Notes Regarding Job Duties

assistance and furnishing information to guests regarding hotel facilities and surrounding areas.

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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aimbet, or counsel another to do sits a felony punishable by \$250,000 "ne or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

1. Attorney or Agent's last (family) name	2. First (given) name	Middle initial
]	, , , , ,	
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- 1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- 2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

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ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish falsienformation in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do is a felony punishable by a \$2500,0 "ne or 5 years in the Fedal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name	2. First (given) name	3. Middle initial	
SIMPSON	JESSICA		
4. Title			
HUMAN RESOURCES GENERALIST	-		
5. Signature		6. Date	e signed

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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Please read and review the filing instructions carefully before completing the ETA Form 9142B. 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 *CABANA ATTENDANT 2. SOC (ONET/OES) code * 3. SOC (ONET/OES) occupation title * Amusement and Recreation Attendants 4. Is this a full-time position? * Period of Intended Employment 5. Begin Date * 03/01/2015 6. End Date * (mm/dd/yyyy) 7. We No Social Street S					
1. Job Title *CABANA ATTENDANT 2. SOC (ONET/OES) code * 3. SOC (ONET/OES) occupation title * 39-3091 4. Is this a full-time position? * Period of Intended Employment 5. Begin Date * 03/01/2015 6. End Date * (mm/dd/yyyy) 11/30/2015					
1. Job Title *CABANA ATTENDANT 2. SOC (ONET/OES) code * 3. SOC (ONET/OES) occupation title * 39-3091 4. Is this a full-time position? * Period of Intended Employment 5. Begin Date * 03/01/2015 6. End Date * (mm/dd/yyyy) 11/30/2015					
2. SOC (ONET/OES) code * 3. SOC (ONET/OES) occupation title * 39-3091 Amusement and Recreation Attendants 4. Is this a full-time position? * Period of Intended Employment 5. Begin Date * 03/01/2015 6. End Date * (mm/dd/yyyy) 11/30/2015					
39-3091 Amusement and Recreation Attendants 4. Is this a full-time position? * Period of Intended Employment 5. Begin Date * 03/01/2015 6. End Date * (mm/dd/yyyy) 11/30/2015					
Yes No 5. Begin Date * 03/01/2015 6. End Date * (mm/dd/yyyy) 11/30/2015					
(min/dd/yyyy)					
7. Worker positions needed/basis for the visa classification supported by this application					
24 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)					
a. New employment * 0 d. New concurrent employment *					
b. Continuation of previously approved employment *					
c. Change in previously approved employment *					
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 *					
SEE ADDENDUM					
SEE ADDENDOW					

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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.

Legal business name * KIAWAH ISLAND INN COMPANY				
2. Trade name/Doing Business As (DBA), if app KIAWAH ISLAND GOLF RESORT	licable			
3. Address 1 * ONE SANCTUARY BEACH DRIVE				
4. Address 2 N/A				
5. City * KIAWAH ISLAND		6. State * SC		Postal code * 455
8. Country * UNITED STATES OF AMERICA		9. Province N/A	•	
10. Telephone number * 843-768-2700		11. Extension N/A		
12. Federal Employer Identification Number (FE	IN from IRS) *	13. NAICS code (mus 721110	t be at	least 4-digits) *
14. Number of non-family full-time equivalent en	nployees	15. Annual gross reve	enue	16. Year established 1975
☐ Individual Employer ☐ H-2A Labor Contractor or ☐ Job Contractor D. Employer Point of Contact Information	□As	ssociation – Sole Emplo ssociation – Joint Emplo ssociation – Filing as Ag	yer (H	I-2A only)
Important Note: The information contained in this Set the employer in labor certification matters. The inform Section E, unless the attorney is an employee of the employer under the H-2A program, enter only the coras joint employer) under the application.	nation in this Sectior employer. For joint e	n <u>must be</u> <u>different</u> from the employer or master applica	agent tions fi	or attorney information listed in led on behalf of more than one
Contact's last (family) name *	2. First (given) r	name *	3. Mi	ddle name(s) *
SIMPSON	JESSICA	N/A		
4. Contact's job title * HUMAN RESOURCES GENERALIST				
5. Address 1 * ONE SANCTUARY BEACH DRIVE				
6. Address 2 N/A				
7. City * KIAWAH ISLAND			9. Po 2945	ostal code * 5
10. Country * UNITED STATES OF AMERICA		11. Province N/A		
12. Telephone number *	13. Extension	14. E-Mail address		
843-768-2700	N/A	JESSIE_SIMPSON(②KIA	WAHRESORT.COM

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								Bu
. Attorney or Agent Information (If app	licable)							
Is/are the employer(s) represented by (including associations acting as agent ur							Yes	No
2. Attorney or Agent's last (family) name	§	First (given)) nar	ne §		Middle	name(s) §	
N/A	1	N/A			1	N/A		
5. Address 1 § N/A								
6. Address 2 N/A								
7. City § N/A				8. State V/A	e §	9. Po N/A	stal code §	
10. Country § N/A				11. Pro V/A	vince	1		
12. Telephone number §	13. E	extension		14. E-N	Mail address			
N/A	N/A			N/A				
15. Law firm/Business name §					16. Law firm	n/Business	FEIN §	
N/A					N/A			
17. State Bar number (only if attorney) § 18. State of highest court where attorney is in good					s in good			
N/A standing (only if attorney) § N/A								
19. Name of the highest court where atto	orney is	in good standir	ng (o	nly if atto	rney) §			
N/A								
. Job Offer Information								
a. Job Description								
Job Title * CABANA ATTENDANT								
2. Number of hours of work per week			3. H	ourly W	ork Schedule	*		
Basic *: 40 Overtime:			Α	.M. (h:m	m): <u>8</u> : <u>00</u>		(h:mm): <u>4</u> :	
4. Does this position supervise the work	of other	employees? *	Ye	s 🗸 No	4a. If yes worker wil		of employees e (if applicabl	
5. Job duties – A description of the dutie to continue and complete description.		performed MUS	ST b	egin in th	nis space. If r	necessary,	, add attachm	nent
SECTION F QUESTION 3: Hours: F may vary); 5 days per week, including					4PM or 3PM	-11PM; (s	start and en	d times
JOB DUTIES:: To perform routine fu Delivery and pick-up of property renta clean and safe work area. Ensure pro	al items	. Prepare, pro	oduc	e, and	service the s	nack bar		

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F.	Job	Offer	Informa	tion	(continued)
----	-----	-------	---------	------	-------------

b. Minimum Job Requirements						
Education: minimum U.S. diploma/degree required *						
☑None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)						
1a. If "Other degree" in question 1, specify the diploma/ degree required §	1b. Indicate the major((May list more than one re					
N/A N/A						
2. Does the employer require a second U.S. diploma/degre	ee? *			Yes	√	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 §						
N/A						
3. Is training for the job opportunity required? *				Yes	√	No
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s) (May list more than one rel					
N/A	N/A					
4. Is employment experience required? *				Yes		No
4a. If "Yes" in question 4, specify the number of	4b. Indicate the occupa	tion required §				
months of experience required § N/A	N/A					
5. Special Requirements - List specific skills, licenses/certif	ications, and requirement	ts of the job op	portun	ity. *		
ALL APPLICANTS MUST BE ABLE TO COMPLETE	AN EMPLOYMENT AF	PLICATION.				
c. Place of Employment Information						
Worksite address 1 * ONE SANCTUARY BEACH DRIVE						
2. Address 2 N/A						
3. City *		4. County *				
KIAWAH ISLAND		CHARLESTON				
5. State/District/Territory * SC		6. Postal cod 29455	e *			
7. Will work be performed in multiple worksites within an a employment or a location(s) other than the address liste		Yes 🚺	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 continue and complete a listing of all anticipated worksites. §						
	y · · · · · · · · · · · · · · · · · · ·	•				
N/A						

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G. Rate of Pay					
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	ay (if applicable) §	
From: \$ <u>9</u> . <u>53</u> To (Optional): \$	<u>N/A</u>	From: \$	<u>N/A</u>	_ To (Optiona	al): \$ <u>N/A</u>
2. Per: (Choose only one) * Hour	Week Bi-We	eekly Mont	h Year	Piece Rat	te
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: § N/A					
Additional Wage Information (e.g., multiple If necessary, add attachment to continue a			work, or oth	ner special prod	pedures).
N/A	ana complete aco	onption. 3			
H. Recruitment Information					
Name of State Workforce Agency (SWA) s CHARLESTON CENTER	erving the area of	f intended empl	loyment *		
2. SWA job order identification number *	2a. Start date of	f SWA job orde	r *		of SWA job order *
596823	11/01/2014			(In H-2A this date 11/13/2014	is 50% of contract period)
Is there a Sunday edition of a newspaper intended employment? *	l (of general circula	ation) in the are	a of	Yes	No
Name of Newspaper/Publication (in area	of intended employme	ent for H-2B only) *		Dates of Print	t Advertisement §
4. POST AND COURIER			From: 11/03/201		To: 11/03/2014
5. POST AND COURIER			From: 11/09/201	4	To: 11/09/2014
Additional Recruitment Activities for H-2B geographic location(s) of recruitment, and					
to continue and complete description. *					-
In addition to our advertisement in The P advertisement was listed on The Post an					
of Employment and Workforce to get con					•
Workforce Center. Even though these in	dividuals may n				
Workforce Center Message Center, telep	hone and mail.				

FOR DEPARTMENT OF LABOR USE ONLY

H-2B Application for Temporary Employment Certification ETA Form 9142B





I. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer muas a condition for receiving a temporary labor certification Appendix A or Appendix B will be considered incomplete	n from the U.S. Departme	ent of Labor. Applications	that fail to attach
center.			
For H-2A Applications ONLY, please confirm that yo applicable terms, assurances and obligations contained.		o all the Ye	s No N/A
2. For H-2B Applications ONLY, please confirm that yo applicable terms, assurances and obligations contained	ou have read and agree to d in Appendix B. §	o all the	s No N/A
•	a naraan athar than tha	and identified in either Co	otion D (omnlover
Complete this section if the preparer of this application is point of contact) or E (attorney or agent) of this application		one identined in either Se	Stion D (employer
Last (family) name §	2. First (given) name §		3. Middle initial §
N/A	N/A		N/A
4. Job Title §			
N/A			
5. Firm/Business name §			
or rame s			
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 there are not sufficient U.S. workers available and the emconditions of workers in the U.S. similarly employed. By acknowledges the following:	ployment of the above w	ill not adversely affect the	wages and working
This certification is valid from03/01/2015	to11/30/201		
William L. Colean		12/16/2014	
Department of Labor, Office of Foreign Labor Certificati	ion	Determination Date (da	te signed)
H-400-14324-878830		0507/5/50	
Case number		CERTIFIED Case Status	
Odde Humber		Odde Oldiud	
L. Public Burden Statement (1205-0509)			
Persons are not required to respond to this collection of informat			
burden for this collection of information is estimated to average 1 information collection requirements, including the time for review the data needed, and completing and reviewing the collection of obtain/retain benefits (Immigration and Nationality Act, 8 U.S.C. other aspect of this information collection to the Office of Foreign Constitution Ave., NW, * Washington, DC * 20210 or by email ET to this address.	ring instructions, searching e information. The obligation 1101, et seq.). Please send Labor Certification * U.S. De	existing data sources, gather to respond to this data colle comments regarding this bu epartment of Labor * Room (ng and maintaining ction is required to rden estimate or any c4312 * 200

ETA Form 9142B	FOR DEPARTMENT OF LABOR USE OF	NLY		Page 6 of 6
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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aimbet, or counsel another to do sits a felony punishable by \$250,000 "ne or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name	2. First (given) name	3. Middle initial
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- 1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- 2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- 6. The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

ETA Form 9142B – Appendix B	FOR DEPARTMENT O	F LABOR USE ONLY			Page B.1 of B.2	
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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish falsienformation in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do is a felony punishable by a \$2500,0 "ne or 5 years in the Fedal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name SIMPSON	2. First (given) name JESSICA	3. Midd W	le initial
4. Title HUMAN RESOURCES GENERALIST	-		
5. Signature			6. Date signed

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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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 9142B. 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.

				(3)
A. Employment-Based Nonimmigrant Vis	sa Information			
Indicate the type of visa classification s	supported by this application	(Write classi	fication symbol): *	H-2B
B. Temporary Need Information				
1. Job Title *DISHWASHERS				
2. SOC (ONET/OES) code *	3. SOC (ONET/OES) occu	upation title	*	
35-9021	Dishwashers			
4. Is this a full-time position? *		Period of	Intended Employm	
Yes No	5. Begin Date * 03/01/20 (mm/dd/yyyy)	15	6. End Date (mm/dd/yyyy)	11/30/2015
7. Worker positions needed/basis for the	visa classification supported	by this app	lication	
11 Total Worker Positions Bo	eing Requested for Certific	ation *		
Basis for the visa classification support				
(indicate the total workers in each applicabl	le category based on the total w	orkers identif	ied above)	
a. New employment *		0	d. New concurre	ent employment *
b. Continuation of previously without change with the s		0	e. Change in er	mployer *
c. Change in previously app		0	f. Amended pet	ition *
8. Nature of Temporary Need: (Choose or Seasonal Peakload	only one of the standards) * One-Time Occurrence	Intermitt	ent or Other Tempo	rary Need
9. Statement of Temporary Need *				
SEE ADDENDUM				

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H-2B Application for Temporary Employment Certification ETA Form 9142B



U.S. Department of Labor

C. Employer Information

<u>Important Note</u>: 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, <u>by name, mailing address, and total worker positions needed</u>, under the application.

Legal business name * KIAWAH ISLAND INN COMPANY					
2. Trade name/Doing Business As (DBA KIAWAH ISLAND GOLF RESORT	A), if applicable				
3. Address 1 * ONE SANCTUARY BEACH DRIVE					
4. Address 2 N/A					
5. City * KIAWAH ISLAND			6. State *		Postal code * 455
8. Country * UNITED STATES OF AMERICA			9. Province N/A		
10. Telephone number * 843-768-2700			11. Extension N/A		
12. Federal Employer Identification Number (FEIN from IRS) * 13. NAICS code (must be 721110			ust be at	least 4-digits) *	
14. Number of non-family full-time equiv	ralent employees		15. Annual gross re	venue	16. Year established 1975
17. Type of employer application (choose ✓ Individual Employer H-2A Labor Contractor or		As	sociation – Sole Empl sociation – Joint Emp	loyer (F	I-2A only)
☐ Individual Employer ☐ H-2A Labor Contractor or ☐ Job Contractor D. Employer Point of Contact Information Important Note: The information contained the employer in labor certification matters. The Section E, unless the attorney is an employer employer under the H-2A program, enter on the section is a section in the section in the section in the section in the section is an employer employer under the H-2A program, enter on the section is a section in the section in the section in the section is a section in the section is a section in the section is a section in the	on in this Section must be the information in this se of the employer. F	As A	sociation – Joint Emp sociation – Filing as A f an employee of the emp must be different from the	loyer (Hagent	I-2A only) I-2A only) o is authorized to act on behalf or attorney information listed in led on behalf of more than one
Individual Employer ☐ H-2A Labor Contractor or ☐ Job Contractor D. Employer Point of Contact Information Important Note: The information contained the employer in labor certification matters. The information is an employer in labor certification matters. The information is an employer in labor certification matters. The information is an employer in labor certification is an employer in labor certification is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information is an employer in labor certification in the information in the information is an employer in labor certification in the information in the informati	on in this Section must be the information in this se of the employer. F	e that of Section or joint e	sociation – Joint Emp sociation – Filing as A f an employee of the emp must be different from the employer or master appliche main or primary empl	ployer whe agent cations filloyer (e.g	I-2A only) I-2A only) o is authorized to act on behalf or attorney information listed in led on behalf of more than one
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Individual Employer H-2A Labor Contractor or Job Contractor D. Employer Point of Contact Information Important Note: The information contained the employer in labor certification matters. □ Section E, unless the attorney is an employer employer under the H-2A program, enter on as joint employer) under the application. 1. Contact's last (family) name *	in this Section must be the information in this see of the employer. Fy the contact informa 2. First (contact information in this see of the employer. Fy the contact information in the information in this section must be information in this section must be information in this section in the information in this section in the information in this section in the information in the	As As	sociation – Joint Emp sociation – Filing as A f an employee of the emp must be different from the employer or master appliche main or primary empl	ployer whhe agent cations filloyer (e.g	I-2A only) I-2A only) o is authorized to act on behalf or or attorney information listed in ed on behalf of more than one ., contact for an association filing
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D. Employer Point of Contact Information Important Note: The information contained the employer in labor certification matters. Section E, unless the attorney is an employer employer under the H-2A program, enter on as joint employer) under the application. 1. Contact's last (family) name * SIMPSON 4. Contact's job title * HUMAN RESOURCES GENERALIS 5. Address 1 *	in this Section must be the information in this see of the employer. Fy the contact informa 2. First (contact information in this see of the employer. Fy the contact information in the information in this section must be information in this section must be information in this section in the information in this section in the information in this section in the information in the	As As	sociation – Joint Emp sociation – Filing as A f an employee of the emp must be different from the employer or master appliche main or primary empl	ployer whhe agent cations filloyer (e.g	I-2A only) I-2A only) o is authorized to act on behalf or or attorney information listed in ed on behalf of more than one ., contact for an association filing
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Individual Employer ☐ H-2A Labor Contractor or ☐ Job Contractor D. Employer Point of Contact Information Important Note: The information contained the employer in labor certification matters. The section E, unless the attorney is an employer employer under the H-2A program, enter on as joint employer) under the application. 1. Contact's last (family) name * SIMPSON 4. Contact's job title * HUMAN RESOURCES GENERALIS 5. Address 1 * ONE SANCTUARY BEACH DRIVE 6. Address 2 N/A 7. City * KIAWAH ISLAND	in this Section must be the information in this see of the employer. Fy the contact informa 2. First (contact information in this see of the employer. Fy the contact information in the information in this section must be information in this section must be information in this section in the information in this section in the information in this section in the information in the	As As	sociation – Joint Emples ociation – Filing as A f an employee of the emplement of the employee of the employer or master application or primary emplement * 8. State * 8. State * 11. Province N/A 14. E-Mail address	ployer (Hagent	d-2A only) d-2A only) do is authorized to act on behalf of or attorney information listed in led on behalf of more than one, contact for an association filing ddle name(s) *

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	-			
E. Attorney or Agent Information (If app	licable)			
Is/are the employer(s) represented by (including associations acting as agent ur				Yes No
2. Attorney or Agent's last (family) name				e name(s) §
N/A	N/A		N/A	
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A		8. State § N/A	9. Po N/A	ostal code §
10. Country § N/A		11. Provir N/A	nce	
12. Telephone number §	13. Extension	14. E-Mai	l address	
N/A	N/A	N/A		
15. Law firm/Business name § N/A			6. Law firm/Busines /A	s FEIN §
17. State Bar number (only if attorney) §				ere attorney is in good
N/A		N/A	(only if attorney) §	
19. Name of the highest court where atto	orney is in good stand	ling (only if attorne	ey) §	
N/A				
Job Offer Information				
a. Job Description				
1. Job Title * DISHWASHERS				
2. Number of hours of work per week		3. Hourly Work	Schedule *	
Basic *: 40 Overtime:				(h:mm): <u>4</u> : <u>00</u>
4. Does this position supervise the work	of other employees?	* Yes √ No	4a. If yes, number worker will supervis	
5. Job duties – A description of the dutie to continue and complete description.		JST begin in this	space. If necessary	, add attachment
SECTION F QUESTION 3: : Rotating 5 days per week, including weekends		BAM-4PM or 3F	PM-11PM; (start an	nd end times may vary);
JOB DUTIES: To assist with cleanline equipment, plates, glasses, and other as they relate to cleaning the kitchen	items used in food			

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F. Job Offer Information (continued)

b. Minimum Job Requirements						
Education: minimum U.S. diploma/degree required *	Education: minimum U.S. diploma/degree required *					
☑None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ Other degree (JD, MD, etc.)						
1a. If "Other degree" in question 1, specify the diploma/ degree required § 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 N/A						
2. Does the employer require a second U.S. diploma/degr	ee? * Yes ✓ No					
2a. If "Yes" in question 2, indicate the second U.S. diploma	a/degree and the major(s) and/or field(s) of study required §					
N/A						
3. Is training for the job opportunity required? *	Yes V 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)					
N/A	N/A					
4. Is employment experience required? *	Yes ✓ No					
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation required §					
N/A	N/A					
5. Special Requirements - List specific skills, licenses/certif	fications, and requirements of the job opportunity. *					
SEE ADDENDUM						
ALL APPLICANTS MUST BE ABLE TO COMPLETE	AN EMPLOYMENT APPLICATION					
THE THE PROPERTY OF THE PROPER	AN ESTMENTANTESATION.					
- Place of Familians and Information						
c. Place of Employment Information						
Worksite address 1 * ONE SANCTUARY BEACH DRIVE						
2. Address 2 N/A						
3. City *	4. County *					
KIAWAH ISLAND	CHARLESTON					
5. State/District/Territory *	6. Postal code * 29455					
7. Will work be performed in multiple worksites within an a employment or a location(s) other than the address lists						
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 continue and complete a listing of all anticipated worksites. §						
N/A	•					
IN/A						

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G. Rate of Pay						
Basic Rate of Pay Offered *		1a. Overtime	Rate of Pa	ay (if applicable) §		
From: \$ <u>8</u> . <u>71</u> To (Optional): \$	<u>N/A</u>	From: \$	<u>N/A</u>	_ To (Optiona	al): \$ <u>N/A</u>	
2. Per: (Choose only one) * Hour	Week Bi-We	eekly Mont	h Year	Piece Rat	te	
2a. If Piece Rate is indicated in question 2, s N/A						
Additional Wage Information (e.g., multiple If necessary, add attachment to continue a			work, or oth	ner special prod	cedures).	
N/A	ana complete acs	cription. y				
H. Recruitment Information						
Name of State Workforce Agency (SWA) s CHARLESTON CENTER	serving the area of	f intended empl	oyment *			
2. SWA job order identification number *	2a. Start date of	f SWA job orde	r *		of SWA job order *	
596824	11/01/2014			(In H-2A this date 11/13/2014	is 50% of contract period)	
Is there a Sunday edition of a newspaper intended employment? *	of general circula	ation) in the are	a of	Yes	No	
Name of Newspaper/Publication (in area	of intended employme	nt for H-2B only) *		Dates of Print	t Advertisement §	
4. POST AND COURIER			From: 11/03/201	4	To: 11/03/2014	
5. POST AND COURIER			From: 11/09/201	4	To: 11/09/2014	
6. Additional Recruitment Activities for H-2B program. Use the space below to identify the type(s) or source(s) of recruitment, geographic location(s) of recruitment, and the date(s) on which recruitment was conducted. If necessary, add attachment to continue and complete description. *						
In addition to our advertisement in The P	ost and Courier,	South Caroli	na's large:	st daily newsp	oaper,	
advertisement was listed on The Post an					•	
	of Employment and Workforce to get contact information on individuals that were referred by The Charleston Workforce Center. Even though these individuals may not have contacted us, we attempted contact through the					
Workforce Center Message Center, telep			,			

FOR DEPARTMENT OF LABOR USE ONLY

H-2B Application for Temporary Employment Certification ETA Form 9142B





I. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer as a condition for receiving a temporary labor certific Appendix A or Appendix B will be considered income	cation from the U.S. Department of Labo	or. Applications that fail to attach
<u>center</u> .		
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 . §		Yes No 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. §		Yes No N/A
J. Preparer		
Complete this section if the preparer of this application point of contact) or E (attorney or agent) of this application.		ed in either Section D (employer
1. Last (family) name §	2. First (given) name §	3. Middle initial §
N/A	N/A	N/A
4. Job Title §		
N/A		
5. Firm/Business name §		
N/A		
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)(there are not sufficient U.S. workers available and th conditions of workers in the U.S. similarly employed. acknowledges the following:	e employment of the above will not adve	ersely affect the wages and working
This certification is valid from03/01/2015	to 11/30/2015	<u>-</u> -
1 101		
William L. Culcon	40/40/5	2044
Department of Labor, Office of Foreign Labor Cert	ification Determine	nation Date (date signed)
Department of Labor, Office of Foreign Labor Cert	meaton Determin	lation Date (date signed)
H-400-14324-569558	CERTIF	EIED
Case number	Case Str	
L. Public Burden Statement (1205-0509)		
Persons are not required to respond to this collection of infiburden for this collection of information is estimated to average information collection requirements, including the time for report the data needed, and completing and reviewing the collection obtain/retain benefits (Immigration and Nationality Act, 8 U. other aspect of this information collection to the Office of Formation Ave., NW, * Washington, DC * 20210 or by emto this address.	rage 1.5 hours to complete the form and 25 n eviewing instructions, searching existing data ion of information. The obligation to respond S.C. 1101, et seq.). Please send comments oreign Labor Certification * U.S. Department of	ninutes per response for all other H-2B a sources, gathering and maintaining to this data collection is required to regarding this burden estimate or any of Labor * Room C4312 * 200

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 Case Status: CERTIFIED
 Validity Period: 03/01/2015
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OMB Approval: 1205-0509 Expiration Date: 03/31/2016

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U.S. Department of Labor

ADDENDUM

ADDENDUM SECTION F.b.5: Special Requirements

Pre-hire background check and drug test carried out equally between U.S. and H-2B workers.

FOR DEPARTMENT OF LABOR USE ONLY

H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

For Use in Filing Applications Under the H-2B Non-Agricultural Program ONLY

A. Attorney or Agent Declaration

I hereby certify that I am an employee of, or hired by, the employer listed in Section C of the ETA Form 9142B, and that I have been designated by that employer to act on its behalf in connection with this application. I also certify that to the best of my knowledge the information contained herein is true and correct. I understand that to knowingly furnish false information in the preparation of this form and any supplement hereto or to aimbet, or counsel another to do sits a felony punishable by \$250,000 "ne or 5 years in a Federal penitentiary or both (18 U.S.C. 1001).

Attorney or Agent's last (family) name	2. First (given) name	3. Middle initial
4. Firm/Business name		
5. E-Mail address		
6. Signature		7. Date signed

B. Employer Declaration

By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment:

- 1. The job opportunity is a bona fide, full-time temporary position, the qualifications for which are consistent with the normal and accepted qualifications required by non-H-2B employers in the same or comparable occupations.
- 2. The job opportunity is not vacant because the former occupant(s) is (are) on strike or locked out in the course of a labor dispute involving a work stoppage.
- 3. The job opportunity is open to any qualified U.S. worker regardless of race, color, national origin, age, sex, religion, handicap, or citizenship, and the employer has conducted the required recruitment, in accordance with regulations, and has been unsuccessful in locating sufficient numbers of qualified U.S. applicants for the job opportunity for which certification is sought. Any U.S. workers who applied or apply for the job were or will be rejected only for lawful, job-related reasons, and the employer must retain records of all rejections.
- 4. The offered terms and working conditions of the job opportunity are normal to workers similarly employed in the area(s) of intended employment and are not less favorable than those offered to the foreign worker(s) and are not less than the minimum terms and conditions required by Federal regulation at 20 CFR 655, Subpart A.
- 5. The offered wage equals or exceeds the highest of the most recent prevailing wage that is or will be issued by the Department to the employer for the time period the work is performed, or the applicable Federal, State, or local minimum wage, and the employer will pay the offered wage.
- The offered wage is not based on commissions, bonuses or other incentives, unless the employer guarantees a wage paid on a weekly, bi-weekly, or monthly basis that equals or exceeds the prevailing wage, or the legal Federal or State minimum wage, whichever is highest.
- 7. During the period of employment that is the subject of the labor certification application, the employer will comply with applicable Federal, State and local employment-related laws and regulations, including employment-related health and safety laws:
- 8. The employer has not laid off and will not lay off any similarly employed U.S. worker in the occupation that is the subject of the <u>Application for Temporary Employment Certification</u> in the area of intended employment within the period beginning 120 days before the date of need, except where the employer also attests that it offered the job opportunity that is the subject of the application to those laid-off U.S. worker(s) and the U.S. worker(s) either refused the job opportunity or was rejected for the job opportunity for lawful, job-related reasons.

ETA Form 9142B – Appendix B	FOR DEPARTMENT O	F LABOR USE ONLY			Page B.1 of B.2	
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H-2B Application for Temporary Employment Certification



ETA Form 9142B – APPENDIX B U.S. Department of Labor

- 9. The employer and its agents and/or attorneys have not sought or received payment of any kind from the employee for any activity related to obtaining labor certification, including payment of the employer's attorneys' fees, application fees, or recruitment costs. For purposes of this paragraph, payment includes, but is not limited to, monetary payments, wage concessions (including deductions from wages, salary, or benefits), kickbacks, bribes, tributes, in kind payments, and free labor.
- 10. Unless the H-2B worker is being sponsored by another subsequent employer, the employer will inform H-2B workers of the requirement that they leave the U.S. at the end of the period certified by the Department or separation from the employer, whichever is earlier, as required under § 655.35, and that if dismissed by the employer prior to the end of the period, the employer is liable for return transportation.
- 11. Upon the separation from employment of any foreign worker(s) employed under the labor certification application, if such separation occurs prior to the end date of the employment specified in the application, the employer will notify the Department and DHS in writing or any other method specified of the separation from employment not later than forty-eight (48) hours after such separation is discovered by the employer.
- 12. The employer will not place any H-2B workers employed pursuant to this application outside the area of intended employment listed on the Application for Temporary Employment Certification unless the employer has obtained a new temporary labor certification from the Department.
- 13. The dates of temporary need, reason(s) for temporary need, and number of worker positions being requested for certification have been truly and accurately stated on the application.
- 14. If the application is being filed as a job contractor, the employer will not place any H-2B workers employed pursuant to the labor certification application with any other employer or at another employer's worksite unless:
 - (i) The employer applicant first makes a bona fide inquiry as to whether the other employer has displaced or intends to displace a similarly employed U.S. worker within the area of intended employment within the period beginning 120 days before and throughout the entire placement of the H-2B worker, the other employer provides written confirmation that it has not so displaced and does not intend to displace such U.S. workers; and
 - (ii) All worksites are listed on the certified Application for Temporary Employment Certification

I hereby designate the agent or attorney identified in section D (if any) of the ETA Form 9142B to represent me for the purpose of labor certification and, by virtue of my signature in Block 3 below, I take full responsibility for the accuracy of any representations made by my agent or attorney.

I declare under penalty of perjury that I have read and reviewed this application and that to the best of my knowledge the information contained therein is true and accurate. I understand that to knowingly furnish falsienformation in the preparation of this form and any supplement thereto or to aid, abet, or counsel another to do is a felony punishable by a \$25000 "ne or 5 years in the Fedal penitentiary or both (18 U.S.C. 1001).

1. Last (family) name	2. First (given) name	3. Middle initial			
SIMPSON	JESSICA	W			
4. Title					
HUMAN RESOURCES GENERALIST					
5. Signature			6. Date signed		

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.). Please send comments regarding this burden estimate or any other aspect of this information collection to the Office of Foreign Labor Certification * U.S. Department of Labor * Room C4312 * 200 Constitution Ave., NW, * Washington, DC * 20210 or by email ETA.OFLC.Forms@dol.gov. Please do not send the completed application to this address.

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