

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

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



**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 10 . 35 To (Optional): \$ . .		From: \$ . . To (Optional): \$ . .	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013.			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
568950	11/01/2013	11/12/2013
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. THE POST AND COURIER		From: 11/03/2013 To: 11/04/2013
5. N/A		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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
SEE ADDENDUM		

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**I. Declaration of Employer and Attorney/Agent**

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

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

**J. Preparer**

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2014 to 11/30/2014

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/03/2013

Determination Date (date signed)

H-400-13318-550100

Case number

Partial Certification

Case Status

**L. 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](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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**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 cater 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 62 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.

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FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: H-400-13318-550100

Case Status: Partial Certification

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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 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.

[REDACTED]

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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).

1. Attorney or Agent's last (family) name N/A	2. First (given) name N/A	3. Middle initial N/A
4. Firm/Business name N/A		
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:

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 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.



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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).

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

### Public Burden Statement (1205-0509)

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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 \* KITCHEN HELPER

2. SOC (ONET/OES) code \*  
35-2021

3. SOC (ONET/OES) occupation title \*  
Food Preparation Workers

4. Is this a full-time position? \*

☒ Yes ☐ No

**Period of Intended Employment**

5. Begin Date \* 03/01/2014  
(mm/dd/yyyy)

6. End Date \* 11/30/2014  
(mm/dd/yyyy)

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

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 \*

d. New concurrent employment \*

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

e. Change in employer \*

c. Change in previously approved employment \*

f. Amended petition \*

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

☐ Seasonal ☒ Peakload ☐ One-Time Occurrence ☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

SEE ADDENDUM

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**C. Employer Information**

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY LLC		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
[REDACTED]	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
[REDACTED]	\$□	1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

**D. Employer Point of Contact Information**

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
BOZARD	JENNIFER	L
4. Contact's job title *		
DIRECTOR HUMAN RESOURCES		
5. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2803	N/A	JENNIFER_BOZARD@KIAWAHRESORT.COM



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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A	3. First (given) name § N/A	4. Middle name(s) § N/A		
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A	8. State § N/A	9. Postal code §		
10. Country § N/A	11. Province N/A			
12. Telephone number § N/A	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § N/A		16. Law firm/Business FEIN § N/A		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good 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	
2. Number of hours of work per week Basic *: 40 Overtime: _____	3. Hourly Work Schedule * A.M. (h:mm): 8 : 0 P.M. (h:mm): 4 : 0
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *  SEE ADDENDUM	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § N/A	4b. Indicate the occupation required § 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 application.	

**c. Place of Employment Information**

1. 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 *
SC	29455-5434
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 9 . 61 To (Optional): \$ _____		From: \$ _____ To (Optional): \$ _____	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013 N/A			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
568970	11/01/2013	11/12/2013
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. THE POST & COURIER	From: 11/03/2013	To: 11/04/2013
5. n/a	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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. * SEE ADDENDUM		

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

**J. Preparer**

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2014 to 11/30/2014

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/11/2013

Determination Date (date signed)

H-400-13318-008472

Case number

Full Certification

Case Status

**L. Public Burden Statement (1205-0509)**

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**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), 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 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 Kitchen Helper. 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 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 fall short in recruiting the necessary associates to ensure excellence in service delivery and meeting the expectations of our guests, owners and fellow workers.



**ADDENDUM**

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**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.

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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 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.

[REDACTED]

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Case Number: H-400-13318-008472

Case Status: Full Certification

Validity Period: 03/01/2014 to 11/30/2014

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## H-2B Application for Temporary Employment Certification

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### 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).

1. 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		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 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.

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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).

1. Last (family) name BOZARD	2. 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](mailto: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 \* SERVER

2. SOC (ONET/OES) code \*  
35-3031

3. SOC (ONET/OES) occupation title \*  
Waiters and Waitresses

4. Is this a full-time position? \*

☒ Yes ☐ No

**Period of Intended Employment**

5. Begin Date \* 03/01/2014  
(mm/dd/yyyy)

6. End Date \* 11/30/2014  
(mm/dd/yyyy)

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

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 \*

d. New concurrent employment \*

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

e. Change in employer \*

c. Change in previously approved employment \*

f. Amended petition \*

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

☐ Seasonal

☒ Peakload

☐ One-Time Occurrence

☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

SEE ADDENDUM



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**C. Employer Information**

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY LLC		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *		13. NAICS code (must be at least 4-digits) *
[REDACTED]		721110
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
[REDACTED]	\$□	1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

**D. Employer Point of Contact Information**

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
BOZARD	JENNIFER	L
4. Contact's job title *		
DIRECTOR HUMAN RESOURCES		
5. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2803	N/A	JENNIFER_BOZARD@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A	3. First (given) name § N/A	4. Middle name(s) § N/A		
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A	8. State § N/A	9. Postal code §		
10. Country § N/A	11. Province N/A			
12. Telephone number § N/A	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § N/A		16. Law firm/Business FEIN § N/A		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good 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 * SERVER	
2. Number of hours of work per week Basic *: 40 Overtime: _____	3. Hourly Work Schedule * A.M. (h:mm): 8 : 0 P.M. (h:mm): 4 : 0
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *  SEE ADDENDUM	

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F. Job Offer Information (continued)

b. Minimum Job Requirements

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § N/A	4b. Indicate the occupation required § 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 application.	

c. Place of Employment Information

1. 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 *
SC	29455-5434
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § N/A	

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G. Rate of Pay

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 8 . 79 To (Optional): \$ . .		From: \$ . . To (Optional): \$ . .	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$  Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013.  N/A			

H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
568973	11/01/2013	11/12/2013
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. THE POST & COURIER		From: 11/03/2013 To: 11/04/2013
5. N/A		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 <u>continue and complete</u> description. *  SEE ADDENDUM		



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**I. Declaration of Employer and Attorney/Agent**

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

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

**J. Preparer**

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2014 to 11/30/2014

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/11/2013

Determination Date (date signed)

H-400-13318-150259

Case number

Full Certification

Case Status

**L. 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](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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Case Status: Full Certification

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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 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.

[REDACTED]

OMB Control Number: 1205-0509  
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## H-2B Application for Temporary Employment Certification

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### 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).

1. Attorney or Agent's last (family) name N/A	2. First (given) name N/A	3. Middle initial N/A
4. Firm/Business name N/A		
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.
- 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.
- 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;
- 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.

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## H-2B Application for Temporary Employment Certification

ETA Form 9142B – APPENDIX B  
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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).

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

### Public Burden Statement (1205-0509)

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**ADDENDUM**

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**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.



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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 \* HOUSEPERSON

2. SOC (ONET/OES) code \*

37-2012

3. SOC (ONET/OES) occupation title \*

Maids and Housekeeping Cleaners

4. Is this a full-time position? \*

☒ Yes ☐ No

Period of Intended Employment

5. Begin Date \* 03/01/2014  
(mm/dd/yyyy)

6. End Date \* 11/30/2014  
(mm/dd/yyyy)

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

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 \*

d. New concurrent employment \*

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

e. Change in employer \*

c. Change in previously approved employment \*

f. Amended petition \*

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

☐ Seasonal

☒ Peakload

☐ One-Time Occurrence

☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

Determination made based on information on file with the Department.



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**C. Employer Information**

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY LLC		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
[REDACTED]	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
[REDACTED]	\$	1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

**D. Employer Point of Contact Information**

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
BOZARD	JENNIFER	L
4. Contact's job title *		
DIRECTOR HUMAN RESOURCES		
5. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2803	N/A	JENNIFER_BOZARD@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A		3. First (given) name § N/A		4. Middle name(s) § N/A
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A		8. State § N/A		9. Postal code §
10. Country § N/A		11. Province N/A		
12. Telephone number § N/A		13. Extension N/A		14. E-Mail address N/A
15. Law firm/Business name § N/A			16. Law firm/Business FEIN § N/A	
17. State Bar number (only if attorney) § N/A			18. State of highest court where attorney is in good 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 * HOUSEPERSON	
2. Number of hours of work per week Basic *: 40 Overtime: _____	3. Hourly Work Schedule * A.M. (h:mm): 8 : 0 P.M. (h:mm): 4 : 0
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue</u> and <u>complete</u> description. *  SEE ADDENDUM	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § N/A	4b. Indicate the occupation required § 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 application.	

**c. Place of Employment Information**

1. 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 *
SC	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? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 9 . 10 To (Optional): \$ . .		From: \$ . . To (Optional): \$ . .	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ "Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013."			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
568964	11/01/2013	11/12/2013
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. THE POST & COURIER		From: 11/03/2013 To: 11/04/2013
5. N/A		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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *  SEE ADDENDUM		



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**I. Declaration of Employer and Attorney/Agent**

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

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

**J. Preparer**

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2014 to 11/30/2014.

*William J. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/11/2013

Determination Date (date signed)

H-400-13318-685647

Case number

Full Certification

Case Status

**L. Public Burden Statement (1205-0509)**

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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 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.

[REDACTED]

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FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: H-400-13318-685647

Case Status: Full Certification

Validity Period: 03/01/2014 to 11/30/2014

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## H-2B Application for Temporary Employment Certification

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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).*

1. Attorney or Agent's last (family) name N/A	2. First (given) name N/A	3. Middle initial N/A
4. Firm/Business name N/A		
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:

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 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.

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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).

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

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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 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.

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H-2B Application for Temporary Employment Certification  
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**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 * BELLPERSON																
2. SOC (ONET/OES) code * 39-6011	3. SOC (ONET/OES) occupation title * Baggage Porters and Bellhops															
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <th colspan="2">Period of Intended Employment</th> </tr> <tr> <td>5. Begin Date * 03/01/2014 (mm/dd/yyyy)</td> <td>6. End Date * 11/30/2014 (mm/dd/yyyy)</td> </tr> </table>	Period of Intended Employment		5. Begin Date * 03/01/2014 (mm/dd/yyyy)	6. End Date * 11/30/2014 (mm/dd/yyyy)											
Period of Intended Employment																
5. Begin Date * 03/01/2014 (mm/dd/yyyy)	6. End Date * 11/30/2014 (mm/dd/yyyy)															
7. Worker positions needed/basis for the visa classification supported by this application																
<table border="1"> <tr> <td>9</td> <td colspan="2">Total Worker Positions Being Requested for Certification *</td> </tr> <tr> <td colspan="3">Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above)</td> </tr> <tr> <td>9</td> <td>a. New employment *</td> <td>0 d. New concurrent employment *</td> </tr> <tr> <td>0</td> <td>b. Continuation of previously approved employment * without change with the same employer</td> <td>0 e. Change in employer *</td> </tr> <tr> <td>0</td> <td>c. Change in previously approved employment *</td> <td>0 f. Amended petition *</td> </tr> </table>		9	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)			9	a. New employment *	0 d. New concurrent employment *	0	b. Continuation of previously approved employment * without change with the same employer	0 e. Change in employer *	0	c. Change in previously approved employment *	0 f. Amended petition *
9	Total Worker Positions Being Requested for Certification *															
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9	a. New employment *	0 d. New concurrent employment *														
0	b. Continuation of previously approved employment * without change with the same employer	0 e. Change in employer *														
0	c. Change in previously approved employment *	0 f. Amended petition *														
8. Nature of Temporary Need: (Choose only one of the standards) *																
<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent or Other Temporary Need																
9. Statement of Temporary Need *																
SEE ADDENDUM																

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**C. Employer Information**

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY LLC		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
[REDACTED]	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
[REDACTED]	\$	1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

**D. Employer Point of Contact Information**

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
BOZARD	JENNIFER	L
4. Contact's job title *		
DIRECTOR HUMAN RESOURCES		
5. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2803	N/A	JENNIFER_BOZARD@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A	3. First (given) name § N/A	4. Middle name(s) § N/A		
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A	8. State § N/A	9. Postal code §		
10. Country § N/A	11. Province N/A			
12. Telephone number § N/A	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § N/A		16. Law firm/Business FEIN § N/A		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good 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 * BELLPERSON	
2. Number of hours of work per week Basic *: 40 Overtime: _____	3. Hourly Work Schedule * A.M. (h:mm): 8 : 0 P.M. (h:mm): 4 : 0
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *  SEE ADDENDUM	



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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required §	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/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required §	
N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required §	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type)
N/A	N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required §	4b. Indicate the occupation required §
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 application.	

**c. Place of Employment Information**

1. 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 *
SC	29455-5434
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 8 . 51 To (Optional): \$ . .		From: \$ . . To (Optional): \$ . .	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013 N/A			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
568939	11/01/2013	11/12/2013
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. THE POST AND COURIER		From: 11/03/2013 To: 11/04/2013
5. N/A		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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
SEE ADDENDUM		

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**I. Declaration of Employer and Attorney/Agent**

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

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

**J. Preparer**

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2014 to 11/30/2014

*William J. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/03/2013

Determination Date (date signed)

H-400-13318-677136

Case number

Partial Certification

Case Status

**L. 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.QFLC.Forms@dol.gov](mailto:ETA.QFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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**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), 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 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 Bellperson. 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 cater to our guests. For instance, our staffing history through 2013 reflects that during our busy months, we have an average of 38 Bellpersons 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 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 largest daily newspaper, advertisement 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 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.

[REDACTED]

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FOR DEPARTMENT OF LABOR USE ONLY

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Case Status: Partial Certification

Validity Period: 03/01/2014 to 11/30/2014

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**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).

1. Attorney or Agent's last (family) name N/A	2. First (given) name N/A	3. Middle initial N/A
4. Firm/Business name N/A		
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:

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 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.

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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).

1. Last (family) name BOZARD	2. 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](mailto:ETA.OFLC.Forms@dol.gov). Please do not send the completed application to this address.

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**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.



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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 * 39-3091	3. SOC (ONET/OES) occupation title * Amusement and Recreation Attendants																								
4. Is this a full-time position? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1"> <tr> <th colspan="2">Period of intended Employment</th> </tr> <tr> <td>5. Begin Date * 03/01/2014 (mm/dd/yyyy)</td> <td>6. End Date * 11/30/2014 (mm/dd/yyyy)</td> </tr> </table>	Period of intended Employment		5. Begin Date * 03/01/2014 (mm/dd/yyyy)	6. End Date * 11/30/2014 (mm/dd/yyyy)																				
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5. Begin Date * 03/01/2014 (mm/dd/yyyy)	6. End Date * 11/30/2014 (mm/dd/yyyy)																								
7. Worker positions needed/basis for the visa classification supported by this application																									
<table border="1"> <tr> <td>22</td> <td colspan="2">Total Worker Positions Being Requested for Certification *</td> </tr> <tr> <td colspan="3">Basis for the visa classification supported by this application (indicate the total workers in each applicable category based on the total workers identified above)</td> </tr> <tr> <td>22</td> <td>a. New employment *</td> <td>0</td> </tr> <tr> <td>0</td> <td>b. Continuation of previously approved employment * without change with the same employer</td> <td>0</td> </tr> <tr> <td>0</td> <td>c. Change in previously approved employment *</td> <td>0</td> </tr> <tr> <td></td> <td>d. New concurrent employment *</td> <td></td> </tr> <tr> <td></td> <td>e. Change in employer *</td> <td></td> </tr> <tr> <td></td> <td>f. Amended petition *</td> <td></td> </tr> </table>		22	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)			22	a. New employment *	0	0	b. Continuation of previously approved employment * without change with the same employer	0	0	c. Change in previously approved employment *	0		d. New concurrent employment *			e. Change in employer *			f. Amended petition *	
22	Total Worker Positions Being Requested for Certification *																								
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22	a. New employment *	0																							
0	b. Continuation of previously approved employment * without change with the same employer	0																							
0	c. Change in previously approved employment *	0																							
	d. New concurrent employment *																								
	e. Change in employer *																								
	f. Amended petition *																								
8. Nature of Temporary Need: (Choose only one of the standards) *																									
<input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent or Other Temporary Need																									
9. Statement of Temporary Need *																									
SEE ADDENDUM																									

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**C. Employer Information**

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY LLC		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
[REDACTED]	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
[REDACTED]	\$ [REDACTED]	1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

**D. Employer Point of Contact Information**

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
BOZARD	JENNIFER	L
4. Contact's job title *		
DIRECTOR HUMAN RESOURCES		
5. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
6. Address 2		
N/A		
7. City *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2803	N/A	JENNIFER_BOZARD@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §		
N/A	N/A	N/A		
5. Address 1 §				
N/A				
6. Address 2				
N/A				
7. City §	8. State §	9. Postal code §		
N/A	N/A	N/A		
10. Country §	11. Province			
N/A	N/A			
12. Telephone number §	13. Extension	14. E-Mail address		
N/A	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 standing (only if attorney) §		
N/A		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 *	
CABANA ATTENDANT	
2. Number of hours of work per week	3. Hourly Work Schedule *
Basic *: 40 Overtime: _____	A.M. (h:mm): 8 : 0 P.M. (h:mm): 4 : 0
4. Does this position supervise the work of other employees? *	4a. If yes, number of employees worker will supervise (if applicable) § _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *	
To perform routine functions of setting up/taking down beach chairs, cabanas, and umbrellas. Delivery and pick-up of property rental items. Prepare, produce, and service the snack bar areas. Maintain a clean and safe work area. Ensure proper accounting of all monies and guest charges.	
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.	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of months of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of months of experience required § N/A	4b. Indicate the occupation required § 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 application.	

**c. Place of Employment Information**

1. 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 *
SC	29455-5434
7. Will work be performed in multiple worksites within an area of intended employment or a location(s) other than the address listed above? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
N/A	



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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 9 . 56 To (Optional): \$ . .		From: \$ . . To (Optional): \$ . .	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ Wage Offer Equals or Exceeds Prevailing Wage Based on Methodology Published in the Interim Final Rule effective April 24, 2013.			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
568936	11/01/2013	11/12/2013
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. THE POST & COURIER		From: 11/03/2013 To: 11/04/2013
5. N/A		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 <u>continue and complete</u> description. *		
SEE ADDENDUM		

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**I. Declaration of Employer and Attorney/Agent**

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

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

**J. Preparer**

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2014 to 11/30/2014.

*William J. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/03/2013

Determination Date (date signed)

H-400-13318-218023

Case number

Full Certification

Case Status

**L. 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](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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**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 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 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 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 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 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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FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: H-400-13318-218023

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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 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.

[REDACTED]

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FOR DEPARTMENT OF LABOR USE ONLY

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Case Number: H-400-13318-218023

Case Status: Full Certification

Validity Period: 03/01/2014 to 11/30/2014



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## H-2B Application for Temporary Employment Certification

ETA Form 9142B – APPENDIX B  
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### 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).

1. 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		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 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.

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## H-2B Application for Temporary Employment Certification

ETA Form 9142B – APPENDIX B  
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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).

1. Last (family) name BOZARD	2. 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](mailto:ETA.OFLC.Forms@dol.gov). Please do not send the completed application to this address.

# EXHIBIT E

2015 Kiawah 9142B Forms

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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 \* COOK

2. SOC (ONET/OES) code \*  
35-2014

3. SOC (ONET/OES) occupation title \*  
Cooks, Restaurant

4. Is this a full-time position? \*

☒ Yes ☐ No

**Period of Intended Employment**

5. Begin Date \* 03/01/2015  
(mm/dd/yyyy)

6. End Date \* 11/30/2015  
(mm/dd/yyyy)

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

33

**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)

33

a. New employment \*

0

d. New concurrent employment \*

0

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

0

e. Change in employer \*

0

c. Change in previously approved employment \*

0

f. Amended petition \*

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

☐ Seasonal

☒ Peakload

☐ One-Time Occurrence

☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

SEE ADDENDUM



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### C. Employer Information

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
		1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
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 *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2700	N/A	JESSIE_SIMPSON@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A	3. First (given) name § N/A	4. Middle name(s) § N/A		
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A	8. State § N/A	9. Postal code § N/A		
10. Country § N/A	11. Province N/A			
12. Telephone number § N/A	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § N/A		16. Law firm/Business FEIN § [REDACTED]		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good 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 * COOK	
2. Number of hours of work per week Basic *: 40 Overtime: _____	3. Hourly Work Schedule * A.M. (h:mm): 8 : 00 P.M. (h:mm): 4 : 00
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> 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 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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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required § N/A	4b. Indicate the occupation required § 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 APPLICATION.	

**c. Place of Employment Information**

1. Worksite address 1 * ONE SANCTUARY BEACH DRIVE	
2. Address 2 N/A	
3. City * KIAWAH ISLAND	4. County * CHARLESTON
5. State/District/Territory * SC	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? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 10 . 15 To (Optional): \$ . N/A		From: \$ . N/A To (Optional): \$ . N/A	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ N/A			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
596-713	11/01/2014	11/13/2014
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. POST AND COURIER	From: 11/03/2014	To: 11/03/2014
5. POST AND COURIER	From: 11/09/2014	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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
<p>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.</p> <p>[REDACTED]</p>		



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### I. Declaration of Employer and Attorney/Agent

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

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

### J. Preparer

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2015 to 11/30/2015.

  
Department of Labor, Office of Foreign Labor Certification

12/09/2014  
Determination Date (date signed)

H-400-14329-776525  
Case number

Full Certification  
Case Status

### L. 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](mailto: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

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### 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 \$250,000 fine 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	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 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.

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## H-2B Application for Temporary Employment Certification

ETA Form 9142B – APPENDIX B  
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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).*

1. Last (family) name <b>SIMPSON</b>	2. First (given) name <b>JESSICA</b>	3. Middle initial <b>W</b>
4. Title <b>HUMAN RESOURCES GENERALIST</b>		
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](mailto:ETA.OFLC.Forms@dol.gov). Please do not send the completed application to this address.



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 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 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 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 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

A handwritten signature in blue ink, appearing to read "Jennifer Simpson", is written over the date and resort name.



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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 \* KITCHEN HELPER

2. SOC (ONET/OES) code \*  
35-2021

3. SOC (ONET/OES) occupation title \*  
Food Preparation Workers

4. Is this a full-time position? \*

☒ Yes ☐ No

**Period of Intended Employment**

5. Begin Date \* 03/01/2015  
(mm/dd/yyyy)

6. End Date \* 11/30/2015  
(mm/dd/yyyy)

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

**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 \*

d. New concurrent employment \*

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

e. Change in employer \*

c. Change in previously approved employment \*

f. Amended petition \*

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

☐ Seasonal ☒ Peakload ☐ One-Time Occurrence ☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

SEE ADDENDUM

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### C. Employer Information

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
		1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
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 *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2700	N/A	JESSIE_SIMPSON@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §		
N/A	N/A	N/A		
5. Address 1 §				
N/A				
6. Address 2				
N/A				
7. City §	8. State §	9. Postal code §		
N/A	N/A	N/A		
10. Country §	11. Province			
N/A	N/A			
12. Telephone number §	13. Extension	14. E-Mail address		
N/A	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 standing (only if attorney) §		
N/A		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	
2. 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 worker will supervise (if applicable) § _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Job duties – A description of the duties to be performed <b>MUST</b> 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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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required § N/A	4b. Indicate the occupation required § 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 APPLICATION.	

**c. Place of Employment Information**

1. 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 *
SC	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? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § N/A	



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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 10 . 20 To (Optional): \$ . N/A		From: \$ . N/A To (Optional): \$ . N/A	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ N/A			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
596824	11/01/2014	11/13/2014
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. POST AND COURIER	From: 11/03/2014	To: 11/03/2014
5. POST AND COURIER	From: 11/09/2014	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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
<p>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.</p> <p>Attached please find our detailed recruitment report.</p>		

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H-2B Application for Temporary Employment Certification  
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### I. Declaration of Employer and Attorney/Agent

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

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

### J. Preparer

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2015 to 11/30/2015.

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/16/2014

Determination Date (date signed)

H-400-14324-361354

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 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](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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 \$250,000 fine 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	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 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.

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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).*

1. Last (family) name <b>SIMPSON</b>	2. First (given) name <b>JESSICA</b>	3. Middle initial <b>W</b>
4. Title <b>HUMAN RESOURCES GENERALIST</b>		
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](mailto: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 \* SERVER

2. SOC (ONET/OES) code \*  
35-3031

3. SOC (ONET/OES) occupation title \*  
Waiters and Waitresses

4. Is this a full-time position? \*



Yes

☐ No

**Period of Intended Employment**

5. Begin Date \* 03/01/2015  
(mm/dd/yyyy)

6. End Date \* 11/30/2015  
(mm/dd/yyyy)

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

60

**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)

60

a. New employment \*

0

d. New concurrent employment \*

0

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

0

e. Change in employer \*

0

c. Change in previously approved employment \*

0

f. Amended petition \*

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



Seasonal



Peakload



One-Time Occurrence



Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

SEE ADDENDUM

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### C. Employer Information

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
		1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
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 *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2700	N/A	JESSIE_SIMPSON@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A	3. First (given) name § N/A	4. Middle name(s) § N/A		
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A	8. State § N/A	9. Postal code § N/A		
10. Country § N/A	11. Province N/A			
12. Telephone number § N/A	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § N/A		16. Law firm/Business FEIN § N/A		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good 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 * SERVER	
2. Number of hours of work per week Basic *: 40 Overtime: _____	3. Hourly Work Schedule * A.M. (h:mm): 8 : 00 P.M. (h:mm): 5 : 00
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> 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 serve/deliver food and beverage products to resort guests. Assist with the opening/closing of restaurant/food and beverage area; set-up/clean/break-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; clear table/remove tray from guest room.	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required § N/A	4b. Indicate the occupation required § 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 APPLICATION.	

**c. Place of Employment Information**

1. 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 *
SC	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? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 9 . 42 To (Optional): \$ . N/A		From: \$ . N/A To (Optional): \$ . N/A	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ N/A			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
596821	11/01/2014	11/13/2014
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. POST AND COURIER	From: 11/03/2014	To: 11/03/2014
5. POST AND COURIER	From: 11/09/2014	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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
<p>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.</p> <p>[REDACTED]</p>		



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H-2B Application for Temporary Employment Certification  
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### I. Declaration of Employer and Attorney/Agent

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

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

### J. Preparer

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2015 to 11/30/2015.

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/11/2014

Determination Date (date signed)

H-400-14324-142444

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 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](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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 \$250,000 fine 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	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 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.

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## H-2B Application for Temporary Employment Certification

ETA Form 9142B – APPENDIX B  
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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).*

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

### Public Burden Statement (1205-0509)

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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 \* BELLPERSON

2. SOC (ONET/OES) code \*  
39-6011

3. SOC (ONET/OES) occupation title \*  
Baggage Porters and Bellhops

4. Is this a full-time position? \*

☒ Yes ☐ No

**Period of Intended Employment**

5. Begin Date \* 03/01/2015  
(mm/dd/yyyy)

6. End Date \* 11/30/2015  
(mm/dd/yyyy)

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

**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 \*

d. New concurrent employment \*

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

e. Change in employer \*

c. Change in previously approved employment \*

f. Amended petition \*

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

☐ Seasonal ☒ Peakload ☐ One-Time Occurrence ☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

SEE ADDENDUM

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### C. Employer Information

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
		1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
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 *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2700	N/A	JESSIE_SIMPSON@KIAWAHRESORT.COM



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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A	3. First (given) name § N/A	4. Middle name(s) § N/A		
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A	8. State § N/A	9. Postal code § N/A		
10. Country § N/A	11. Province N/A			
12. Telephone number § N/A	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § N/A		16. Law firm/Business FEIN § N/A		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good 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 * BELLPERSON	
2. Number of hours of work per week Basic *: 40 Overtime: _____	3. Hourly Work Schedule * A.M. (h:mm): 8 : 00 P.M. (h:mm): 4 : 00
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *  SEE ADDENDUM  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	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required § N/A	4b. Indicate the occupation required § N/A
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. *	
All applicants must be able to complete an application.	

**c. Place of Employment Information**

1. 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 *
SC	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? *	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §	
N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 8 . 82 To (Optional): \$ . N/A		From: \$ . N/A To (Optional): \$ . N/A	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ N/A			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
596811	11/01/2014	11/13/2014
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. THE POST AND COURIER	From: 11/03/2014	To: 11/03/2014
5. THE POST AND COURIER	From: 11/09/2014	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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
<p>In addition to our ad in the Post and Courier, South Carolina's largest daily newspaper, advertisement 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 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 to contact them through the Workforce Center Message Center, telephone and personal email.</p> <p>[REDACTED]</p>		

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### I. Declaration of Employer and Attorney/Agent

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

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

### J. Preparer

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2015 to 11/30/2015.

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/04/2014

Determination Date (date signed)

H-400-14322-869470

Case number

CERTIFIED

Case Status

### L. Public Burden Statement (1205-0509)

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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

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### 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 \$250,000 fine 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	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 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.

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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).*

1. Last (family) name <b>SIMPSON</b>	2. First (given) name <b>JESSICA</b>	3. Middle initial
4. Title <b>HUMAN RESOURCES GENERALIST</b>		
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](mailto:ETA.OFLC.Forms@dol.gov). Please do not send the completed application to this address.

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Expiration Date: 03/31/2016

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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 \*  
39-3091

3. SOC (ONET/OES) occupation title \*  
Amusement and Recreation Attendants

4. Is this a full-time position? \*

☒ Yes ☐ No

**Period of Intended Employment**

5. Begin Date \* 03/01/2015  
(mm/dd/yyyy)

6. End Date \* 11/30/2015  
(mm/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)

24

a. New employment \*

0

d. New concurrent employment \*

0

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

0

e. Change in employer \*

0

c. Change in previously approved employment \*

0

f. Amended petition \*

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

☐ Seasonal

☒ Peakload

☐ One-Time Occurrence

☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

SEE ADDENDUM

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### C. Employer Information

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
		1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
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 *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2700	N/A	JESSIE_SIMPSON@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name § N/A	3. First (given) name § N/A	4. Middle name(s) § N/A		
5. Address 1 § N/A				
6. Address 2 N/A				
7. City § N/A	8. State § N/A	9. Postal code § N/A		
10. Country § N/A	11. Province N/A			
12. Telephone number § N/A	13. Extension N/A	14. E-Mail address N/A		
15. Law firm/Business name § N/A		16. Law firm/Business FEIN § N/A		
17. State Bar number (only if attorney) § N/A		18. State of highest court where attorney is in good 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 * CABANA ATTENDANT	
2. Number of hours of work per week Basic *: 40 Overtime: _____	3. Hourly Work Schedule * A.M. (h:mm): 8 : 00 P.M. (h:mm): 4 : 00
4. Does this position supervise the work of other employees? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. If yes, number of employees worker will supervise (if applicable) § _____
5. Job duties – A description of the duties to be performed <b>MUST</b> begin in this space. If necessary, add attachment to <u>continue and complete</u> description. *	
SECTION F QUESTION 3: Hours: 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 perform routine functions of setting up/taking down beach chairs, cabanas, and umbrellas. Delivery and pick-up of property rental items. Prepare, produce, and service the snack bar areas. Maintain a clean and safe work area. Ensure proper accounting of all monies and guest charges.	



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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required § N/A	4b. Indicate the occupation required § 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 APPLICATION.	

**c. Place of Employment Information**

1. Worksite address 1 * ONE SANCTUARY BEACH DRIVE	
2. Address 2 N/A	
3. City * KIAWAH ISLAND	4. County * CHARLESTON
5. State/District/Territory * SC	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? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. § N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 9 . 53 To (Optional): \$ . N/A		From: \$ . N/A To (Optional): \$ . N/A	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ N/A			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
596823	11/01/2014	11/13/2014
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. POST AND COURIER	From: 11/03/2014	To: 11/03/2014
5. POST AND COURIER	From: 11/09/2014	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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
<p>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.</p> <p>[REDACTED]</p>		

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**I. Declaration of Employer and Attorney/Agent**

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

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

**J. Preparer**

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2015 to 11/30/2015.

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/16/2014

Determination Date (date signed)

H-400-14324-878830

Case number

CERTIFIED

Case Status

**L. Public Burden Statement (1205-0509)**

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OMB Control Number: 1205-0509  
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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 \$250,000 fine 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	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 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.

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## H-2B Application for Temporary Employment Certification

ETA Form 9142B – APPENDIX B  
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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).*

1. Last (family) name <b>SIMPSON</b>	2. First (given) name <b>JESSICA</b>	3. Middle initial <b>W</b>
4. Title <b>HUMAN RESOURCES GENERALIST</b>		
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](mailto: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 \* DISHWASHERS

2. SOC (ONET/OES) code \*  
35-9021

3. SOC (ONET/OES) occupation title \*  
Dishwashers

4. Is this a full-time position? \*

☒ Yes ☐ No

**Period of Intended Employment**

5. Begin Date \* 03/01/2015  
(mm/dd/yyyy)

6. End Date \* 11/30/2015  
(mm/dd/yyyy)

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

**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)

<input type="text" value="11"/> a. New employment *	<input type="text" value="0"/> d. New concurrent employment *
<input type="text" value="0"/> b. Continuation of previously approved employment * without change with the same employer	<input type="text" value="0"/> e. Change in employer *
<input type="text" value="0"/> c. Change in previously approved employment *	<input type="text" value="0"/> f. Amended petition *

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

☐ Seasonal ☒ Peakload ☐ One-Time Occurrence ☐ Intermittent or Other Temporary Need

9. Statement of Temporary Need \*

SEE ADDENDUM

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### C. Employer Information

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

1. Legal business name *		
KIAWAH ISLAND INN COMPANY		
2. Trade name/Doing Business As (DBA), if applicable		
KIAWAH ISLAND GOLF RESORT		
3. Address 1 *		
ONE SANCTUARY BEACH DRIVE		
4. Address 2		
N/A		
5. City *	6. State *	7. Postal code *
KIAWAH ISLAND	SC	29455
8. Country *	9. Province	
UNITED STATES OF AMERICA	N/A	
10. Telephone number *	11. Extension	
843-768-2700	N/A	
12. Federal Employer Identification Number (FEIN from IRS) *	13. NAICS code (must be at least 4-digits) *	
	721110	
14. Number of non-family full-time equivalent employees	15. Annual gross revenue	16. Year established
		1975
17. Type of employer application (choose only one box below) *		
<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Association – Sole Employer (H-2A only)		
<input type="checkbox"/> H-2A Labor Contractor or Job Contractor <input type="checkbox"/> Association – Joint Employer (H-2A only)		
<input type="checkbox"/> Association – Filing as Agent (H-2A only)		

### D. Employer Point of Contact Information

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

1. Contact's last (family) name *	2. First (given) name *	3. Middle name(s) *
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 *	8. State *	9. Postal code *
KIAWAH ISLAND	SC	29455
10. Country *	11. Province	
UNITED STATES OF AMERICA	N/A	
12. Telephone number *	13. Extension	14. E-Mail address
843-768-2700	N/A	JESSIE_SIMPSON@KIAWAHRESORT.COM

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**E. Attorney or Agent Information (If applicable)**

1. Is/are the employer(s) represented by an attorney or agent in the filing of this application (including associations acting as agent under the H-2A program)? If "Yes", complete Section E. *			<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Attorney or Agent's last (family) name §	3. First (given) name §	4. Middle name(s) §		
N/A	N/A	N/A		
5. Address 1 §				
N/A				
6. Address 2				
N/A				
7. City §	8. State §	9. Postal code §		
N/A	N/A	N/A		
10. Country §	11. Province			
N/A	N/A			
12. Telephone number §	13. Extension	14. E-Mail address		
N/A	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 standing (only if attorney) §		
N/A		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 *	
DISHWASHERS	
2. 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 worker will supervise (if applicable) § _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Job duties – A description of the duties to be performed <b>MUST</b> 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 with cleanliness of kitchen area including washing, sanitizing and rinsing cutlery, kitchen equipment, plates, glasses, and other items used in food production. Adhere to resort standards and procedures as they relate to cleaning the kitchen wares.	

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**F. Job Offer Information (continued)**

**b. Minimum Job Requirements**

1. Education: minimum U.S. diploma/degree required *	
<input checked="" type="checkbox"/> None <input type="checkbox"/> High School/GED <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PhD) <input type="checkbox"/> Other degree (JD, MD, etc.)	
1a. If "Other degree" in question 1, specify the diploma/degree required § N/A	1b. Indicate the major(s) and/or field(s) of study required § (May list more than one related major and more than one field) N/A
2. Does the employer require a second U.S. diploma/degree? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2a. If "Yes" in question 2, indicate the second U.S. diploma/degree and the major(s) and/or field(s) of study required § N/A	
3. Is training for the job opportunity required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3a. If "Yes" in question 3, specify the number of <u>months</u> of training required § N/A	3b. Indicate the field(s)/name(s) of training required § (May list more than one related field and more than one type) N/A
4. Is employment experience required? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4a. If "Yes" in question 4, specify the number of <u>months</u> of experience required § N/A	4b. Indicate the occupation required § N/A
5. Special Requirements - List specific skills, licenses/certifications, and requirements of the job opportunity. * SEE ADDENDUM  ALL APPLICANTS MUST BE ABLE TO COMPLETE AN EMPLOYMENT APPLICATION.	

**c. Place of Employment Information**

1. Worksite address 1 * ONE SANCTUARY BEACH DRIVE	
2. Address 2 N/A	
3. City * KIAWAH ISLAND	4. County * CHARLESTON
5. State/District/Territory * SC	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? * <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7a. If Yes in question 7, identify the geographic place(s) of employment with as much specificity as possible. If necessary, submit an attachment to <u>continue and complete</u> a listing of all anticipated worksites. §  N/A	

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**G. Rate of Pay**

1. Basic Rate of Pay Offered *		1a. Overtime Rate of Pay (if applicable) \$	
From: \$ 8 . 71 To (Optional): \$ . N/A		From: \$ . N/A To (Optional): \$ . N/A	
2. Per: (Choose only one) * <input checked="" type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Piece Rate			
2a. If Piece Rate is indicated in question 2, specify the wage offer requirements: \$ N/A			
3. Additional Wage Information (e.g., multiple worksite applications, itinerant work, or other special procedures). If necessary, add attachment to <u>continue and complete</u> description. \$ N/A			

**H. 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 *	2b. End date of SWA job order * (In H-2A this date is 50% of contract period)
596824	11/01/2014	11/13/2014
3. Is there a Sunday edition of a newspaper (of general circulation) in the area of intended employment? *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Name of Newspaper/Publication (in area of intended employment for H-2B only) *		Dates of Print Advertisement \$
4. POST AND COURIER	From: 11/03/2014	To: 11/03/2014
5. POST AND COURIER	From: 11/09/2014	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, <u>and</u> the date(s) on which recruitment was conducted. If necessary, add attachment to <u>continue and complete</u> description. *		
<p>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.</p> <p>[REDACTED]</p>		



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### I. Declaration of Employer and Attorney/Agent

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

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

### J. Preparer

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

1. Last (family) name § N/A	2. First (given) name § N/A	3. Middle initial § 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 Immigration and Nationality Act, as amended, I hereby certify that there are not sufficient U.S. workers available and the employment of the above will not adversely affect the wages and working conditions of workers in the U.S. similarly employed. By virtue of the signature below, the Department of Labor hereby acknowledges the following:

This certification is valid from 03/01/2015 to 11/30/2015.

*William L. Carlson*

Department of Labor, Office of Foreign Labor Certification

12/16/2014

Determination Date (date signed)

H-400-14324-569558

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 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](mailto:ETA.OFLC.Forms@dol.gov). **Please do not send the completed application to this address.**

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**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.

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## H-2B Application for Temporary Employment Certification

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### 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 \$250,000 fine 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	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 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.

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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).*

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

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