

TWC FLC H-2B Job Posting Request Form Transmittal Information

TO:

FROM:

COMPANY:

DATE:

FAX NUMBER:

PHONE NUMBER:

NUMBER OF PAGES:

TEXAS WORKFORCE COMMISSION
FOREIGN LABOR CERTIFICATION UNIT
101 E. 15TH ST., ROOM 202T
AUSTIN, TEXAS 78778
(512) 475-2571
FAX: (512) 463-3055
FOREIGNLABOR@TWC.STATE.TX.US

TWC FLC H-2B Job Posting Request Form

H-2B JOB POSTING FOR TEMPORARY

DOL Prevailing Wage Tracking # _____
SOC Code / O*Net Code _____
Date _____

Employer Name			Employer TWC Tax ID	Employer FEIN	
Employer Address (where referrals will be sent to apply)			Employer Phone Number	WorkInTexas Employer ID	
City	State	ZIP Code	Physical Address Where Work Will Be Performed		
Job Title			Number of Openings	Start Date	End Date
Pay Details					
Minimum Pay \$ per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year					
Workweek (H-2B jobs must be full-time)			Workday		
Hours per Week			Start of Workday:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	End of Workday: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Shift			Work Schedule		
<input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Varied			<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun		
Job Description (Attach additional sheets if you need more space)					

Supervisory Experience Required?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver License Class	CDL Endorsements
<input type="checkbox"/> C-Standard <input type="checkbox"/> C-Commercial <input type="checkbox"/> B-Commercial <input type="checkbox"/> A-Commercial <input type="checkbox"/> M-Motorcycle	<input type="checkbox"/> P <input type="checkbox"/> S <input type="checkbox"/> H <input type="checkbox"/> T <input type="checkbox"/> N <input type="checkbox"/> X
Occupation	Minimum Experience
	Years Months
License/Certification Required	Minimum Education
<input type="checkbox"/> Yes <input type="checkbox"/> No Type:	
Additional Education or Experience Information	

EMPLOYER CONTACT INSTRUCTIONS

Who to Contact	Contact Title		
Mailing Address	City	State	ZIP Code
Phone	Email Address		
Fax			
Additional Contact Instructions			
Employer Signature	Date		

STATE OFFICE USE ONLY

Job Posting Number	
Job Posting Beginning Date	Job Posting Ending Date

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