1. I will place a new job order for the job opportunity with the State Workforce Agency (SWA) serving the area of intended employment that contains the job assurances and contents set forth in 20 CFR 655.18 for recruitment of U.S. workers at the place of employment for at least 5 days beginning not later than the next business day after submitting a petition for an H–2B nonimmigrant worker(s) and this accompanying attestation to U.S. Citizenship and Immigration Services.

2. I will place one newspaper advertisement, which may be published online or in print, on any day of the week, meeting the advertising requirements of 20 CFR 655.41, during the period of time the SWA is actively circulating the job order for intrastate clearance; and

3. I will offer the job to any qualified and available U.S. worker who or is referred for the job opportunity until 2 business days after the last date on which the job order is posted. I understand that consistent with 20 CFR 655.40(a), applicants can be rejected only for lawful job-related reasons.

(F) I agree to retain a copy of this signed attestation form, the additional recruitment documentation, including a recruitment report that meets the requirements for recruitment reports set forth in 20 CFR 655.48(a)(1), (2) & (7), together with evidence establishing that my business meets the standard described in paragraph (C) of this attestation, for a period of 3 years from the date of certification, consistent with the document retention requirements under 20 CFR 655.66, 20 CFR 655.56, and 29 CFR 503.17. Further, I agree to provide this documentation to a DHS or DOL official upon request.

(G) I agree to comply with all assurances, obligations, and conditions of employment set forth in the Application for Temporary Employment Certification (Form ETA–9142B and Appendix B) certified by the DOL for my business’s job opportunity.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct:

1. Name of hiring or designated official of the employer (Last Name, First Name) *

2. *DOL Case Number *

3. Signature *

4. Date signed *