



Employer Questionnaire

Once filled out please email to Ryan Ogburn at rogburn@wafila.org

Company Name: _____

Requested Job Information

Job title for requested position:	
Starting Date of Need (contract start):	Ending Date of Need (contract end):
Number of workers you are requesting for this contract:	
Do you have a preferred worker list? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, attach the list with this document.</i>	
Work schedule to indicate on contract (ex: Mon-Fri):	
Daily schedule to indicate on contract (ex: 7am-2:30pm):	
Do you have various shifts? (ex: nights):	
Total hours per week:	
Pay period (ex: weekly, bi-weekly):	
What crops and varieties are you including in the H-2A contract?	

Are you interested in a sequential contract opportunity? Yes <input type="checkbox"/> No <input type="checkbox"/>
(Cost savings could be involved, not a guarantee) <i>Your Account Executive can provide more information.</i>
Will this be your only H-2A contract? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If no, how many contracts?</i> <input type="checkbox"/>
Will there be a joint employer(s) listed on this contract? Yes <input type="checkbox"/> No <input type="checkbox"/>

Housing Information:

Housing must be inspected and certified at least 45 days prior to your Date of Need. Please fill out the housing information listed below, if more space is needed attach a separate sheet.

Name:	Address:	
Lic#:	Occupancy:	Renewal Date:
Description: (mobile home, house, motel, complex, how many beds?)		

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Lic#:	Occupancy:	Renewal Date:
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Domestic Recruitment:

Applicants will be referred to apply directly at the worksite. Please provide worksite address, and the name & number of the on-site interviewer.

Name:	Phone Number:
Address:	

Employer Information:

Please review the information below and verify everything is correct. If your information has changed or is incorrect, please provide wafla with the correct information.

Owner(s) Name:	Email:
Office Number:	

FEIN#:	UBI# (Workers comp. needs to be active):
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Mailing Address:
Physical Address (If different than above):
FedEx Address:
Fax:

Billing Contact Name:	
Office Number:	Email:
Billing Address if different than Mailing Address:	

Main Contact (Approves H-2A documents) Name:	
Office Number:	Cell Number:
Email:	

Secondary Contact (Optional) Name:	
Office Number:	Cell Number:
Email:	

Spanish Speaking Contact (recruitment/inbound contact) Name:	
Office Number:	Cell Number:
Email:	

Are you a Federal farm labor contractor? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you participate in E-Verify? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, provide E-Verify #:</i>

Attachment Checklist!

Attach the following documents when sending wafla your questionnaire:

- Detailed job description of each position you are requesting
- List of addresses of all worksites
- Copy of your housing inspection report
- Copy of your workers comp coverage.
- (if applicable) List of preferred workers
- (if applicable) Joint Employer Questionnaires
- (if applicable) Additional Housing Locations