

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



IMPORTANT: Employers and authorized preparers must read the general instructions carefully before completing the Form ETA-9142B. A copy of the instructions can be found at the Office of Foreign Labor Certification's website at <https://www.dol.gov/agencies/eta/foreign-labor>. If you are not submitting this electronically, please complete ALL required fields/items containing an asterisk (*) and any fields/items where a response is conditional as indicated by the section (§) symbol.

A. H-2B Application Visa Cap Estimates

1. Of the total number of H-2B workers requested under Section B Item 4 of this application, estimate the number of H-2B workers the employer anticipates will be cap-subject and cap-exempt from the H-2B numerical visa cap.*	a. Cap-Subject	20
	b. Cap-Exempt	0

B. Temporary Need Information

1. Job Title* Sandwich Artist		
2. SOC Code* 35-3023.00	3. SOC Occupation Title* Fast Food and Counter Workers	
4. Number of Workers* 20	5. Begin Date* (mm/dd/yyyy) 4/1/2025	6. End Date* (mm/dd/yyyy) 12/31/2025
7. Nature of Temporary Need (Choose only one)* <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Peakload <input type="checkbox"/> One-Time Occurrence <input type="checkbox"/> Intermittent		
8. Statement of Temporary Need* (Must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) H2B-REG-00005221		

C. Employer Information

1. Legal Business Name* DB Subs LLC		
2. Trade Name/Doing Business As (DBA), if applicable § Subway		
3. Address 1* 6250 Enterprise Drive		
4. Address 2 (apartment/suite/floor and number) §		
5. City* Knoxville	6. State* Tennessee	7. Postal Code* 37909
8. Country* United States Of America		9. Province §
10. Telephone Number* +1 (865) 690-5820		11. Extension §
12. Federal Employer Identification Number (FEIN from IRS)*		13. NAICS Code* 722513

D. Employer Point of Contact Information

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.

1. Contact's Last (family) Name* Stamps	2. First(given) Name* Jennifer	3. Middle Name(s) § Owen
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4. Contact's Job Title * Office Manager		
5. Address 1 * 6250 Enterprise Drive		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Knoxville	8. State * Tennessee	9. Postal Code * 37909
10. Country * United States Of America		11. Province §
12. Telephone Number * +1 (865) 690-5820	13. Extension §	14. Business Email Address * jstmaps@subsouth.net

E. Attorney or Agent Information (If applicable)

1. Indicate the type of representation for the employer in the filing of this application. * Complete the remainder of this section if "Attorney" or "Agent" is marked.		<input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Agent <input type="checkbox"/> None
2. Attorney or Agent's Last (family) Name § Maglin	3. First (given) Name § Kimberly	4. Middle Name(s) § Sherman
5. Address 1 § 11155 Dolfield Blvd		
6. Address 2 (apartment/suite/floor and number) § Suite 216		
7. City § Owings Mills	8. State § Maryland	9. Postal Code § 21117
10. Country § United States Of America		11. Province §
12. Telephone Number § +1 (443) 501-4240	13. Extension §	14. Law Firm/Business Email Address § kmaglin@unitedworkandtravel.com
15. Law Firm/Business Name § United Work and Travel		16. Law Firm/Business FEIN § [REDACTED]

If "Attorney" is marked in question E.1, complete questions 17 to 19 below.

17. State Bar Number(s) § 49891 (MO)	18. State of highest court where attorney is in good standing § New York
19. Name of the highest state court where attorney is in good standing § Appellate Div. of the Supreme Court, 1st Dept.	

If "Agent" is marked in question E.1, complete questions 20 and 21 below.

20. Is a copy of the current agreement or other documentation demonstrating the agent's authority to represent the employer in this application attached? §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
21. Is a copy of the agent's current Migrant and Seasonal Agricultural Worker Protection Act (MSPA) Certificate of Registration identifying the farm labor contracting activities the agent is authorized to perform attached to this application? §	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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F. Employment and Wage Information

a. Job Opportunity and Minimum Requirements

1. Indicate whether a copy of the job order submitted to the State Workforce Agency (SWA) satisfying the requirements at 20 CFR 655.18 is attached to this application. *		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. Name of the State * Tennessee		3. Date Job Order Submitted * 1/1/2025		
4. Job Duties – Description of the specific services or labor to be performed. * (All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.) Make Sandwiches by formula, interact with customers, run POS system, clean and stock restaurant as needed.				
5. Anticipated days and hours of work per week (an entry is required for each box below) *		6. Hourly work schedule *		
35	a. Total Hours 5	c. Monday 5 e. Wednesday 5 g. Friday	a. 7 : 00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	
5	b. Sunday 5	d. Tuesday 5 f. Thursday 5 h. Saturday	b. 11 : 00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
7. 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.)				
8. Training: number of months required. *		0	9. Work Experience: number of months required. *	0
10. Supervision: does this position supervise the work of other employees? *		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10a. If "Yes" to question 10, enter the number of employees worker will supervise. \$	
11. Special Requirements - List specific skills, licenses/certifications, field(s) of training, and requirements of the job. * Please See Addendum				

b. Place of Employment and Wage Information

1. Worksite Address * 600 Parkway		
2. Worksite Address \$ (apartment/suite/floor and number)		
3. City * Gatlinburg	4. State * Tennessee	5. Postal Code * 37738

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6. County * Sevier		7. Metropolitan Statistical Area (MSA) Name/OES Area Title * East Tennessee nonmetropolitan area	
8a. Basic Wage Rate Paid * From: \$ 12 . 37 To: \$.		8b. 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	
8c. Are overtime hours available for this job opportunity at any work locations for the 9142B and Appendix A? * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8d. Wage Rate Range for Overtime Pay \$ From: \$ 18 . 56 To: \$.			
9. Additional conditions about the wage rate to be paid at any work locations \$ Overtime will be paid at a rate of \$18.56/hr. for working greater than 40 hours in any week.			
DOL Prevailing Wage Determination (PWD) Information			
10. 1st PWD Case Number * P-400-24185-173522		10a. 2nd PWD Case Number \$	
		10b. 3rd PWD Case Number \$	
11. If a valid PWD has <u>not</u> been obtained due to an emergency situation under 20 CFR 655.17, indicate whether a completed Form ETA-9141 is attached to this application. \$			<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

c. Additional Place of Employment and Wage Information

1. Will work be performed at worksite locations other than the one identified in Section F.b.? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. If "Yes" is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. \$	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

d. Other Material Terms and Conditions of the Job Offer

1. Daily Transportation: Workers will be provided with daily transportation to and from the worksite in compliance with all applicable Federal, State and local laws and regulations. *	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A
2. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
3. Employer-Provided Tools and Equipment: Workers will be provided, without charge or deposit charge, all tools, supplies, and equipment required to perform the duties assigned. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
4. Board, Lodging, or Other Facilities: Workers will be provided with board, lodging, or other facilities and/or the employer will assist workers in securing board, lodging, or other facilities. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
5. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). * The employer will make all payroll deductions required by law and will not make any deductions which are not required by law. If an employee chooses to live in employer housing \$130/week will be payroll deducted for housing expenses.	

e. Recruitment Information

1. Telephone Number to Apply * +1 (865) 690-5820	2. Email Address to Apply * mayres@subsouth.net
3. Website address (URL) to Apply * N/A	

G. Other Supporting Documentation

1. Type of Employer Application (Choose only one) *	<input checked="" type="checkbox"/> Individual Employer <input type="checkbox"/> Joint Employer (e.g., Job Contractor)
2. Is a copy of the employer's current MSPA Certificate of Registration identifying the farm labor contracting activities the employer is authorized to perform attached to this application? *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
If "Joint Employer" (e.g. Job Contractor) is marked in question G.1, complete questions 3 and 4 below.	

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3. Indicate whether a completed Appendix D identifying the joint employer (or employer-client for a job contractor) has been included. §	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If a job contractor, indicate whether an executed contract or other agreement exists between the job contractor and the employer-client establishing a bona fide relationship to the workers sought under this application. §	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A
Foreign Labor Recruiter Information	
5. Is the employer, and its attorney or agent, as applicable, engaging or planning to engage any agent(s) or recruiter(s) in the recruitment of prospective H-2B workers, regardless of whether such agent(s) or recruiter(s) is (are) located in the U.S. or abroad? *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Indicate whether a copy of all agreements with any agent or recruiter whom you are engaging or planning to engage in the recruitment of H-2B workers is attached to this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Indicate whether a completed Appendix C providing the identity and location of all persons and entities hired by or working for the agent or recruiter subject to the agreement(s), including any of the agents or employees of those persons and entities, is attached to this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

H. Declaration of Employer and Attorney/Agent

In accordance with Federal regulations, the employer(s) must attest to 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 B will not be certified by the Department.

1. Please confirm that you have read and agree to all the applicable terms, assurances, and obligations contained in Appendix B and have attached a signed and dated copy of Appendix B with this application. *	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Please confirm that the joint employer (e.g. <u>employer-client for a job contractor</u>) identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in Appendix B and has attached a <u>separate</u> signed and dated copy of Appendix B with this application. *	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

I. 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 Section E (attorney or agent) of this application.

1. Last (family) Name §	2. First (given) Name §	3. Middle Initial §
4. Law Firm/Business FEIN §	5. Law Firm/Business Name §	
6. Law Firm/Business Email Address §		

For public burden statement information, please see Form ETA-9142B General Instructions.

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ADDENDUM
Section F.a.11: Special Requirements

ADDENDUM FOR SECTION F.A.11: SPECIAL REQUIREMENTS

MUST BE ABLE TO SPEAK CONVERSATIONAL ENGLISH, REGULARLY LIFT 10 LBS OCCASIONALLY LIFT UP TO 50 LBS, STAND FOR LONG PERIODS OF TIME
DAYS AND SHIFTS MAY VARY. HOLIDAYS, WEEKENDS, AND EVENINGS REQUIRED AS NEEDED.
EMPLOYER RESERVES THE RIGHT TO PAY A HIGHER WAGE, RATE, OR BONUS TO ANY WORKER IN THEIR SOLE DISCRETION BASED ON PERFORMANCE, SKILL, TENURE,
OR EXPERIENCE.
EMPLOYER IS OFFERING UP TO 20 HOURS OF OVERTIME PER WEEK AS NEEDED, BUT NOT GUARANTEED.
OPTIONAL EMPLOYER HOUSING IS AVAILABLE AT A COST OF \$130 PER WEEK.
EMPLOYER WILL PROVIDE PAID ON THE JOB TRAINING.
MUST BE AT LEAST 18 YEARS OF AGE.



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1. City *	2. State *	3. County *	4. MSA Name/OES Area Title *	5. Additional Place of Employment Information §	6. Additional Work Itinerary Information §						
					Crew ID	Total Workers	Begin Date	End Date	Basic Wage Rate		Per
									From:	To:	
Pigeon Forge	TN	SEVIER	TENNESSEE NONMETROPOLITAN								Hour
Sevierville	TN	SEVIER	TENNESSEE NONMETROPOLITAN								Hour
Kodak	TN	SEVIER	TENNESSEE NONMETROPOLITAN								Hour
Gatlinburg	TN	SEVIER	TENNESSEE NONMETROPOLITAN								Hour

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 2 hours and 10 minutes to complete the form and its appendices, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and reviewing the collection of information. The burden estimate is as follows: 9142B- 55 minutes, Appendix A- 15 minutes, Appendix B- 15 minutes, Appendix C- 20 minutes, Appendix D- 10 minutes, and recordkeeping- 15 minutes. 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 U.S. Department of Labor * Employment and Training Administration * Office of Foreign Labor Certification * 200 Constitution Ave., NW * Box PPII 12-200 * Washington, DC * 20210 or by email to ETA.OFLC.Forms@dol.gov. **Please do not send the completed application to this address.**

FOR DEPARTMENT OF LABOR USE ONLY

Form ETA-9142B	H-400-25001-580931	Full Certification	Determination Date: 02/19/2025	Validity Period: 4/1/2025 to 12/31/2025
H-2B Case Number:		Case Status:		



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

Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this *H-2B Application for Temporary Employment Certification*, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Coley	Collin	
4. Name of Employer/Recruiting Organization *		
Work Abroad - Jamaica		
5. City *	6. State *	7. Postal Code *
Kingston	N/A	5
8. Country *	9. Province §	
JAMAICA		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Dimitrov	Bozidor	
4. Name of Employer/Recruiting Organization *		
Work Abroad - Serbia		
5. City *	6. State *	7. Postal Code *
Nic	N/A	34
8. Country *	9. Province §	
SERBIA		

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Rincon	Winston	
4. Name of Employer/Recruiting Organization *		
WaterD Travels		
5. City *	6. State *	7. Postal Code *
Santo Domingo	N/A	Santo Domi
8. Country *	9. Province §	
DOMINICAN REPUBLIC		

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Reyes	Angel	
4. Name of Employer/Recruiting Organization *		
OFIT Colombia		
5. City *	6. State *	7. Postal Code *
Bogota	N/A	108
8. Country *	9. Province §	
COLOMBIA	Bogota	

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Fernandez	Sergio	
4. Name of Employer/Recruiting Organization *		
SEP Colombia		
5. City *	6. State *	7. Postal Code *
Santander	N/A	42
8. Country *	9. Province §	
COLOMBIA	Bucaramanga	

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H-2B Case Number: H-400-25001-580931

Case Status: Full Certification

Determination Date: 02/19/2025

Validity Period: 4/1/2025 to 12/31/2025



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Pursuant to 20 CFR 655.9(b), the employer, and its attorney or agent (as applicable), must provide the identity and location of all persons and entities hired by or working for the recruiter or agent, and any of the agent(s) or employee(s) of those persons and entities, to recruit prospective foreign workers for the H-2B job opportunities offered by the employer under this *H-2B Application for Temporary Employment Certification*, Form ETA-9142B. Please complete each section of "Foreign Labor Recruiter Information" below. If the employer has more than five (5) persons and entities to identify, the employer must disclose as many additional "Foreign Labor Recruiter Information" sections as are necessary to list all persons or entities engaged in foreign worker recruitment for this application.

Foreign Labor Recruiter Information 1

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
Thomas	Paul	
4. Name of Employer/Recruiting Organization *		
IRSS		
5. City *	6. State *	7. Postal Code *
Kingston	N/A	Kingston5
8. Country *	9. Province §	
JAMAICA		

Foreign Labor Recruiter Information 2

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

Foreign Labor Recruiter Information 3

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

Foreign Labor Recruiter Information 4

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

Foreign Labor Recruiter Information 5

1. Recruiter's Last (family) Name *	2. First (given) Name *	3. Middle Name(s) §
4. Name of Employer/Recruiting Organization *		
5. City *	6. State *	7. Postal Code *
8. Country *	9. Province §	

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