

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	5
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title* Maintenance Helper		
2. SOC Code* 49-9098.00	3. SOC Occupation Title* Helpers--Installation, Maintenance, and Repair Workers	
4. Number of Workers* 5	5. Begin Date* (mm/dd/yyyy) 11/9/2026	6. End Date* (mm/dd/yyyy) 1/31/2027
7. Nature of Temporary Need (Choose only one)* ☒ Seasonal ☐ Peakload ☐ One-Time Occurrence ☐ 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-00011456		

C. Employer Information

1. Legal Business Name *		
2. Trade Name/Doing Business As (DBA), if applicable §		
3. Address 1 *		
4. Address 2 (apartment/suite/floor and number) §		
5. City* Mt. Airy	6. State* Maryland	7. Postal Code* 21771
8. Country*	9. Province §	
10. Telephone Number *	11. Extension §	
12. Federal Employer Identification Number (FEIN from IRS)*	13. NAICS Code*	

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 * Strates	2. First(given) Name * Nicholas	3. Middle Name(s) § J
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4. Contact's Job Title * President		
5. Address 1 *		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Mt. Airy	8. State * Maryland	9. Postal Code * 21771
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * demetrisgreekfoods@yahoo.com

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.		☒ Attorney ☐ Agent ☐ None
2. Attorney or Agent's Last (family) Name § Pierce	3. First (given) Name § Robert	4. Middle Name(s) § W
5. Address 1 § 133 Defense Highway		
6. Address 2 (apartment/suite/floor and number) § Suite 201		
7. City § Annapolis	8. State § Maryland	9. Postal Code § 21401
10. Country §	11. Province §	
12. Telephone Number § +1 (410) 573-9955	13. Extension § 0	14. Law Firm/Business Email Address § obowp@adventurelaw.com
15. Law Firm/Business Name §		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) § NA	18. State of highest court where attorney is in good standing § Maryland
19. Name of the highest state court where attorney is in good standing § Supreme Court of Maryland	

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? §	☐ Yes ☐ 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? §	☐ Yes ☐ No ☐ 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. *						☒ Yes ☐ No		
2. Name of the State * Maryland				3. Date Job Order Submitted * 7/22/2026				
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.) Assist mechanic: Help maintain carnival equipment: manually sand and prep; clean and lubricate parts; assemble, inspect, dismantle, and store rides.								
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	7	c. Monday	7	e. Wednesday	7	g. Friday	a. 8 : 30 ☒ AM ☐ PM
0	b. Sunday	7	d. Tuesday	7	f. Thursday	0	h. Saturday	b. 5 : 00 ☐ AM ☒ PM
7. Education: minimum U.S. diploma/degree required. *								
☒ None ☐ High School/GED ☐ Associate's ☐ Bachelor's ☐ Master's ☐ Doctorate (PhD) ☐ 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? *				☐ Yes ☒ 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 * 4607 Old National Pike Road		
2. Worksite Address § (apartment/suite/floor and number)		
3. City * Mt. Airy	4. State * Maryland	5. Postal Code * 21771

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6. County * Carroll County		7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Baltimore-Columbia-Towson, MD	
8a. Basic Wage Rate Paid * From: \$ 20 . 68 To: \$ 20 . 68		8b. Per (Choose only one) * ☒ Hour ☐ Week ☐ Bi-Weekly ☐ Month ☐ Year ☐ Piece Rate	
8c. Are overtime hours available for this job opportunity at any work locations for the 9142B and Appendix A? * ☐ Yes ☒ No			
8d. Wage Rate Range for Overtime Pay \$ From: \$. To: \$.			
9. Additional conditions about the wage rate to be paid at any work locations \$ Due to space limitations, see attached job order			
DOL Prevailing Wage Determination (PWD) Information			
10. 1st PWD Case Number * P-400-26155-981658		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. \$			☐ Yes ☐ No ☒ 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.? *	☐ Yes ☒ No
2. If "Yes" is marked in question F.c.1, indicate whether a completed Appendix A is attached to this application. \$	☐ Yes ☒ 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. *	☐ Yes ☒ N/A
2. On-the-Job Training Available: Workers will be provided with on-the-job training to perform the duties assigned. *	☒ Yes ☐ 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. *	☒ Yes ☐ 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. *	☒ Yes ☐ N/A
5. Deductions From Pay: State all deduction(s) from pay and, if known, the amount(s). * Please See Addendum	

e. Recruitment Information

1. Telephone Number to Apply * +1 (304) 370-5820	2. Email Address to Apply * demetrisgreekfoods@yahoo.com
3. Website address (URL) to Apply * N/A	

G. Other Supporting Documentation

1. Type of Employer Application (Choose only one) *	☒ Individual Employer ☐ 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? *	☐ Yes ☐ No ☒ 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. §	☐ Yes ☐ 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. §	☐ Yes ☒ No ☐ 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? *	☐ Yes ☒ 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. *	☐ Yes ☐ No ☒ 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. *	☐ Yes ☐ No ☒ 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. *	☒ Yes ☐ 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. *	☐ Yes ☐ No ☒ 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

WORK HOURS

HOURS, SCHEDULE, AND DAYS VARY WIDELY.
TYPICALLY MON-FRI, 8:30AM-5PM. NO OVERTIME EXPECTED.
OFTEN 35-40 HOURS PER WEEK. MAY GO UP TO 40 HOURS PER WEEK.

WORK NEEDS (I.E., HOURS, DAYS, SCHEDULE, LOCATION, AND WORK POSITIONS) VARY.

JOB REQUIREMENTS

MUST COMPLETE AND PASS POST-HIRE BACKGROUND & DRUG TEST PAID BY EMPLOYER.

THE JOB REQUIRES THE APPLICANT TO

BE QUALIFIED, AUTHORIZED, READY, WILLING, ABLE, AND AVAILABLE TO PERFORM DURING THE ENTIRE
EMPLOYMENT AT THE DESIGNATED WORKSITES UNDER ADVERSE WEATHER;

SATISFY OUR VERIFICATION STANDARDS OR TESTING;

ENTER INTO AND COMPLY WITH ANY EMPLOYMENT CONTRACT AND HOUSING LEASE;

FOLLOW WORKPLACE, GRIEVANCE, AND HOUSING RULES. THE GRIEVANCE PROCEDURE REQUIRES WORKERS TO

REPORT ANY THREATS TO OR FAILURE TO SATISFY WORKING TERMS AND CONDITIONS; AND

MEET JOB PERFORMANCE STANDARDS.

WORK OUTSIDE IN ALL WEATHER.

THE JOB REQUIRES THE APPLICANT TO OBTAIN AND SHOW PROOF OF ALL NECESSARY GOVERNMENT AUTHORIZATIONS TO
WORK THIS JOB, SUCH AS AN H-2B WORKER VISA FOR FOREIGN WORKERS. ANY H-2B WORKER VISA WILL BE ISSUED BY
THE UNITED STATES CONSULATE IN THE HOME COUNTRY, AND AFTER WHICH THE APPLICANT WILL BE REGARDED AS
RECRUITED AT THAT TIME AND PLACE.

MUST COOPERATE WITH AND COMPLETE JOB APPLICATION AND INTERVIEW, AND ANY SUPPLIED INFORMATION MUST BE
TRUTHFUL AND COMPLETE.

MUST COMPLY WITH GROOMING REQUIREMENTS AND DRESS CODE.

MUST BE WILLING TO WORK UP TO 7 DAYS/WEEK.

SUBJECT TO DISCHARGE FOR CAUSE.

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ADDENDUM
Section F.d.6: Deductions from Pay

ADDENDUM FOR SECTION F.D.6: DEDUCTIONS FROM PAY

OPTIONAL MOBILE FOR OTHER HOUSING (\$300/WEEK) IS PROVIDED AT EMPLOYER'S DISCRETION AND DEDUCTED FROM PAY.
LOCAL CONVENIENCE TRAVEL (\$50/WEEK), LAUNDRY FACILITY (\$20/WEEK), FOOD (VARIES), AND INTERNET ACCESS (\$100/MONTH) IS AVAILABLE FOR WAGE CREDIT AND/OR DEDUCTION AT EMPLOYER'S DISCRETION, OR ANY LESSER AMOUNT TO THE MAXIMUM EXTENT NOT PROHIBITED BY LAW.