OMB Approval: 1205-0509
Expiration Date: 9/30/2026

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	0
	b. Cap-Exempt	

B. Temporary Need Information

1. Job Title * Housekeeper		
2. SOC Code * 51-6011.00	3. SOC Occupation Title * Laundry and Dry-Cleaning Workers	
4. Number of Workers * 25	5. Begin Date * (mm/dd/yyyy) 11/10/2026	6. End Date * (mm/dd/yyyy) 4/19/2027
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-00023699		

C. Employer Information

1. Legal Business Name * Moonlight Club LLC		
2. Trade Name/Doing Business As (DBA), if applicable § Moonlight Basin		
3. Address 1 * One Boston Place, Suite 2310		
4. Address 2 *(apartment/suite/floor and number)* § Mailing: PO Box 161514, Big Sky, MT 59716		
5. City * Boston	6. State * Massachusett	7. Postal Code * 02108
8. Country *	9. Province §	
10. Telephone Number *	11. Extension §	
12. Federal Employer Identification Number *(FEIN from IRS)* * [redacted]	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 *	2. First (given) Name *	3. Middle Name(s) §
Wilcynski		

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4. Contact's Job Title * General Manager		
5. Address 1 * 66 Mountain Loop Road		
6. Address 2 *(apartment/suite/floor and number)* § Mailing: PO Box 161514, Big Sky, MT 59716		
7. City * Big Sky	8. State * Montana	9. Postal Code * 59716
10. Country * 	11. Province § 	
12. Telephone Number *	13. Extension §	14. Business Email Address * mwilcynski@moonlightbasin.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 § Pabian	3. First (given) Name § Keith	4. Middle Name(s) § Andrew
5. Address 1 § 40 Speen Street		
6. Address 2 *(apartment/suite/floor and number)* § 4th Floor		
7. City § Framingham	8. State § Massachusetts	9. Postal Code § 01701
10. Country § 	11. Province § 	
12. Telephone Number § 	13. Extension § 	14. Law Firm/Business Email Address § keith.pabian@pabianlaw.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) § 672323	18. State of highest court where attorney is in good standing § Massachusetts
19. Name of the highest state court where attorney is in good standing § Supreme Judicial Court	

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 * Montana	3. Date Job Order Submitted * 8/12/2026

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.)

Housekeepers will be responsible for cleaning and maintaining all guest areas, rooms, suites and residences at the Resort's property, which includes straightening and organizing furniture, cleaning and disinfecting kitchens, dishes, refrigerators, and ovens, vacuuming floors, dusting, sweeping, mopping, emptying trash and recycling waste, replenishing linens and towels, disinfecting bathrooms, washing windows (using glass cleaner and paper towels), sorting clothing and other articles, loading washing machines, and ironing and folding dried items. Must be able to lift 50lbs.

Schedule: 40 hours per week. Work schedule can vary and can include evening, weekend, and holiday hours. Work may be performed on any day of the week from Monday through Sunday. Example shifts: 6:00am – 2:00pm, 9:00am – 5:00pm, or 3:00pm – 11:00pm. Shift hours may vary.

See attached job description for additional information.

5. Anticipated days and hours of work per week *(an entry is required for each box below)* *

40	**a. Total Hours**	8	c. Monday	8	e. Wednesday	8	g. Friday
0	b. Sunday	8	d. Tuesday	8	f. Thursday	0	h. Saturday

6. Hourly work schedule *

a. 6 : 00 ☑ AM ☐ PM

b. 2 : 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. *	3
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 * 66 Mountain Loop Road		
2. Worksite Address § *(apartment/suite/floor and number)*		
3. City * Big Sky	4. State * Montana	5. Postal Code * 59716

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6. County * Madison County	7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Southwest Montana nonmetropolitan area
8a. Basic Wage Rate Paid * From: $ 17 . 20 To: $ 18 . 00	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: $ 25 . 80 To: $ 27 . 00	
9. Additional conditions about the wage rate to be paid at any work locations § Wage: $17.20 – $18.00 per hour, paid bi-weekly. See attached job description for additional information.	

DOL Prevailing Wage Determination (PWD) Information

10. 1st PWD Case Number * P-400-26187-081257	10a. 2nd PWD Case Number §	10b. 3rd PWD Case Number §
11. If a valid PWD has not 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 (406) 993-8191	2. Email Address to Apply * careers@moonlightbasin.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. employer-client for a job contractor) identified in Appendix D has read and agrees to all the applicable terms, assurances, and obligations contained in **Appendix B** and has attached a separate 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

THE PETITIONER WILL CONSIDER FOR EMPLOYMENT ANY PERSON WHO POSSESSES AT LEAST THREE (3) MONTHS OF HOUSEKEEPING EXPERIENCE AT A HIGH-END HOTEL, RESORT, OR PRIVATE CLUB.

APPLICANT MUST COMPLETE PRE-EMPLOYMENT BACKGROUND CHECK AT EMPLOYER'S EXPENSE.

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ADDENDUM

Section F.d.6: Deductions from Pay

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

OPTIONAL HOUSING IS OFFERED ON A FIRST-COME, FIRST-SERVE BASIS FOR WORKERS WHO ARE RELOCATING TO BEGIN EMPLOYMENT. COST OF HOUSING, IF ACCEPTED, IS $650.00 PER MONTH FOR DOUBLE OCCUPANCY. IF USED, TOTAL COST OF HOUSING WILL BE PAID DIRECTLY TO EMPLOYER ON THE 1ST AND 15TH OF EACH MONTH IN THE AMOUNT OF $325.00. COST OF HOUSING INCLUDES UTILITIES AND INTERNET. A $150.00 NON-REFUNDABLE ADMINISTRATION FEE IS REQUIRED UPON ACCEPTANCE OF HOUSING, TO BE PAID DIRECTLY TO THE EMPLOYER. A $350.00 REFUNDABLE SECURITY DEPOSIT IS REQUIRED, UPON ACCEPTANCE OF HOUSING, TO BE PAID DIRECTLY TO THE EMPLOYER. THE SECURITY DEPOSIT IS REFUNDABLE IF HOUSING IS LEFT IN SUITABLE CONDITION AND WILL BE REFUNDED ON THE PAYCHECK FOLLOWING THE HOUSING CHECKOUT.

ADDITIONAL, OPTIONAL BENEFITS MAY BE OFFERED TO WORKER, FOR WORKER'S SOLE BENEFIT, INCLUDING BUT NOT LIMITED TO HEALTH INSURANCE AND 401K. IF VOLUNTARILY ELECTED BY WORKER, EMPLOYEE COSTS/CONTRIBUTIONS FOR BENEFITS WILL BE DEDUCTED FROM PAYCHECK.

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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 From:	Basic Wage Rate To:	Per
Big Sky	MT	MADISON COUNTY	EST MONTANA NONMETROPOLIT								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-2B Case Number: H-400-26224-164380 Case Status: Full Certification Determination Date: 09/04/2026 Validity Period: 11/10/2026 to 4/19/2027