

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* Line Cook		
2. SOC Code* 35-2014.00	3. SOC Occupation Title* Cooks, Restaurant	
4. Number of Workers* 22	5. Begin Date* (mm/dd/yyyy) 11/11/2026	6. End Date* (mm/dd/yyyy) 4/30/2027
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-00011450		

C. Employer Information

1. Legal Business Name* Jay Peak Pacific LLC		
2. Trade Name/Doing Business As (DBA), if applicable § Jay Peak		
3. Address 1*		
4. Address 2 (apartment/suite/floor and number) §		
5. City* Jay	6. State* Vermont	7. Postal Code* 05859
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* Tremblay	2. First (given) Name*	3. Middle Name(s) §
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4. Contact's Job Title * Director of Human Resources		
5. Address 1 *		
6. Address 2 (apartment/suite/floor and number) §		
7. City * Jay	8. State * Vermont	9. Postal Code * 05859
10. Country *	11. Province §	
12. Telephone Number *	13. Extension §	14. Business Email Address * ktremblay@jaypeakresort.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 * Vermont				3. Date Job Order Submitted * 8/13/2026				
4. Job Duties – Description of the specific services or labor to be performed. * <i>(All job duties must be disclosed on this form. One separate attachment will be accepted to fully complete the response.)</i> Line Cooks will be responsible for preparing, seasoning, and cooking soups, meats, vegetables, desserts, and other food items in a restaurant. Schedule: 35 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: 7:00am - 2:00pm or 1:00pm - 8:00pm. Shift hours may vary. See attached job description for additional information.								
5. Anticipated days and hours of work per week <i>(an entry is required for each box below)</i> *						6. Hourly work schedule *		
35	a. Total Hours	7	c. Monday	7	e. Wednesday	7	g. Friday	a. 7 : 00 ☒ AM ☐ PM
0	b. Sunday	7	d. Tuesday	7	f. Thursday	0	h. Saturday	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 <u>months</u> required. *		0		9. Work Experience: number of <u>months</u> 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 * 830 Jay Peak Road		
2. Worksite Address § <i>(apartment/suite/floor and number)</i>		
3. City * Jay	4. State * Vermont	5. Postal Code * 05859

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6. County * Orleans County		7. Metropolitan Statistical Area (MSA) Name/OES Area Title * Northern Vermont nonmetropolitan area	
8a. Basic Wage Rate Paid * From: \$ 22 .00 To: \$ 24 .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: \$ 33 .00 To: \$ 36 .00			
9. Additional conditions about the wage rate to be paid at any work locations \$ Wage: \$22.00 - \$24.00 per hour, paid bi-weekly. See job description for additional details.			
DOL Prevailing Wage Determination (PWD) Information			
10. 1st PWD Case Number * P-400-26174-041281		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 (802) 327-2416	2. Email Address to Apply * recruiting@jaypeakresort.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

THE PETITIONER WILL CONSIDER FOR EMPLOYMENT ANY PERSON WHO POSSESSES AT LEAST THREE (3) MONTHS OF CULINARY EXPERIENCE IN A FINE-DINING OR HIGH-VOLUME ENVIRONMENT AT A HIGH-END RESTAURANT, 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. HOUSING UNITS ARE EITHER OWNED BY THE EMPLOYER OR CONTRACTED BY THE EMPLOYER WITH LOCAL HOMEOWNERS. COST OF HOUSING IS \$650.00 PER MONTH AND INCLUDES UTILITIES, WI-FI, TRASH, AND SNOW REMOVAL. IF USED, TOTAL COST OF HOUSING WILL BE PAID DIRECTLY TO THE EMPLOYER OR TO THE LOCAL HOMEOWNER CONTRACTED BY THE EMPLOYER. A \$650.00 SECURITY DEPOSIT IS REQUIRED, TO BE PAID DIRECTLY TO EMPLOYER OR HOMEOWNER UPON ACCEPTANCE OF HOUSING. EMPLOYEE MAY RECEIVE FULL SECURITY DEPOSIT BACK IF THE HOUSING IS IN ACCEPTABLE CONDITION UPON DEPARTURE.

ADDITIONAL, OPTIONAL BENEFITS MAY BE OFFERED TO WORKER, FOR WORKER'S SOLE BENEFIT, INCLUDING BUT NOT LIMITED TO ALL EMPLOYEES AGED 21 OR OLDER ARE ELIGIBLE TO PARTICIPATE IN THE COMPANY'S 401(K) PLAN AFTER 12 MONTHS OF EMPLOYMENT WITH 1000 HOURS WORKED IN THAT YEAR. PLEASE SEE THE ATTACHED JOB DESCRIPTION FOR ADDITIONAL DETAILS.