

TWC FLC H-2B JOB POSTING REQUEST FORM

TWC PREVAILING WAGE TRACKING NUMBER: _____
SOC/O*NET CODE 45-3011 **DATE:** _____

FACSIMILE TRANSMITTAL SHEET

TO: Misho's Oyster Company	FROM: N. Mullinax
COMPANY: State of Texas	DATE:
FAX NUMBER: 512-463-3055	TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: 512-475-2571	

JOB POSTING FOR H-2B TEMPORARY NON AGRICULTURAL POSITIONS

Employer Name		Employer TWC Tax ID	
Misho's Oyster Company		02-096900-8	
Employer Address (Address where referrals will be sent to apply for position)		Employer FEIN	
1515 10 th St		76-0421224	
City		WorkInTexas Employer ID	
San Leon			
State	Zip	Employer Telephone Number	
Texas	77539	281-339-1435	
Physical Address Where Work Will Be Performed			
1515 10 th Street, San Leon, TX 77539, Public and Private waters on the coast of Texas.			
Job Title	Start Date	End Date	Number of Openings
Deckhand	10/17/2022	05/5/2023	120
Minimum Pay			Overtime Pay
\$ 16.81 per: X Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Month \$_____ Single workweek is standard for computing wages due. Workers will be paid weekly. Workers paid on piece rate if higher than hourly rate, piece rate based on seafood market price ranges \$2 per sack to \$25 per sack, 30 sack limit per boat.			

Workweek (Only full time work is allowed in the H-2B Foreign Labor process).			
35 HRS Per Week - Start of Work Day: <u>5:30 AM</u> End of Work Day <u>12:30 PM</u>			
Shift		WORK SCHEDULE DAYS OF THE WEEK	
X Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends Only <input type="checkbox"/> Varied <input type="checkbox"/>		Mon X_ Tue X_ Wed X_ Thurs X_ Fri X Sat__ Sun__	
Supervisory Experience Required? <input type="checkbox"/> Yes X No		Is Overtime Available <input type="checkbox"/> Yes X No	
Occupation		Occupational License/Certification	
Oyster Dredging		None	
Minimum Education		Minimum Experience	
None		Years <u>0</u> Months <u>0</u>	

TEXAS WORKFORCE COMMISSION
 FOREIGN LABOR CERTIFICATION UNIT
 101 E. 15TH ST., ROOM 202T
 AUSTIN, TEXAS 78778

Additional Information on Education or Experience

No exp edu or training required.

+Job DescriptionIS ON THE JOB TRAINING PROVIDED YES NO

Temp full-time Attach apparatus devices to cable boom & hoist. Load/unload equipment & supplies. Attach nets & lines. Haul in, sort, & clean catch. Shuck & process oysters. Store all catch in containers with ice. Return bycatch to waters. Tools supplies & equip provided free. Wash deck & equip. Unload containers of product from dredge at end of work day. Incoming transportation & subsistence will be reimbursed if 50% employment period is completed a min of \$14 or max of \$59/per day with receipts Same paid when work ends/employer terminates early. Employer plans to remit same by check or otherwise as satisfactory to worker. All deductions from pay made as required by law. Employer will reimburse all incoming costs including all visa related fees for the H2B worker, & those mandated by the government the first workweek. Apply at your nearest SWA office or Call 409-949-9055 or Fax 409-949-9050.

Hours vary due to weather & other acts of God.

Who to Contact Brenda Mendoza		Contact Title Supervisor	
Employer E-mail Address			Employer Phone 281-339-1435
Other Phone	Other Phone Type <input type="checkbox"/> Work <input type="checkbox"/> Message <input type="checkbox"/> Fax <input type="checkbox"/> Cell <input type="checkbox"/> Pager		Employer Fax 281-339-3536
Contact Instructions For Employer Fax resumes to: 281-339-3536 or mail to POB 269 Seabrook, TX 77586			

Driver License Class <input type="checkbox"/> C-Standard <input type="checkbox"/> C-Commercial <input type="checkbox"/> B-Commercial <input type="checkbox"/> A-Commercial <input type="checkbox"/> Motorcycle		Endorsements <input type="checkbox"/> T <input type="checkbox"/> P <input type="checkbox"/> H <input type="checkbox"/> N <input type="checkbox"/> X	
Issuing State TX	Employer Signature		Date

STATE OFFICE USE ONLY

JOB POSTING NUMBER: _____

JOB POSTING BEGINNING DATE: _____ JOB POSTING ENDING DATE: _____

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