## TWC FLC H-2B Job Posting Request Form Transmittal Information

TO:

Texas Workforce Commission

COMPANY:

OMMA TRUCKING, INC.

FAX NUMBER:

1-888-282-4786

NUMBER OF PAGES:

3

FROM:

Juan Medrano

DATE:

08/08/2022

PHONE NUMBER:

1-432-967-6862

TEXAS WORKFORCE COMMISSION FOREIGN LABOR CERTIFICATION UNIT 101 E. 15TH ST., ROOM 202T AUSTIN, TEXAS 78778 (512) 475-2571 FAX: (512) 463-3055 FOREIGNLABOR@TWC.STATE.TX.US

## TWC FLC H-2B Job Posting Request Form

## H-2B JOB POSTING FOR TEMPORARY

DOL Prevailing Wage Tracking #P-400-22154-242702 SOC Code / O\*Net Code 53-3032 Date 08/09/2022

| OMMA TRUCKING INC   | Employer Name                                 |   |   | Employer FEIN                                     |             |  |  |  |  |  |
|---|---|---|---|---|-------------|--|--|--|--|--|
| OMMA TRUCKING, INC.   |   |   | 14-953788-0   |   |             |  |  |  |  |  |
| Employer Address (where referrals will be sent to apply)  |   |   | Employer Phone Number   | WorkInTexas Employer ID                           |             |  |  |  |  |  |
| 6012 N Country Rd 1147  |   | (432)894-1293   | 26-1529980  |   |             |  |  |  |  |  |
| City  | State   | ZIP Code  | Physical Address Where Wor  | k Will Be Perfo                                   | rmed        |  |  |  |  |  |
| Midland   | TX  | 79705   | Drivers will be based in Midland, TX                                    |   |             |  |  |  |  |  |
| Job Title   |   |   | Number of Openings  | Start Date  | End Date    |  |  |  |  |  |
| Temporary, Full-time Heavy and Tractor Trailed Truck  |   | 35  | 10/25/2022  | 10/24/2024  |             |  |  |  |  |  |
| Pay Details   |   |   | FERVICES TRANSPORTER  |   |             |  |  |  |  |  |
| Minimum Pay \$25.49 per: ☑ Hour ☐ Day ☐ Week ☐ Month ☐ Year   |   |   |   |   |             |  |  |  |  |  |
| Workweek (H-2B jobs must be full-time)  |   |   | Workday   |   |             |  |  |  |  |  |
| 40 Hours per Week   |   |   | Start of Workday: 7:00 A.M.   | End of Workda                                     | ay:4:00 AM  |  |  |  |  |  |
| Shift   |   |   | Work Schedule   |   |             |  |  |  |  |  |
| Days Evenings Night   | s Weeke                                       | nds Varied  | ☑ Mon ☑ Tue ☑ Wed ☑   | Thurs Fri   | ☐ Sat ☐ Sun |  |  |  |  |  |
| Job Description (Attach addition  | nal sheets if                                 | you need more   | space)  |   |             |  |  |  |  |  |
| SEEKING FOR SKILLED AN<br>CDL CLASS A (VEHICLE 26<br>DESCRIBED BELOW, ALL<br>MANAGEMENT. ASSIGNED<br>SIZE AND OPERATIONS. D<br>SUPERVISOR. VALIDATE I | 6,001 LBS<br>DRIVERS<br>D RESPON<br>DELIVER M | & ABOVE). IN<br>WILL PERFOI<br>ISIBILITIES A<br>IATERIALS B | I ADDITION TO THE ESSE<br>RM DUTIES AS REQUEST<br>ND DUTIES MAY VARY BA | NTIAL JOB F<br>ED BY BRAN<br>ASED UPON<br>BY YOUR | UNCTIONS    |  |  |  |  |  |

TEXAS WORKFORCE COMMISSION FOREIGN LABOR CERTIFICATION UNIT 101 E. 15TH ST., ROOM 202T AUSTIN, TEXAS 78778 (512) 475-2571 FAX: (512) 463-3055 FOREIGNLABOR@TWC.STATE.TX.US

| Yes No   |                             |                          |                    |             |            |  |  |
|--|-----------------------------|--------------------------|--------------------|-------------|------------|--|--|
| Driver License Class   |                             |                          | CDL Endorsements   |             |            |  |  |
| ☐ C-Standard ☐ C-Commercial ☐ B-Commercial   | al 🗹 A-Commercial 🗌 M-Motor | rcycle                   | □ P □ S            | □ H □       | ]T 🗆 N 🗆 : |  |  |
| Occupation   |                             |                          | Minimum Experience |             |            |  |  |
| TEMPORARY, FULL-TIME HEAVY AND TRACTOR TRAILER TRU   |                             |                          | Years              | Months      |            |  |  |
| License/Certification Required   |                             |                          | Minimum Education  |             |            |  |  |
| ✓ Yes ☐ No Type: CLASS A COMMERC   | CIAL DRIVER'S LICENSEN      | ONE                      |                    |             |            |  |  |
| Additional Education or Experience Information   |                             |                          |                    |             |            |  |  |
| 5 YEARS EXPERIENCE REQUIRED. ON  |                             | BE PI                    |                    |             |            |  |  |
| EMPLOYER CONTACT INSTRUCTIONS Who to Contact   | Contact Title               | 120                      |                    |             | 2 39       |  |  |
| Juan Medrano   | CEO                         |                          |                    |             |            |  |  |
| Mailing Address  | City                        |                          |                    |             | ZIP Code   |  |  |
| 6012 North County Rd 1147  | Midland                     |                          |                    |             | 79705      |  |  |
| Phone  | Email Address               | Email Address            |                    |             |            |  |  |
| (432) 967-6862   | careers@ommat               | careers@ommatrucking.com |                    |             |            |  |  |
| Fax  | DE CHARLES AND A            | B-ENO                    | E-18129            | 17 6        |            |  |  |
| 1-888-282-4786   |                             |                          |                    |             |            |  |  |
| 1-000-202-4700   |                             |                          |                    |             |            |  |  |
| Additional Contact Instructions  |                             | - 47                     |                    | F9 (b)      |            |  |  |
| The same of the sa |                             |                          |                    | ing (State) |            |  |  |
| Additional Contact Instructions  Employer Signature  | Date                        |                          |                    |             |            |  |  |
| Additional Contact Instructions  | <b>Date</b> 08/08/2022      |                          |                    |             |            |  |  |
| Employer Signature  STATE OFFICE USE ONLY  |                             |                          |                    |             |            |  |  |
| Additional Contact Instructions  Employer Signature  |                             |                          |                    |             |            |  |  |

TEXAS WORKFORCE COMMISSION
FOREIGN LABOR CERTIFICATION UNIT
101 E. 15TH ST., ROOM 202T
AUSTIN, TEXAS 78778
(512) 475-2571
FAX: (512) 463-3055
FOREIGNLABOR@TWC.STATE.TX.US