

# TWC FLC H-2B JOB POSTING REQUEST FORM

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

**DATE:** \_\_\_\_\_

## FACSIMILE TRANSMITTAL SHEET

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

## JOB POSTING FOR H-2B TEMPORARY NON AGRICULTURAL POSITIONS

<b>Employer Name</b>		<b>Employer TWC Tax ID</b>
Misho's Oyster Company		
<b>Employer Address (Address where referrals will be sent to apply for position)</b>		<b>Employer FEIN</b>
1515 10 <sup>th</sup> St		
<b>City</b>		<b>WorkInTexas Employer ID</b>
San Leon		
<b>State</b>	<b>Zip</b>	<b>Employer Telephone Number</b>
Texas	77539	281-339-1435
<b>Physical Address Where Work Will Be Performed</b>		
1515 10 <sup>th</sup> Street, San Leon, TX 77539, Public and Private waters on the coast of Texas.		
<b>Job Title</b>	<b>Start Date</b>	<b>End Date</b>
Deckhand	10/01/2019	07/01/2020
<b>Minimum Pay</b>		<b>Number of Openings</b>
\$ 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.		110
<b>Minimum Pay</b>		<b>Overtime Pay</b>

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

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

**Additional Information on Education or Experience**

No exp edu or training required.

**+Job Description**

IS 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 \$12.46 or max of \$55/per day with receipts Same 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 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**

☐ Work ☐ Message ☐ Fax ☐ Cell ☐ 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**

☐ C-Standard ☐ C-Commercial ☐ B-Commercial ☐ A-Commercial ☐ Motorcycle

**Endorsements**

☐ T ☐ P ☐ H ☐ N ☐ 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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