



6. List all individuals having financial interest in the business: (Attach additional sheet, if necessary)

a) Name: \_\_\_\_\_ Percent: \_\_\_\_\_

Complete Address: \_\_\_\_\_

b) Name: \_\_\_\_\_ Percent: \_\_\_\_\_

Complete Address: \_\_\_\_\_

c) Name: \_\_\_\_\_ Percent: \_\_\_\_\_

Complete Address: \_\_\_\_\_

7. Do you or any person listed in #6 have any unsatisfied judgments issued by a court or governmental agency which relate to farm labor contracting?  
 No  Yes – If yes, give person's name, date of judgment, name of court or governmental agency and reason for judgment.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Court/Gov. Agency: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

8. Have you or any person listed in #6 had a Farm Labor Contractor License or Certificate suspended, denied, or revoked by any state?  Yes  No Or by the U.S. Department of Labor?  Yes  No

If yes, give name, date, place and reason

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

9. Have you or any person listed in #6 been convicted of any felony under state or federal law?  
 No  Yes – If yes, give name, date, place and type of conviction:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_

Type: \_\_\_\_\_

10. Are you or any person listed in #6 licensed or registered in any other state?  Yes  No  
Or by the U.S. Department of Labor?  Yes  No  
If yes, give name of person, date and place where licensed or registered:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place: \_\_\_\_\_

11. List all of the permanent and temporary addresses you use or will be using in the State of Nebraska:

Addresses	Perm.	Temp.
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

12. List all of the permanent and temporary addresses you use or will be using outside the State of Nebraska:

Addresses	Perm.	Temp.
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

13. List any growers/agricultural employers for whom you performed farm labor contracting activities in the past 3 years.

NAME	ADDRESS	TELEPHONE NUMBER	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Check any activities you will perform that involves agricultural workers:

- Recruit workers       Hire workers       Furnish workers       Transport workers  
 Solicit workers       Employ workers       House workers       Pay workers

15. How many migrant/seasonal agricultural workers will work for you this year? In Nebraska \_\_\_\_\_ In USA \_\_\_\_\_

16. How will workers be paid?  Daily  Weekly  Other, explain \_\_\_\_\_

17. Will you sub-contract with workers?  Yes  No

18. Give the predominant language(s) spoken by migrant or seasonal workers whom you expect to work in Nebraska.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

19. Complete the information for each vehicle that will be used for farm labor contracting activities: (If necessary, attach additional sheet.)

Vehicle #1

NAME OF OWNER	ADDRESS	MAKE & YEAR	
LICENSE # AND STATE	INSURANCE COMPANY	POLICY NUMBER	VEHICLE I.D.#

Vehicle #2

NAME OF OWNER	ADDRESS	MAKE & YEAR	
LICENSE # AND STATE	INSURANCE COMPANY	POLICY NUMBER	VEHICLE I.D.#

Vehicle #3

NAME OF OWNER	ADDRESS	MAKE & YEAR	
LICENSE # AND STATE	INSURANCE COMPANY	POLICY NUMBER	VEHICLE I.D.#

20. List all individuals that need a Farm Labor Contractor License card.

(See question #14 for activities that require ID cards – Add additional sheet(s), if necessary)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Question #20 Continued

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth \_\_\_\_\_  Female Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

21. List all contracts/agreements you have with any farmer, grower or land owner:

FARMER/GROWER/LAND OWNER	TYPE OF CROP	LOCATION
FARMER/GROWER/LAND OWNER	TYPE OF CROP	LOCATION
FARMER/GROWER/LAND OWNER	TYPE OF CROP	LOCATION
FARMER/GROWER/LAND OWNER	TYPE OF CROP	LOCATION
FARMER/GROWER/LAND OWNER	TYPE OF CROP	LOCATION
FARMER/GROWER/LAND OWNER	TYPE OF CROP	LOCATION

**STATE OF** \_\_\_\_\_ )

**COUNTY OF** \_\_\_\_\_ )

I, \_\_\_\_\_ being duly sworn, deposes and says no person other than those mentioned in the foregoing application are financially interested in the business to be carried on under the Farm Labor Contractor License when issued, and that the vehicles used to transport workers are insured in an amount sufficient to comply with the Nebraska Financial Responsibility Law. Applicant further affirms that he or she is fully aware of all applicable provisions of the Nebraska Farm Labor Contractors Act, Sections 48-1701 through 48-1714, and that the applicant has knowledge of the penalties that may be imposed for violations of these laws, and all statements made in this application are true and correct. .

\_\_\_\_\_  
Signature Of Applicant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires on: \_\_\_\_\_

DECLARATION OF TRUST

\_\_\_\_\_, as Grantor and a licensed farm labor contractor under the laws of the State of Nebraska, hereby creates this Trust pursuant to Section 48-1705, R.R.S. Neb. as proof of financial responsibility. The undersigned Grantor hereby designates the Nebraska Commissioner of Labor as Trustee to hold in Trust a certificate of deposit issued by \_\_\_\_\_ in the name of the Nebraska Commissioner of Labor as Trustee, which certificate of deposit is evidenced by Account No. # \_\_\_\_\_.

The terms of this Trust and obligations are such that if \_\_\_\_\_ as a licensed farm labor contractor under the laws of the State of Nebraska performs the following:

- a. Pays in full all sums due on wage claims for employees; and
- b. Pays all sums due to the grower or producer of agricultural commodities for advances made to or on behalf of the above described farm labor contractor; and
- c. Complies with all the terms, conditions, provisions or requirements of Sections 48-1701 through 48-1714 inclusive of the Revised Statutes of Nebraska, and the Rules and Regulations adopted pursuant to the Nebraska Farm Labor Contractors Act, Title 227, Chapter 1 through 20.

Then this Trust shall be terminated as of \_\_\_\_\_, \_\_\_\_\_, and the certificate of deposit held in Trust herein by the Nebraska Department of Labor as Trustee shall be returned to the farm labor contractor, otherwise said Trust shall remain in full force and effect.

It is the intention of the Grantor herein that the term of this Trust shall be from its date of inception through \_\_\_\_\_, \_\_\_\_\_, during which term this Trust this trust cannot be canceled or otherwise terminated by the Grantor. Provided the Commissioner of Labor has received no claims against this Trust within six (6) months from the \_\_\_\_\_, \_\_\_\_\_, the Commissioner will consent to termination of the Trust and surrender the certificate of deposit attached hereto to the said \_\_\_\_\_ at the end of said six (6) month period.

IN WITNESS WHEREOF, the undersigned Grantor of this Trust has caused this Trust document to be executed on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
GRANTOR

The above foregoing Trust was executed on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_, Grantor, before the undersigned witnesses and declared by said Grantor to be his or her voluntary act and deed and declaration of Trust for the purposes set forth therein.

IN WITNESS WHEREOF, the undersigned witnesses have subscribed their names as attesting witnesses to the Trust document the day and year first above written.

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
WITNESS

Bond No. \_\_\_\_\_

Bond of Farm Labor Contractor

KNOW ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_ of the County of \_\_\_\_\_, State  
(Farm Labor Contractor)  
of Nebraska, as Principal, and \_\_\_\_\_  
(Surety Company)

as Surety, authorized to do business in the State of Nebraska, are held and firmly bound unto the Commissioner of Labor, State of Nebraska, in the sum of Five Thousand and No/100 Dollars (\$5,000.00), lawful money of the United States, for which payment well and truly to be made, we bind ourselves and our heirs, executors, administrators or successors, and assigns, jointly and severally firmly by these presents.

WHEREAS, the Principal hereinabove designated has received or is about to receive a license as a Farm Labor Contractor under the provisions of the Farm Labor Contractors Act;

NOW THEREFORE, the condition of this obligation is such that if the Principal hereinabove designated:

- a) pays in full all sums due on wage claims of employees; and
- b) pays all sums due to the grower or producer of agricultural commodities for advances made to or on behalf of the Principal, and
- c) complies with all the terms, conditions, provisions or requirements of Sections 48-1701 through 48-1714, Compiled Statutes of Nebraska, inclusive,

then this obligation shall be void and of no effect, otherwise it shall be and remain in full force and effect.

The term of this bond shall be from \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ to March 31, \_\_\_\_\_, during which the term of this bond cannot be canceled or otherwise terminated.

If the Commissioner has received no claims against this bond within six (6) months from the date of its expiration, the Commissioner will terminate and surrender this bond to the person who is entitled thereto at the end of the six (6) month period.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
By

\_\_\_\_\_  
Nebraska Resident Agent

\_\_\_\_\_  
(Surety and Seal)

\_\_\_\_\_  
Mailing Address

By: \_\_\_\_\_  
Attorney-in-Fact

**AGREEMENT BETWEEN FARM LABOR CONTRACTOR AND WORKER**

NAME OF WORKER: \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

1. Rate of pay: \_\_\_\_\_  
(Rate per hour or piece work rate)

2. Pay Days:  Daily  Weekly  Other \_\_\_\_\_

3. Bonuses will be given under the following conditions: \_\_\_\_\_

4. Personal loans will be made under the following conditions: \_\_\_\_\_

5. Your employment will begin on \_\_\_\_\_ and end on approximately \_\_\_\_\_  
(Date) (Date)

6. Your working hours and days are as follows: \_\_\_\_\_

7. Special conditions, if any: \_\_\_\_\_

8.  Necessary equipment and clothing must be provided by each worker, Necessary equipment and clothing for this job are:

Necessary equipment and clothing may be obtained or borrowed from the employer. The type(s) of and/or the condition(s) for obtaining equipment and clothing are as follows:

9.  There is not a labor dispute at the worksite  There is a labor dispute at the worksite

10. For this job, the owner of the land or operations is:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

11. Other working conditions: \_\_\_\_\_  
(housing, health, day care, etc.)

**RIGHTS OF WORKERS**

There are laws in Nebraska which control the activities of Farm Labor Contractors. Under these laws, contractors have to:

1. Have a license and show it to persons with whom he or she deals with.
2. Give it all persons which he or she hires, recruits, solicits, or supplies, a copy of this form or a similar form which describes the terms and conditions of employment and the rights of the worker. This form must be written in English and in any other language used to communicate with workers.
3. Post a notice in a conspicuous place which states rights of workers and that the contractor has a \$5,000.00 bond or deposit. This notice must state if the contractor owes wages to a worker and does not pay, the worker may make a claim against the bond or deposit.

Each worker has the right to take legal action against a contractor if that contractor violates certain laws which control the contractor's activities. For information about your right to take legal action, call the Nebraska Department of Labor, Office of Labor Standards, at (402) 471-2239.

This farm labor contractor maintains a minimum of \$5,000.00 in the form of a corporate surety bond or a minimum deposit of \$5,000.00 with the Commissioner of Labor. For information contact:

Nebraska Department of Labor  
Office of Labor Standards  
550 S 16<sup>th</sup> Street  
Lincoln, NE 68508  
(402) 471-2239

OR

\_\_\_\_\_  
(Name of Bonding Company)

\_\_\_\_\_  
(Address of Company)

\_\_\_\_\_  
(Name and Phone Number of Agent)

\_\_\_\_\_  
(Number of Bond)

I hereby acknowledge that I have received a copy of this agreement on \_\_\_\_\_.

\_\_\_\_\_  
(Worker's signature)

\_\_\_\_\_  
(Farm Labor Contractor's signature)

The following is a sample which can be used to fulfill the requirements of Section 48-1711 of the Farm Labor Contractors Act, which states that each worker must be furnished a written statement with each compensation payment itemizing:

- \* The total (gross) payment
- \* The amount of and purpose for each deduction therefrom
- \* The hours worked in the pay period
- \* If work is done on a piece basis, the number of pieces completed

#### WAGE EARNING STATEMENT

Date (month, day, year)		Gross Wages Earned	
		\$	
Name of employee		F.I.C.A	\$
Social Security Number		O.A.D.S.I. (Soc. Security)	\$
Inclusive dates of pay period		State Withholding	\$
Total hours worked in pay period			\$
Piece rate	Number of pieces		\$
Employer's name and address			\$
		Total Deductions	\$
		Net Wages Earned	\$

Lo siguiente es una muestra que se puede usar para cumplir con los requisitos de la Sección 48-1711 de la Ley de Contratista de Labor de Rancho, la cual declara que a cada trabajador le deben de proveer una declaración escrita con cada pago de compensación declarando:

- \* El pago total
- \* La suma del propósito de cada reducción del pago total
- \* Las horas trabajadas en el período de trabajo
- \* Si ha hecho trabajo por pieza, el número de piezas completadas

#### DECLARACION DE SUELDO

Fecha (mes, día, año)		Sueldo Ganado	
		\$	
Nombre del empleado		F.I.C.A	\$
Numero de Seguro Social		O.A.D.S.I. (Seguro Social)	\$
Fechas inclusivas en periodo de pago		Impuesto Retenido del Estado	\$
Horas total trabajadas en periodo de pago			\$
Pago por pieza	Numero de piezas		\$
Nombre y dirección del Patron			\$
		Total de Deducciones	\$
		Salarios Netos Ganados	\$

Please furnish 2 identical photographs of this size with the name of the individual written on the back of each photo.

