OMB Approval: 1205-0017
Expiration Date: 09/30/2016

# Wage Survey Interview Record
ETA Form 232A
U.S. Department of Labor
Employment and Training Administration

Name of the Wage Reporting Area: Maine, excluding Aroostook State: Maine

Crop/Agricultural Commodity: Orchard Laborer

Occupation/Activity: Orchard grower

Name of Employer:

Employer Address:

Active Acreage of Total Production: Method of Contact: By mail

Interviewer: n/a Date of the Survey: Payroll Week including 6/24/2016

**1. Number of U.S. Workers Employed in Crop Activity/Occupation by Rate**

Provide all wage rates, applicable unit of payment (e.g. per hour) and the number of U.S. workers receiving each wage as reported by the surveyed employer.

| **Wage Rate(s) ($)** | **Unit (e.g., per hour)** | **Number of U.S. Workers** |
|---|---|---|
| A | B | C |
| $ | | |
| $ | | |
| $ | | |
| $ | | |
| $ | | |
| $ | | |
| $ | | |
| $ | | |

**2. Productivity and Average Earnings of Piece Rate Workers**

Complete the table below only if the employer reported productivity standards and payments to U.S. workers based on piece rates.

| Rate Amount per Unit | | Number of U.S. Workers | Number of Hours Worked | Total Units of Production | Average Hourly Earnings |
|---|---|---|---|---|---|
| Rate(s) | Unit(s) | | | | |
| A | B | C | D | E | F |
| $ | | | | | $ |
| $ | | | | | $ |
| $ | | | | | $ |
| $ | | | | | $ |
| $ | | | | | $ |
| $ | | | | | $ |

 ***For more information, visit our Web site at http:// www.foreignlaborcert.doleta.gov*** Revised (09/2013)

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**3. Comments**

Describe variables affecting rates, crop conditions or other explanatory and pertinent information: _____

**4. State Workforce Agency Point of Contact**

Provide a State Workforce Agency point of contact for the information provided on this form.

**Name:** **Suzanne Thivierge** **Title:** **Senior Economic Analyst**

**Mailing Address:** **Maine Dept. of Labor-CWRI** **118 State House Station**

**City:** **Augusta** **State:** **Maine** **Zip Code: 04333-0118**

**Telephone Number (207) 621-5176 /Fax(207) 287-2947** **E-mail:** **Suzanne.P.Thivierge@Maine.gov**

**5. Employer Contact**

**Name:** _____

**Date:** _____

**Telephone:** _____

**E-mail:** _____

**Fax:** _____

**Website:** _____