

Students Job Confirmation Form

Seasonal Offer of Employment (to be completed by employer)			
Participant Name Employer Name Address City		AWA ID Number AWA ID Number	
Contact Name Fax	Phone Email		
Employer Signature	Date	ie e	
		Job Information	
Student Arrival Job Title Job Description	Job start		
Starting Wage	House per week	Pay Frequency OT?	
Employer Housing Offered?			
Housing Cost	per Deposit	Apartment Dorm Other	
Description			
Local Transport	Cost		
Comments			
Due to the seasonal nature have control over such che of the program. I accept to the above job	hanges and will not be held liable if	in job hours may occur after arrival. AWA does not f changes to this job order to occur during the length t. I understand the conditions of my employment her circumstance.	
Student name	Student Signature	Date	