

Please fill in form using all capital letters.

Employer Section

Company Name																	
Street																	
City											State			Zip			
Phone						Fax						TaxID					
Website											How many international students do you intend to hire?						

Offer made to Please fill out one application per student.

First name											Middle initial					
Last name																

Job Information

Worksite address (if different from above) Street														
City					State					Zip				
Dates of employment: from			Day	Month	Year	to			Day	Month	Year	<i>Maximum of four (4) months</i>		
Manager's name							Manager's phone							
Manager's email							Off season phone							
Student job title							Job description							
Wage per hour							Average number of hours per week							
Is an end of season bonus available? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much														
Does employer provide housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, cost of housing														
Housing deposit							Type of accommodation (house/hotel/etc)							
How many people share room?					How many people share house?					Is housing furnished?				

The student named above has been offered a temporary position with the company by an authorized company representative and the salary and other terms are commensurate with those of his/her US counterparts. I have reviewed the attached Employer Declaration and agree to abide by its terms. (If an Employer Declaration was not provided, please contact CIEE at 1-888-COUNCIL or visit www.ciee.org/employer/declaration.)

Name of person completing this form										Title				
Signature										Date				
Are you an employee of the company listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No														
If no, please complete: Company name										Telephone				
Are you an <input type="checkbox"/> Employment agency <input type="checkbox"/> Staffing company <input type="checkbox"/> Other:														

Work & Travel Participant Section

By signing below, I indicate my understanding and agreement with the following terms:

- Any position offered to me is not a firm, irrevocable offer and may be revoked at any time before I commence employment. In the event that the employer revokes this offer, CIEE will assist me in my effort to find alternative employment, but CIEE makes no guarantee that its effort will be successful. I will be an employee-at-will, and my employment relationship may be terminated at any time by the employer.
- I understand that it is my responsibility to consult the full Employer Profile for additional information on any CIEE-sourced job. The terms above are general in nature and my hours and duties are subject to change. I will report to the employer listed above within five days of arrival in the United States. I will work for a period that will not exceed the end date on my DS-2019 form. If I wish to change employers, I must receive permission from both CIEE and my CIEE Representative prior to doing so.
- I will adhere to all CIEE and CIEE Representative rules regarding employment and program participation, including the Terms and Conditions / Participant Declaration which forms part of my program application. Should I change jobs without receiving prior permission from CIEE and my CIEE Representative, or if I violate other CIEE or CIEE Representative rules, CIEE may terminate its sponsorship of me and I will be required to return home. I also understand that such termination may prevent me from receiving future US visas.

Name														
ATLAS ID														
Signature										Date				
How did you find your job? <input type="checkbox"/> CIEE Representative <input type="checkbox"/> Employment Agency <input type="checkbox"/> Directly with employer <input type="checkbox"/> Internet <input type="checkbox"/> Other:														