## JOB OFFER Selfplaced Work &Travel Program



Student Family Name:				Given Name(s):								
F 1 (P ' D (			Employ	ment End Da	ıte:			1				
Employment Begin Date:	onth Day	Year	Employ	ment End Da	iic.	Mo	onth	Day		Year		
Employer/Company Name:						1410	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Биу		Tear		
Business Description:	s Description:				Tax ID Number (EIN):							
Company Phone:				Company Fax:								
Company Email:				Company Website:								
Company Address:												
City:	State:			Zip Code:								
Address where the student would be working (if different from the company address):												
City:	State:				Zip Code:							
Manager Name:												
Manager Phone:	nager Phone:				Manager Fax:							
Manager Email:												
Job Title/Description (cannot be domestic helper in US household or door to door sales with personal money invested):												
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Pre-requisite Skills and Knowledge required:												
English Skills required: Beginner Intermediate Advanced												
Is the salary/wage paid to the student same as to Americans in an equivalent position? Yes No												
Payment Schedule:	Salary/Wag	e (per hour): \$	Housing provided on Site?  Yes  No									
Average Hrs per Week:	Dress Code:	:	Housing Type:									
Cost of Housing: \$ Housing Cost deducted from Paycheck?  Yes, Amount: \$ Deposit Amount: \$										ı: \$		
Meals provided? Yes No	Number of Meals provided (on shift):				Cost of Meals:							
Other Additional Costs or Additional Financial Arrangements e.g. Incentive plans; Payment Plans; etc (Please specify below):												
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By signing below, I certify that I meet all the necessary program and employment requirements and prerequisites as outlined above, and that the job position is available for this participant for the entire employment period as stated. I certify that all working and housing conditions outlined above are true and complete. The conditions of employment may change based on any unavoidable circumstances such as weather, and other conditions. I agree that the student may commence his/her employment on the program begin date specified in this form (not withstanding the participant having yet secured a Social Security Number.) As outlined in 26CFR37 6011 (b)-2 of the US Internal Revenue Code, I understand that it is legal to hire and pay workers who do not have a Social Security Number but can show proof of having filed an application for the Number. I also understand that the DS-2019 and I-94 program forms prove work authorization.												
Authorized Host Company Signature:						Date:						
By signing below, I certify that I meet all the necessary program and employment requirements and prerequisites as outlined above, and that I am available for the entire employment period as stated. I have understood the employer profile and job responsibilities; I understand and accept all working and housing conditions as outlined. I understand that the conditions of my												
employment may change based on any unavoidable circumstances such as weather, and other conditions. Once program participation has begun and upon arrival in the USA, no refunds will be granted. I REALIZE THAT I MAY NOT CHANGE HOST COMPANY OR TERMINATE A HOUSING AGREEMENT WITHOUT PRIOR WRITTEN AUTHORIZATION FROM ASSE ASPIRE WORLDWIDE. Leaving a Host Company without authorization is a violation of the US Department of State Regulations and cannot be permitted. In addition, I understand and agree that I may not work for more than a 4-month period.												
Student Signature:						Date:						