

# Employer Job Form



**Employers:** please complete in full and provide any additional information regarding the job as necessary.  
**J-1 participants:** upon acceptance of the job, please sign and submit to BUNAC/IENA for approval.

## Participant Section

Name \_\_\_\_\_  
DS-2019 number (if known) N000 \_\_\_\_\_  
Residential address in US (if known, **not** a PO Box) \_\_\_\_\_  
\_\_\_\_\_  
Telephone number in US (if known) \_\_\_\_\_  
Email \_\_\_\_\_

## Employer Section (ALL PARTS MUST be completed by the employer). Please do not leave any blanks.

Name of Company \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
Company Physical Address (**not** a PO Box) \_\_\_\_\_  
\_\_\_\_\_  
Telephone number \_\_\_\_\_ E-mail \_\_\_\_\_  
Dates of employment (max 4 months): From \_\_\_\_\_ To \_\_\_\_\_  
Employee's Job Title \_\_\_\_\_ Wage per hour \$ \_\_\_\_\_ Hours per week \_\_\_\_\_  
Brief job description \_\_\_\_\_  
Is housing included? (please provide a brief description) \_\_\_\_\_  
\_\_\_\_\_  
Cost of housing \_\_\_\_\_ per \_\_\_\_\_ Housing Deposit (if applicable) \_\_\_\_\_  
Will you hire and pay wages before a Social Security number/card has been issued?  Yes  No

\*It is legal to hire and pay workers who do not have a Social Security Number but have proof they have applied for the card. See 26CFR3.6011 (b)-2 of the Internal Revenue code. The DS-2019 and I-94 card prove work authorisation.

## Employer Declaration

I certify that the person named above has been offered a temporary position with our company, and that all the information on this form is true.

I understand that international employees on a J-1 visa have the same rights and are protected under the same laws and regulations as US employees.

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

## Participant Declaration

I understand that this job is not firm and may be revoked at any time before or after I start working. I understand that my hours of work, duties and responsibilities may change at the sole discretion of the employer. I agree to work **only** when I am authorised to do so by the DS-2019 and to fulfil my obligations to this employer to the best of my ability. I understand I may not change employers or take a second job without prior written consent from the Sponsor, IENA.

Print Name \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_