



INDEPENDENT PROGRAM JOB OFFER

Temporary Offer of Employment: (to be completed by employer)

This is a job offer for (enter name of student): _____

Country (enter country applicant is from): _____

Company name: _____ Tax ID# (EIN): _____

Company address: _____

Supervisor/Manager: _____ Nearest Major Airport: _____

Telephone: (____) _____ Fax: (____) _____ Email: _____

Dates of employment: First day of work: _____ Last day of work: _____

Are these start and end dates flexible: Yes No

Position title: _____

(cannot be domestic helper in US household or door to door sales with personal money invested)

Brief job description: _____

Starting wage: _____ Guaranteed hours per week: _____ Overtime? Yes No

Is this wage the same paid to Americans in an equivalent position? Yes No

Frequency of pay: Every two weeks Every week Other If other specify: _____

Will you hire and pay wages without a Social Security card/number? Yes No

Note: it is legal to hire and pay workers who do not have a Social Security number but have proof of application for the card. See 26CFR31.6011(b)-2 of the Internal Revenue laws. The DS2019 and I-94 form prove work authorization.

Is employee housing available? Yes No Cost of Housing (if applicable): _____

Type: Apartment Dorm Other If other specify: _____ Deposit amount: _____

Additional Comments: _____

Note to Employer: By completing this form, you agree to hire the above international student on a temporary "at-will" basis. The above student is participating on a J1 work/travel program sponsored by Camp Counselors USA/Work Experience USA. She/he may not work as a domestic employer in a U.S. household or in a door-to-door sales position requiring investment of his/her own money. She/he must also receive the same wages as an American in the same position. All information provided must be complete and accurate. Providing false information is a violation of the United States State Department regulations. If housing is not available, the participant understands he/she must find his/her own accommodation. This participant is legally allowed to work for the period stated on Form DS2019.

Employer Name Employer Signature Date

Participant Agreement to terms of Employment:

I have forwarded a letter of acceptance to the above employer. I understand the conditions of my employment may change based on the needs of my employer and any other unavoidable circumstances such as weather.

Participant Name _____ WEUSA ID # _____

Signature _____ Date _____

Return this form to your WEUSA Country Director once you have signed it. If you apply for multiple jobs forward a letter of acceptance to only one employer. Letters of rejection must be sent to all other employers who have offered you employment.

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