



PARTICIPANT JOB CONFIRMATION FORM

Please Print Clearly

PARTICIPANT INFO – Completed by participant

AWA ID Number: _____

What type of placement is this: _____ Self Placement _____ Replacement Job _____ 2nd Job

First Name: _____ Last Name: _____

Email: _____ Phone/Cell number: (_____) _____

Participant Living Address

Street _____ Apartment/Room # _____

City: _____ State: _____ Zip: _____

Participant Agreement to the terms of employment: Due to the seasonal nature of job positions, changes in hours may occur after arrival; AWA does not have control over such changes and will not be held liable if changes to this job offer do occur during the length of the program. I accept the job offer below and the terms of employment. I understand that the conditions of my employment may chance based on the needs of my employer or any other circumstance.

Student Signature _____ Date _____

EMPLOYER INFORMATION Completed by employer Please Print

Company Name: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Contact Title: _____

Business Phone: _____ Email: _____

Company Website: _____ www. _____ Fax: _____

POSITION INFORMATION – Completed by employer

The employer has agreed to hire this student for the following position. Employment is still at will and we ask if the job is terminated that both parties contact our office so that we can update our records. Should you have any questions about the program, taxes, rules, etc please contact our office.

Job Start date: _____ Job End Date: _____ Job Title: _____

Job Description: _____

Hours per week average _____ Pay frequency: _____ Hourly Rate: _____

_____ I would like to know more about the program and/or the possibility of more students working for my company.

Employer Name Print: _____ Title: _____

Employer Signature: _____ Date: _____

Please fax completed form to American Work Adventures
7599 Redwood Blvd, Suite 200, Novato, CA 94945
888-292-0088 or 415-257-2208
FAX: 415-257-2207