



**Center for Cultural Interchange**

**Work & Travel Program 2010: Self Arranged Job Offer**

★ All participants finding their own job must complete this job offer, including required signatures. ★ If prior to program start date, this form should be sent to the participant or overseas sending partner! ★ CCI staff will contact the employer to verify all of the information on this document. ★ If CCI cannot verify this job offer, CCI may not be able to sponsor the participant. ★ CCI participants must be employed by the company listed on the job offer, and NOT a 3<sup>rd</sup> party staffing agency. If a staffing agency is used to supply the job, the job offer may not be accepted by CCI.

**Job Sourced by:**     **Student**     **Sending Agency**     **Other (3<sup>rd</sup> Party):**

**1. EMPLOYER INFORMATION**

<b>Name of Employer Company:</b>	<b>Website:</b> <b>EIN:</b>
<b>Primary Mailing Address:</b> Street: _____ City: _____ State: _____ ZIP: _____	<b>Headquarters Physical Address (no PO Boxes!)</b> Street: _____ City: _____ State: _____ ZIP: _____
<b>Will the participant be working at a location other than the address indicated here?</b> Yes    No If yes, please attach a separate sheet to describe the location where the participant will be working, including the complete physical address.	
<b>Name of person extending this job offer:</b>  Title: _____ Email: _____	<b>Name of Supervisor assigned to participant:</b>  Title: _____ Email: _____
<b>Telephone #:</b> (    ) _____ <b>Mobile #:</b> (    ) _____ <b>Fax #:</b> (    ) _____	<b>Company Activities:</b>  <b>Number of Employees:</b> _____

**2. JOB DESCRIPTION:**

Specific and additional job duties may not be assigned until after arrival and may be subject to change.

<b>Description of General Job Duties:</b>	<b>Uniform/Dress Code (describe):</b>  <b>Cost: \$</b> _____
<b>Estimated number of hours / week:</b> <b>Number of days / week:</b> <b>Hourly Wage:</b> _____ <b>Pay Frequency:</b> _____ <b>Overtime Availability:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Overtime Wage:</b> _____	<b>Are you willing to assist the participant with the Social Security application process?</b> Yes    No  <b>Is there a Social Security office in your city?</b> Yes    No
<b>Job Offer is Valid</b> FROM: _____ TO: _____	<b>Is the Job Offer valid if the participant arrives approximately 3 days late?</b> Yes    No

**3. HOUSING: Is housing arranged for the participant?**

Yes    No

<b>If Yes, by whom? NAME:</b> _____ <b>Telephone #:</b> (    ) _____ <b>Is a deposit required?</b> Yes: \$ _____ No <b>When?</b> <input type="checkbox"/> in advance <input type="checkbox"/> upon arrival <input type="checkbox"/> date: _____ <b>Is it required that the participant remain in the housing you arrange?</b> Yes    No	<b>Street Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>ZIP:</b> _____ <b>Housing cost per month:</b> _____ <b>Are costs deducted from the paycheck?</b> Yes    No <b>Other Details:</b> _____
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**4. PARTICIPANT AGREEMENT**

*By signing this form, I agree to CCI's Terms and Conditions, as outlined in my program application. I understand that, should CCI find this job offer to be unacceptable, I will not be able to work for this company. I understand that I must contact CCI and receive CCI's permission to leave before leaving my placement. Failure to secure CCI's permission to leave an employer may result in visa sponsorship termination. If my visa sponsorship is terminated, I must return home immediately. If housing is not included with this job offer, I understand that I must arrange for housing on my own and it is not the responsibility of the employer to provide my housing. I understand that CCI does not verify housing conditions and it is my responsibility to do so. If indicated in Section 3 above, I understand that housing costs will automatically be deducted from my paycheck. I understand that I need to allow the first two (2) weeks of my program to adjust, and be trained in my new position. I will bring enough money, at least \$1000, to survive in the United States, without a steady income, during the first month of my program.*

**5. EMPLOYER AGREEMENT**

*I accept the above listed participant as an employee for the dates and conditions detailed above. I certify that the wages that I pay to my international workforce are the same as those that I pay their American counterparts. I am authorized by my company to extend job offers to international students. I also certify that I have Worker's Compensation coverage, if required by the state where the participants are working. Participants are authorized to work only during their pre-determined DS 2019 dates. I agree that, if I provide housing, participants will not be asked to share beds, and that the housing is safe, comfortable and compliant with local, state and federal housing regulations.*

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