



A New Era in Cultural Exchange

International Cultural Exchange Organization Inc.
Independent Employment Confirmation Letter --- Summer Work/Travel Program 2010

Employer Information Program Dates: (month/day/year) ___/___/___ to ___/___/___

Company:
Contact Name: Tax ID # (FEIN)
Title: Email:
Mailing Address:
City: State: Zip Code:
Phone: () Fax: ()

Employment Information Additional employment information to be attached

Job Title: Wage (per hour): Average Hours: (per week)
Position Description:

Housing Information

Is housing available? yes [] no [] Cost of Housing: (per month) Deposit:
Is housing shared? yes [] no [] Is housing furnished? yes [] no []

Employer

By completing this form, you agree as an employer to hire the below mentioned international participant on a temporary "at-will" basis. The participant is taking part on the J1 work/travel program sponsored by International Cultural Exchange Organization Inc. He/she must 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. This participant is legally allowed to work for the period stated on his/her DS2019 form. Employers should contact ICEO with any questions at: 1-877-423-6462.

Print Name: Title:
Signature: Date: ___/___/___

Participant Information Desired Program Dates: (month/day/year) ___/___/___ to ___/___/___

Last Name: Date of Birth: ___/___/___
First: Middle:
Mailing Address:
University: Major:
Country: Email: @
Home Phone: (country code)(city code) Cell Phone: (country code)(city code)

By signing below, I indicate my understanding and agreement with the following terms:
Any position offered to me is not a firm, irrevocable offer and may be revoked at any time before I commence employment. I will be an employee-at-will, and my employment relationship may be terminated at any time by the employer. The terms above are general in nature and my hours and duties are subject to change. I will work for a period that will not exceed the end date on my DS 2019 form. If I wish to change employers, ICEO must approve my new employment position prior to me accepting it. I will adhere to all ICEO rules regarding employment and program participation. Should I change jobs without receiving prior permission from ICEO or if I violate other ICEO rules, ICEO may terminate its sponsorship of me and I will be required to return home. I also understand that such termination may prevent me from receiving future US visas.

Participant

Print Name:
Signature: Date: ___/___/___