

WORK & TRAVEL USA

Employment Agreement

► **EMPLOYER SECTION: Please read and complete the following section below (use additional paper if necessary).**

I hereby certify that, _____ from _____
NAME OF STUDENT STUDENT'S COUNTRY

has been offered employment with our company, _____
NAME OF COMPANY

Address

STREET CITY STATE ZIP

Contact Person

NAME TITLE BUSINESS PHONE (NO HOME OR MOBILE #)

ALTERNATIVE PHONE FAX E-MAIL

Tax ID Number

Dun & Bradstreet Number

Dates of Employment* (mm/dd/yyyy)

START END (MAXIMUM FOUR MONTHS)

Job Title

Wage per hour (excluding tips and/or bonuses)

Average number of work hours per week

Housing Available: Yes No **Housing Deposit** (if any)

Please describe type of business and job:

Housing cost per week/month (if any): _____. Please use the space below to describe the housing provided or how you will assist in finding housing for your employees (InterExchange employers are responsible for housing students). Also, use the space provided for any comments, contractual obligations and additional information regarding the employment of this prospective employee (bonuses, benefits, etc.) Attach a separate sheet if needed.

** IMPORTANT: An InterExchange representative will be in contact with the employer at his/her place of business to verify employment and the information on this agreement. Without confirmation of this job offer, InterExchange will be unable to offer sponsorship to the prospective employee.*

NAME OF EMPLOYER (PRINT) TITLE SIGNATURE DATE (MM/DD/YYYY)

When completed, please send this form and any additional paperwork directly to the student. InterExchange cannot accept Employment Agreement forms from the employer.

► **EMPLOYEE SECTION: Please read and complete the following section below.**

In accepting the position above, I agree to work four months or less in total, and until the last day of work stated above.

I understand that either I or _____ can terminate the employment relationship at any time with prior notice to the employer and InterExchange (customary practice: two weeks advance notice by the employee) for any reasons not prohibited by law. I understand that my duties and responsibilities may vary during the period of my employment. In addition, by signing below, I am acknowledging that I have not purchased this job offer from a third party.

NAME OF EMPLOYEE (PRINT) SIGNATURE DATE (MM/DD/YYYY)