

The WISE Foundation Work and Travel Program Job Offer

All of the below information must be completed and the employer and participant must both sign this job offer. Fax completed job offers to WISE at 770-579-0219.

Participant's N	ame:								
			Con	pany	Informati	on			
Company Name:					Tax ID# (EIN):				
Company Stre	et Address (No	PO Boxes):							
City: State:					Zip Code:				
Supervisor/Ma	nager:					Title:			
Phone number:					Fax number:				
Email:					Website:				
Does the comp	oany maintain	the required v	vorkers compen	sation ins	surance:	Yes No)		
			J	ob Info	ormation				
Dates of Emplo	oyment: Start	ing:				Ending:			
Job Title:									
Expected Duties:									
Hourly Wage: Average hours per			rs per we	ek: Overtime: Yes No				No	
First paycheck received after how many weeks on the schedule: Frequency of paycheck thereafter:									
Does employe	r provide unifo	rms: Tyes	☐ No Cos	t of unifo	rm:				
Note to emplo Should any aspect their arrival.		ation change, you	ı should inform WISE	according	ly. You should pro	ovide participa	nts with any do	ocuments you feel	l are necessary prior to
			ange program requi						
named student is p	participating on th	e WISE Foundation	g to hire the above in on Summer Work an Exchange Visitor Pro	d Travel Pro	gram. All inform	. ,			
By completing and offered American of		, you certify that y	you are in compliand	e with the l	Fair Labor Standa	rds Act and the	at the pay and b	penefits are comm	nensurate with those
Employer's Pri	nted Name:					En	nployer's Sig	maturo	
the needs of m responsibility t	above job offe by employer and co confirm with	r and the term d any other u their local rep	•	mstance: VISE to er	s. If housing is nsure that all r	ne condition s indicated t necessary st	is of my emp hat it is avai	oloyment may lable, it is the p	•
Participant's Printed Name:				Participant's Signature					