



American Camp And Work Experience

Seasonal Staffing for the Summer Camp, Leisure and Resort Industries

A Division of Core Consulting Solutions, llc

ACAWE Employer Form

I hereby certify that, _____ from _____
Name of student student's country

Has been offered employment with our company, _____
Name of company

Tax ID Number: _____

Address: _____
Street City State Zip

Contact Person: _____ Title: _____

Business Phone: _____ Alt. Phone: _____

E-mail: _____ Fax: _____

Dates of Employment* (month /day/year) Start: _____ End: _____
*(maximum four months)

Employee Job Title: _____

Wage per hour (excluding tips and/or bonuses): \$ _____ USD

Average number of work hours per week: _____

Housing Available: _____

Please describe type of business and job: _____

An ACAWE representative may be in contact with you to verify the information on this form.