



## Work & Travel Program: Self-Arranged Job Offer

*All participants finding their own job must complete this job offer, including required signatures.  
If completed by the employer, this form should be sent directly to the participant.*

EMPLOYER INFORMATION			
Name of Company:		Tax ID / FEIN#	Workers Comp Policy #
Website		Is there a Social Security office in your city? Yes      No	Workers Comp Carrier
Primary Business Address		Worksite Address, if different from Primary Address (no PO Boxes!)	
City	State	Zip	City      State      Zip
Name of person extending this job offer		Name of supervisor assigned to participant	
Title	Email	Title	Email
Telephone	Mobile	Business Fax	Number of Employees
Company Activities			

JOB DESCRIPTION			
Job Title		Job is valid FROM	Job is valid TO
Description of general job duties		Identify any uniforms, safety equipment, etc., participant must provide:	
Estimated # of hours/week (min 32 average)	Number of days / week	Est. cost of uniforms, equipment, etc.	Any vacation benefits (paid or otherwise)
Hourly wage	Pay frequency	Overtime availability	Overtime wage

YES, HOUSING IS PROVIDED			
If YES, by whom?		Telephone #	Housing Street Address
Deposit required? Yes      No	Amount	When?	City      State      Zip
Is it required that the participant remain in the arranged housing? Yes      No	# of bedrooms	# of tenants per unit	Housing cost / month      Are costs deducted from paycheck? Yes      No
Distance from housing to job site	Is transportation provided? Yes      No	Estimated cost of transportation	Utilities cost, if not included in rent
Description of Housing:			

NO, HOUSING IS NOT PROVIDED			
If NO, please provide an alternative housing suggestion here, including contact information			
Estimated cost	Distance to jobsite	Recommended transportation	Cost of transportation

**PARTICIPANT AGREEMENT**  
*By signing this form, I agree to CCI's Terms and Conditions, as outlined in my program application, as well as all conditions outlined, herein. I understand that the terms of this offer are subject to change, including my job duties, title, and housing. 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, or risk visa sponsorship termination and return home immediately. If housing is not guaranteed 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. I understand that costs may vary from what is on the job offer and that a separate contract for housing and/or transportation may be required of me. I understand that I need to allow the first two (2) weeks of my program to adjust and be trained in my new position.*

**FIRST NAME (Please print):** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_ **CCI ID#:** \_\_\_\_\_  
**Participant's signature of acceptance:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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 am hereby contracting with CCI as the employer of their above mentioned Work and Travel participant for the aforementioned duration. 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.*

**Business Representative's Name (Please print):** \_\_\_\_\_ **TITLE:** \_\_\_\_\_  
**Business Representative's Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_