

Work Experience USA Independent Program Job Offer Temporary Offer of Employment

(to be completed by employer)

CCUSA will contact	t you to verify this Job (Offer. Please complete all so	ections and write legibly.
This is a job offer for (enter nar	me of student):		
Participant's Country of Origin	ı:		
	Federal Tax ID# (EIN) (required):		
Company Address:			
			ort:
Telephone: ()	Fax: <u>()</u>	Email:	
Proof of Workmen's Compensa			
Policy Carrier:		Policy or Account #:	
			work:
Are these start and end dates	flexible? ☐ Yes ☐ No		
Position Title:			
(Summer Work Ir:	avel participants cannot hold to personal money, pedicab	he following jobs: domestic helper in drivers, adult entertainment, any job i	US household, door to door sales using requiring a license)
Brief Job Description:			· ·
Starting Wage:			Overtime?
Is this wage the same paid to			
Frequency of Pay: ☐ Every two	o weeks \square Every week \square	Other If other specify:	
Will you hire and pay wages w	vithout a Social Security c	card/number? ☐ Yes ☐ No	0
Note : it is legal to hire and pay worker of the Internal Revenue laws. The DS2	rs who do not have a Social Se 2019 and I-94 form prove work	ecurity number but have proof of appauthorization.	plication for the card. See 26CFR31.6011(b)-
Is employee housing available			•
Monthly Rent:	Deposit Amount:	Other monthly costs	s, including utilities:
Type: ☐ Apartment ☐ Dorm [\square Other If other specify:	·	
Please describe the housing, in	ncluding location of hous	sing and number of persons p	er room.
travel program sponsored by Camp Counse receive the same wages as an American in t	elors USA/Work Experience USA. Sh the same position. All information pro using is not available, the participant	he/he may not work at any of the jobs lister rovided must be complete and accurate. Provided must be completed and accurate.	asis. The above student is participating on a J1 wor ed under the Position Title section. She/he must als Providing false information is a violation of the Unite on accommodation. This participant is legally allowe
Employer Name	Emplc	oyer Signature	Date
	er of my acceptance of th	ne offer. I understand the cond other unavoidable circumsta	ditions of my employment may ances such as weather.
Participant Name	CCUSA ID #	Signature	 Date
i '		· ·	CUSA office in your home coun-
		d the form to the fax number b	

2330 Marinship Way, Suite 250 • Sausalito, CA 94965 • Tel: (888) 449-3872 • Fax: (415) 339-2722 • WWW.CCUSA.COM

