

We appreciate your involvement in our cultural exchange program and giving the opportunity to our participants to be part of your company. Please complete all fields accurately as any missing or incorrect information may delay or prohibit the approval process for this position. **This form MUST be completed digitally, then printed and signed. We ask that you scan the signed form and return to [info@amerex.org](mailto:info@amerex.org). You may also fax a copy to 1-888-859-2179 if scanning is unavailable.** Please also submit a copy of your business license and worker's compensation insurance certificate (if applicable). If you are hiring more than one participant sponsored by AmerEx, you need only to submit one copy of the aforementioned documents.

**PARTICIPANT INFORMATION**

 Participant's Home Country Agency: 

 Family Name:  First Name: 

 Date of Birth:  Country: 
**EMPLOYER INFORMATION**

 Tax ID/EIN:  (will be verified) Years in Business: 

Company MUST be a Corp/LLC registered with the state, also must list any DBA or T/A names:

 Company Name:  Telephone: 

 Business Description: 

 Website:  Number of Employees:  (At specific work location) Number of Branches: 

 Address:  City:  State:  ZIP: 

 Company Name on Paychecks: 

 Worker's Compensation:  *If your company is required by the state to provide worker's compensation insurance, a current certificate must be provided. Please send a copy along w/this form.*

 Manager/Supervisor Name:  Title With Company: 

 Telephone:  Email Address: 
**POSITION DETAILS**

 Position Title:  Job Location:  (city, state)

 Job Description & Duties:  Hourly Wages:   
 Overtime Wages:  (over 40hr/week)  
 Paid training provided? 

 Average tips/gratuity earned per hour:  Average hours available weekly:  Pay Cycle: 
**Must begin work between:**

 Earliest Work start date:  Latest Work start date: 

 Earliest Work end date:  Latest Work end date: 

 Participant Uniform/training/other expenses (\$):  for: 

 Comments:

**HOUSING DETAILS**

 Is housing provided with the job?  YES  NO

If Yes:

 Monthly Rent:  Deposit:  People per room:  Housing Type:  Furnished?   
 Distance from workplace:  miles or  minutes by  Is transportation provided?  Is housing mandatory? 

If No:

 Suggested Housing: 

 Housing Details: 
**EMPLOYER SIGNATURE**

With my signature below I confirm that the above-named individual has been extended an opportunity to be employed with our company for the duration of his/her summer holidays under the conditions indicated and that I have the authority to make hiring decisions at this company. I understand the conditions of the program and explicitly agree to the following: (1) We are aware that this individual is a participant of Summer Work and Travel program that allows him/her to work in the U.S. legally for a period indicated on their DS-2019 form and that after completion of the program participants must return to their home country; (2) Under the applicable regulations participants are not allowed to work in household help or door-to-door sales positions requiring personal investment; (3) Participants must receive the same wages as an American in the same position; (4) It may take several weeks for a participant to receive a Social Security card, but participants are allowed to work legally from the date indicated on their form DS-2019 and we will commence their employment based on program dates in the form; (5) I will not replace the participant prior to arrival if the original job offer dates have not lapsed, even if other participants arrive earlier and are available to work sooner; (6) Participants must apply for the J-1 visa at the U.S. Consulate in his/her home country and there is no guarantee the visa will be approved; (7) AmerEx must know where each participant is at all times and employer will cooperate with AmerEx in all efforts to monitor each participant (8) If participant leaves the position, the employer will notify AmerEx within three days; (9) I further understand that AmerEx may arrange for this participant to be sponsored by another organization, which will be indicated on the DS-2019 form. I may be contacted by AmerEx or other sponsors to confirm the above information. Participant will not be issued the DS-2019 until this agreement has been confirmed directly with the employer; 3 attempts will be made to verify this agreement. (10) In case of any problems between participants and the employer, I will immediately contact AmerEx.

 Official's First & Last Name: 

 Title:  Date: 

 \_\_\_\_\_  
 Signature

**PARTICIPANT ACCEPTANCE**

With my signature below I accept this job offer. I clearly understand and accept all working and housing conditions. I explicitly agree to have housing payments deducted from my paycheck if housing conditions require this. I certify that I meet all the necessary requirements for this job and am a suitable candidate for this position able to perform the duties indicated. I explicitly agree to work at this job for the duration of my program. I understand that I will have certain expenses such as housing deposits and living expenses before my first paycheck from the employer and I will bring sufficient funds to cover those. I also agree to send housing deposits prior to my arrival to the U.S. if required. I will arrive on-time and will contact AmerEx within 10 days to validate my program. All information provided is accurate and complete and I understand that misrepresentation of information may result in termination of employment and liabilities on my part. I EXPLICITLY UNDERSTAND THAT I MAY NOT CHANGE EMPLOYER OR HOUSING WITHOUT PRIOR WRITTEN AUTHORIZATION FROM AMEREX. I understand that I shall be liable for all mandatory housing payments for the entire program duration or per housing lease terms. In case of any conflicts with the employer, I will immediately contact AmerEx for help.

I understand that the contents of this document are for informational purposes only and are subject to change should unforeseen circumstances arise. AmerEx provides no warranty, whether expressed or implied, to this information and shall not be held liable for any losses to the parties involved therein.

 Date: 

 \_\_\_\_\_  
 Signature