

Print this PDF file and sign and date it and then send or e-mail it to the student to sign. Once you receive it back from the student, please fax it to AWE at: **203-869-6491** or mail it to: **American Work Experience, 335 Greenwich Avenue, Greenwich, CT 06830**. In addition, you MUST fax or e-mail (info@aweusa.com) a copy of your current Worker's Compensation Insurance certificate.

I. EMPLOYER INFORMATION

Contact name: .

Title:

Company name:

Federal Tax ID #:

Insurance policy name:

Insurance policy #:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Website:

Please provide a brief description of your company:

II. EMPLOYMENT DETAILS

Name of AWE participant:

Job title/position:

Description of job responsibilities:

Start date:

End date:

Starting wage \$:

Starting wage in words:

Overtime Rate per hour as per State Requirement \$:

Overtime Rate per hour as per State Requirement in words:

Approximate # of hours per week:

Nearest major/international airport:

Specific directions from airport (or from New York City) to place of employment (include names of buses, trains, cost of tickets, possible times of departure, etc. Do not give driving directions.):

Is housing available?:

Cost of housing per week (if applicable) \$:

If no, will you assist the student in finding suitable and affordable housing?:

Type of housing (apartment, house, dorm, etc.):

Are meals provided?:

Additional comments:

III. ACCEPTANCE STATEMENT

I hereby certify that _____ has been offered a position with . I understand that this person is on a J-1 cultural exchange program sponsored by American Work Experience. ***Therefore, this person can be exempt from paying U.S. taxes.** The Student will at all times be our employee and not that of AWE. As such, we will pay and be solely responsible for any and all salaries due and any and all withholding and similar taxes related to the Student. As further consideration for entering into this agreement, to the fullest extent provided by law, we agree to hold AWE harmless from and against all claims, demands, liabilities, expenses, and actions (including attorneys fees) for or on account of any injury or death to any person (including the Student), or for any property damage arising out of or in connection with the Student (should we use **Participant**) or any services rendered in connection with or as a result of this agreement, whether or not caused by the fault or negligence of AWE. In addition, I will make every effort within reason to provide him/her with the best cultural exchange possible.

Signature of Employer _____

Date (month/day/year) _____

Signature of Participant _____

Print Name _____

AWE ID ____ - ____ - ____

Date (month/day/year) _____