



# Work Experience USA Independent Program Job Offer Temporary Offer of Employment

(Must be completed by the employer.  
CCUSA will contact you to verify this Job Offer.  
Please complete all sections and write legibly.)

## PARTICIPANT INFORMATION

Name of Student: \_\_\_\_\_ Country of Origin: \_\_\_\_\_

## EMPLOYER INFORMATION

Company Name (as listed on corporate papers): \_\_\_\_\_

Company Name (doing business as): \_\_\_\_\_  
(If you do business under a name other than your corporate name, please list that name above.)

Corporate Address: \_\_\_\_\_  
Street City State Zip Code

Corporate Telephone: ( ) \_\_\_\_\_ Corporate Website: \_\_\_\_\_

Best number to reach person authorized to hire (if different from above): ( ) \_\_\_\_\_  
(We need to verify the job offer with the person who is authorized in your company to hire so please put any direct number for that person here.)

Email for person authorized to hire: \_\_\_\_\_ Federal Tax ID # (EIN): \_\_\_\_\_  
(Please note: this is a 9 digit number given to employers by the IRS)

Workers' Compensation Insurance Carrier Name: \_\_\_\_\_

Workers' Compensation Insurance Carrier Policy: \_\_\_\_\_

Workers' Compensation Insurance Dates of Validity: \_\_\_\_\_

If your company is exempt from carrying Workers' Compensation, please indicate the reason here: \_\_\_\_\_

Are you licensed to do business in the state where the participant will be working?  Yes  No

## JOB INFORMATION

Name of Position Offered: \_\_\_\_\_

(Participants cannot work as domestic help in private homes (maid, nanny, etc), in door to door sales that require investment in inventory, in positions that are substantially commission-based, in any job that requires licensing under US laws, in adult entertainment jobs, as pedicab or rolling chair drivers or operators, as operators of vehicles or vessels that carry passengers for hire and require drivers licenses, in any position related to clinical care that involves patient contact, as a crew member on ships or airplanes.)

Description of the Job Position Duties: \_\_\_\_\_

Address where participant will work if different from the corporate address:

Street City State Zip Code

Dates of Employment: Start date: \_\_\_\_\_ End date: \_\_\_\_\_

(Please note: the dates a J-1 participant is legally authorized to work are on the DS2019 form issued by the sponsor and used to obtain the J-1 visa. Participants are not allowed to work before or after these dates. Please ask the participant for a copy of this form when they report to work.)

Are these start and end dates flexible?  Yes  No Wage: \_\_\_\_\_  per hour  per week  per month

Is the participant paid as an employee on your company's payroll with appropriate taxes deducted and form W-2 issued at the end of the year?  Yes  No If you responded NO, please explain how the participant is paid and why: \_\_\_\_\_

Estimated hours per week: \_\_\_\_\_ Is overtime offered?  Yes  No Is it paid at a different rate?  Yes  No

If YES, please give overtime rate: \_\_\_\_\_  per hour  per week  per month

Is the wage paid the same wage paid to an American in an equivalent position?  Yes  No

Will you hire and pay wages without a Social Security number or card?  Yes  No

Note: It is legal to hire and pay workers who do not have a Social Security number but have proof of application for the card. See 26CFR31.6011(b)-2 of the Internal Revenue laws. The DS2019 and I-94 form prove work authorization.



## HOUSING INFORMATION

Is employee housing available?  Yes  No Is employee housing mandatory?  Yes  No

Monthly Rent: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_ Other monthly costs, including utilities: \_\_\_\_\_

Type:  Apartment  Dorm  Other If other, specify: \_\_\_\_\_

Please describe the housing, including location of housing and number of persons per room:

Address of housing, if available:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## EMPLOYER AGREEMENT

In offering this employment position to a J-1 Summer Work/Travel participant, the employer is agreeing to act as a third party for the sponsor, CCUSA Work Experience. The employer's obligations as a third party are to:

1. Provide participants the number of hours of paid employment per week as identified on the job offer and agreed to when the sponsor vetted the job
2. Pay those participants eligible for overtime worked in accordance with applicable state or federal law
3. Notify sponsors promptly when participants arrive at the work sites to begin their programs; when there are any changes or deviations in the job placements during the participants' programs; when participants are not meeting the requirements of their job placements; or when participants leave their position ahead of their planned departure
4. Contact sponsors immediately in the event of any emergency involving participants or any situation that impacts the welfare of participants.

The signature below confirms the employer's agreement to all of these obligations and attests to the authority to hire for the company listed.

\_\_\_\_\_  
Employer Name Employer Signature Date

## PARTICIPANT AGREEMENT TO TERMS OF EMPLOYMENT

I have informed my employer of my acceptance of this offer. I certify that I was actively involved in the location of this employment and did not pay any third party to obtain it.

\_\_\_\_\_  
Participant Name CCUSA ID # Signature Date

