

2012 Employer Job Agreement



This form is a contractual confirmation to IENA of employment details for the participant named below. ALL FIELDS MUST be completed by the employer. Incomplete documents will not be accepted.

Please attach to this form:

- 1) A copy of the business registration showing that your company is authorized to do business in state(s) where participant(s) will work and/or provide a link to a web site (e.g. Secretary of State) of such documentation. IENA may not approve jobs without proof of business registration.
- 2) Workers compensation policy Cover Page and/or Deck Sheet confirming coverage.

Participant Name _____

Company Information

Name of Company _____ EIN _____

Doing Business As (DBA) _____ Web URL _____

Name of Owner/Manager _____ Title _____

Company Physical Address (not a PO Box) _____

City _____ State ____ ZIP _____

Telephone Number _____ Email _____

Name of Immediate Supervisor _____ Title _____

Telephone Number _____ Email _____

Job Site (if different from above)

Address (not a PO Box) _____

City _____ State ____ ZIP _____

Telephone Number _____

Job Information

Employment Dates (max 4 months) from _____ to _____

Employee's Job Title _____

Brief Job Description _____

Required Skills _____

Wage per hour \$ _____ Hours/Week _____ Bonus \$ _____

Is overtime available? _____ Wage/Hour \$ _____

Housing and Transportation Information

Is housing included? _____ Cost of Housing \$ _____ per _____ Deposit (if any) \$ _____

Complete Address _____

Other details regarding housing _____

Is transportation included? _____ Cost of Transportation \$ _____ per _____

Other details regarding transportation _____

Is the cost of housing and/or transportation deducted from participant's wages? _____

If housing and/or transportation is part of compensation, what is the value of housing in accordance with the Fair Labor Standards act? \$ _____

Other Information

Will you hire and pay wages before a Social Security number/card has been issued? Yes No

Important Note: It is legal to hire and pay workers who do not have a Social Security Number but have proof they have applied for the card. See 26CFR3.6011(b)-2 of the Internal Revenue code. The DS-2019 and I-94 card prove work authorization.

Employer Agreement

I understand that the purpose of the Summer Work Travel Exchange Visitor Program is to provide foreign college and university students with opportunities to interact with U.S. citizens, experience U.S. culture, share their own culture, and work in seasonal jobs to help defray a portion of their expenses.

I certify that the person named above has been offered a temporary position with our company, will be paid by our company, and will be directly supervised only by an employee or employees of our company.

I understand that IENA will contact me to verify information in this Agreement and confirm that the job complies with U.S. Department of State regulations governing the J-1 Summer Work Program.

I certify that compensation meets all Federal, State, and Local Minimum Wage requirements including overtime and that pay and benefits are commensurate with those offered to participant's similarly situated U.S. counterparts.

I certify that the position offered is temporary and/or seasonal in nature.

I certify that the position offered will not displace U.S. workers.

I certify that there have been no layoffs at our company in the last 120 days and that there are no workers on lockout or on strike.

I agree to make a good faith effort to provide the number of hours of paid employment as written in this agreement.

I agree to notify IENA of any problems concerning the participant during the program or in the event of an emergency.

Print Name _____ Signature _____
Title _____ Date _____

Participant Information (only for participants that are currently in the U.S.)

This is my first employer. The number of days it took to find this job was:

I wish to take a second job.

I wish to leave my current job and take a new job with this employer.

SEVIS ID N000 _____

U.S. Address (not a PO Box) _____

City _____ State _____ ZIP _____

U.S. Phone _____ Cell _____ Email _____

Participant Agreement

I agree to work the dates in this agreement and to fulfill my obligations to the employer to the best of my ability, I understand that I may not change employers or take a second job without prior written consent from IENA and the above employer. I understand that my job is considered at will and that my hours of work, duties, and responsibilities may change at the sole discretion of my employer. I understand that IENA is required to terminate sponsorship of my program if I work in a job without IENA written authorization.

Print Name _____ Signature _____ Date _____