



2013 Life Adventures, Inc. Exchange Visitor Employment Agreement

Student's name

Country

COMPANY INFORMATION

Company name (including dba name)

Corporate address:

STREET

CITY

STATE

ZIP CODE

Corporate phone#

Corporate website

Corporate fax#

Federal Tax ID (EIN)

PLEASE, ATTACH THE COPY OF BUSINESS LICENSE TO THIS OFFER

Is the company licensed to do business in the state where the participant will be working?

Workman's comp insurance carrier name

Policy#

PLEASE, ATTACH THE COPY OF WORKERS' COMPENSATION INSURANCE TO THIS OFFER

Exemption from carrying workers' compensation (if yes, explain)

How many international students will you hire for summer 2013?

SUPERVISOR'S INFORMATION

Name and title

E-mail

NAME OF THE PERSON AUTHORIZED TO HIRE

EMAIL OF THE PERSON AUTHORIZED TO HIRE

Work phone#

Cell phone#

BEST NUMBER TO CALL THE PERSON AUTHORIZED TO HIRE

WE WILL USE IT ONLY IF THE ABOVE PHONE NUMBERS DO NOT RESPOND

JOB INFORMATION

Position

Job description

Work site address:

STREET

CITY

STATE

ZIP CODE

Dates of employment: from

to

Are these dates flexible?

Work day usually starts at

and ends at

Wage per hour

Pay frequency

Average number of hours/week

Overtime available?

If yes, specify the hours and pay rate

Uniform required?

Meals or meal discounts available?

If yes, specify

Bonus/reward/discount available?

If yes, specify

HOUSING INFORMATION

Employee housing available?

Is employee housing mandatory?

Type of accommodation (house/hotel/etc)

Is housing furnished?

Housing Address:

STREET

CITY

STATE

ZIP CODE

Monthly/weekly rent amount

Deposit amount

Other monthly costs

Housing costs deducted payroll?

How many people share room?

How many people share house?

HOUSING INFORMATION (continued)

If no housing provided, how will the student be assisted in his/her housing search?

Describe the transportation available for daily use in the area

Add the information about the job, housing, etc that is essential for the student

By completing this Agreement, _____ agrees to:
company name

1. Inform Life Adventures should there be any change in Participant's job descriptions and/or work location.
2. Inform Life Adventures should Participant not show for work without cause and/or reason.
3. Help Participant in getting involved in cross cultural activities as available.
4. Ensure that Participant's minimum length of employment is 3 weeks and maximum is 4 months.

Supervisor's name and signature: _____

Date: _____

By signing this Agreement I, _____, _____ ,
understand that: participant

1. The conditions of my employment may change based on the needs of my employer and any other unavoidable circumstances such as weather or economic state.
2. That my visa status will be change to "Terminated" in case I do not show up to the above listed work place (unless the serious reason occurs) and I will have to leave the United States immediately.

Signature: _____

Date: _____

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