



Philadelphia International Institute
 1353 Christian Street
 Philadelphia PA 19147
 649 Broad Street
 Cape May NJ 08204
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 732.693.5058

**Summer Work/Travel program 2013
 Employment Agreement**
 (Please fill out clearly in CAPS LOCK)

We are pleased to make the following job offer

to _____ (Name of Employee - SWT participant)

under the conditions below:

DESCRIPTION OF EMPLOYMENT OFFER:

- **Employer Company Name:** _____
- **Full Address:** _____
- **Supervisor Name and Position:** _____
- **Telephone:** _____ **Fax:** _____ **E-mail:** _____
- **EIN or Tax Identification Number:** _____

Workers' Compensation Insurance Provider:	Policy#:	Exp. Date:

- **Host Site Assigned:** _____
 - **Job dates: Starting:** _____ **Ending:** _____
 - **Expected Arrival date to city of employment:** _____
 - **\$/hr. minimum amount per hour:** _____
 - **Average hours per week:** _____
 - **Position Title and expected tasks:** _____
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- **Shifts:** _____
 - **Overtime opportunities:** _____ (Yes/No)
 - **English level required to retain position:** _____
 - **Lodging conditions (if any):** _____
 - **Transportation:** The participant (Employee) is responsible for covering any transportation expenses to the above assigned job location from home country and during staying in the United States.
 - **J-1 visa sponsorship:** The Employer and the participant (Employee) understand that **Philadelphia International Institute** (PII) sponsors the participant to work at the site specified in DS-2019. Change of the site can only be made upon agreement with PII.

EMPLOYMENT OFFER:

_____ (Name of Employer) offers this position to
 _____ (Name of Employee - SWT participant) under the above conditions.

Name of US Employer Representative: _____ **Date:** _____

US Employer Representative signature: _____

SUMMER WORK & TRAVEL PARTICIPANT'S STATEMENT OF ACCEPTANCE:

I have read thoroughly this contract and accept the position with all the conditions offered herein. I agree to work through the last day of work stated above. I agree not to work beyond the ending program date in DS-2019. I understand that I could be transferred to another position during my employment. I understand that either the Employer or I can terminate the Employment Agreement at any time with prior notice and for any reasons not prohibited by law (customary practice: two weeks advance notice by the employee).

Participant name in block letters: _____ **Date:** _____

Participant's signature: _____