



Self-Placed Job Offer

PARTICIPANT INFORMATION <i>to be completed by participant</i>			
Participant First Name:		Participant Last Name:	
AWA ID Number:		Type of Placement: <input type="checkbox"/> Self Placed <input type="checkbox"/> Replacement Job <input type="checkbox"/> 2 nd Job	
Email Address:		Phone Number:	
Housing Address:	City:	State:	Zip Code:
How did you find the job?			
EMPLOYER INFORMATION <i>to be completed by employer</i>			
Company Name:		Employer Identification Number (Tax ID):	
Employer Contact First Name:		Employer Contact Last Name:	
Employer Contact Title:		Phone Number:	
Email Address:		Website:	
Physical Address:		Mailing Address:	
Workers Compensation Policy Information:			
Have you ever hired J-1 SWT Participants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, through which sponsor?		Are you interested in receiving more international seasonal employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	
POSITION INFORMATION <i>to be completed by employer</i>			
Job Title:		Address of Job Location:	
Job Description/Responsibilities:			
Job Start Date:		Job End Date:	
Hours Guaranteed Per Week:		Pay Rate:	
Pay Frequency:		Overtime Rate:	



Participant Agreement to Terms of Employment

By signing below, I agree to accept the Self-Placed Job Offer and terms of employment listed above. I understand that American Work Adventures, as my visa sponsor, must fully verify this employer before work may begin.

- I understand that I am required to submit my Arrival Report to AWA immediately after arrival at my employer's work site. I understand that failure to submit this information within the first 10 days following my DS 2019 start date will result in my program being ended, requiring me to return home immediately.
- I understand that it may take 3 - 8 weeks to receive my first paycheck due to start date and payroll periods. I agree to bring no less than \$800.00 USD to support myself until my first paycheck is received.
- I agree to respond to all "check-in" communication, via phone or email, from AWA. I understand that I must maintain this communication to stay compliant with the program rules. Failure to respond to AWA communication may result in my end of program, requiring me to return home.
- I agree to inform AWA immediately of any change in work address or housing address. I understand that failure to inform AWA of these changes may result in my program being placed in danger of termination.
- I understand that changes in employment terms, hours, and position availability may occur before or after arrival. AWA does not have control over such changes, and I will not hold AWA liable if changes to this job offer occur before arrival or during the program.
- I understand that work hours may be impacted by weather, seasonal business levels and unpredictable causes. In the event that my job is lost or hours permanently drop below an average of 24 hours per week, I understand that AWA will try to help me to find a replacement position, if one is available. I agree that if the replacement position is in a different geographical region, I will be responsible for arranging and paying for all transportation costs between the original location and the new location.

Participant Name (Print)

Participant Signature

Date

The contents of this document are intended only for the use of the individual or entity to which it is addressed, and is considered privileged and confidential information. If the recipient and/or reader of this document is not the intended recipient, such reader is hereby notified that any use, disclosure, distribution, or copying of this communication is strictly prohibited.

If you have received this document in error, please notify American Work Adventures by electronic mail or by telephone and dispose of this document.