

## 2014 Work and Travel Employment Verification (EV)

### Participant Information

J-1 Participant First Name	J-1 Participant Last Name	Date
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J-1 Participant must sign both pages of EV **PARTICIPANT SIGNATURE HERE ➡**

### Host Company Information

Legal Business Name ( <i>MUST provide copy of business license</i> )			Doing Business As (DBA) or Trading Name		
EIN / Tax ID #		Workers Comp Policy #		Workers Comp Expiration Date	
Host Company Website			Workers Comp Provider ( <i>MUST provide copy of workers comp declaration sheet</i> )		
Worksite Address ( <i>address where participant will work</i> )			Corporate / Main Office Address ( <i>if different from worksite address</i> )		
City	State	Zip	City	State	Zip
Name of person authorized to hire this participant			Name of supervisor assigned to participant		
Title		Email		Title	
Worksite Telephone number		Cell / Off-season phone number		Fax	

### Job Information (No changes can be made to this EV unless all parties resign the EV form, or unless a new EV is issued)

Job Title		Job Start Date (mm/dd/yy)		Job End Date (mm/dd/yy)	
Hourly Wage \$	Pay frequency	Flexible Start and End Dates Yes No		If yes, indicate date range of flexibility	
Tips available? Yes No Maybe		Estimate range of tips per shift \$0 - \$		Schedule allows for secondary jobs Yes No <b>Note: All jobs must be vetted and authorized by CICD</b>	
Are overtime opportunities available Yes No Maybe		Overtime Rate \$		Overtime rate complies with city, state and federal wage regulations Yes No	
Participants and U.S. staff receive the same pay for the same job position Yes No			Host Company confirms that W4 and W2 forms will be completed Yes No		
<b>Estimated hours per week that Participant can expect to work.</b> <i>Note: Host Company agrees to make a good faith effort to provide hours as listed on this EV. However, it is understood that work hours are based on business needs and Participant performance.</i>				From (low)	To (high)
Is there a training period? Yes No		If yes, training period duration days hours per day		Rate of pay during training period \$ per hour	
Please describe any deductions from paycheck (e.g. training fees, uniform)					

### Please indicate what delay, if any, the Participant can expect in relation to his or her Social Security Number (SSN) and card

Participant can begin work only after receiving SSN	Participant can work and get paid but only after applying for SSN
Participant can work but will not get paid before receiving SSN	Participant can begin work upon arrival regardless of SSN status

### Job Details, Workplace Environment and Expectations– Please describe

Please describe job duties, the workplace environment (e.g. hot and sunny, cold, outdoors, noisy), physical demands (e.g. lifting, standing, repetitive motions, temperature, prolonged sun exposure), any type of quotas that participants must meet and if specific skills or experience is required

Uniform (cost if applicable) / Dress code / Grooming standards / Prohibited personal effects e.g. visible piercings, tattoos, etc.

Drug/substance test required?  
Yes No      If yes, describe

Level of English Required for this Position      Beginner      Intermediate      Advanced      Native Speaker

### Housing / Meals / Transportation Information

Housing provided? Yes No		Type of housing (e.g., house, apartment, student dorm, motel etc.) <i>Note: Please include photos of housing when available</i>			
If provided: <u>Must</u> Participant stay at provided housing as a required condition of employment? Yes No			Is Participant required to sign a housing agreement? Yes No <i>Note: Please include copies of housing agreements when available</i>		
Name of Housing Provider		Email		Phone #	
Cost of Housing (rent) \$ per	Are utilities included? Yes No	Estimated cost for utilities if NOT included in rent \$	Does rent include internet, phone, or cable?		

Housing deposit required Yes No		Deposit amount \$	Is some or all of the deposit refundable? Yes No		Refundable deposit amount \$
When is the deposit refunded?				For what reasons will a deposit NOT be refunded?	
Please describe how rent is collected and frequency of rent collection					
Is housing furnished? Yes No		Housing has full kitchen Yes No		If no: Describe cooking facilities	
				Does each Participant have his/her own bed? Yes No	
Approximate number of people per room:					
<b>Please list the amenities that are provided in housing.</b> E.g. does housing include bunk beds, double beds, air mattresses, bedding (sheets, pillows, blankets), towels, heating/air-conditioning, kitchen utensils/pots & pans, microwave, refrigerator, stove/oven, table/chairs, laundry facilities					
How much is deducted from payroll for the following Rent: \$      Transportation: \$      Meals: \$				Note: Any deductions taken out must be agreed upon in writing by Participant (separate to this EV), and must be itemized on Participant's pay-stubs	
Meal Plan Yes No		If yes, describe meal plan and costs		Transportation to/from work provided Yes No	
				Cost of provided transportation \$ per	
Who provides the transportation?					
Is public transportation available? Yes No			Approximate cost of public transportation \$ per		Distance from housing to work
Participant can safely walk or bike to work on sidewalks or bike lanes Yes No				Distance from housing to amenities (groceries, restaurants, etc.)	
Nearest Major Airport				Nearest Bus Station	
Airport pick-up provided Yes No		Bus station pick-up provided Yes No		Cost of pick-up services \$	Contact information of pick-up provider
If airport pick-up not provided, describe how to get to housing from the nearest major airport:					
Describe the surrounding community (e.g., rural, urban, resort) and list cultural activities/events that you will recommend to participants:					
Additional information such as company policy, expectations and housing contracts are attached or provided separately:      Yes      No					

### Host Company Agreement

The Host Company (HC) above hereby understands, certifies and agrees that: **1. Host Company (HC) Verification:** its authorized representative has reviewed the program information in this and all other CICD Work and Travel documents, including the *Host Company Application and Agreement*; that all of the information provided in this document and elsewhere is true and accurate and that it offers to the Participant the herein-described employment. **2. Host Company Responsibilities:** it shall not threaten any participant with program termination or deportation; it shall notify CICD promptly when: Participants arrive at the work site(s) to begin their programs; if there are any changes in the job placements before or during the Participants' programs, if Participants are not meeting the requirements of their job placements, if Participants leave their positions ahead of their planned departures, in the event of any emergency or any situations that may impact their health, safety, welfare; etc.; **3. Arbitration and Choice of Law:** Any unsolvable dispute or disagreement that may arise from this Employment Verification shall be referred to a single arbiter agreed upon by the parties, or if no single arbiter can be agreed upon, an arbiter or arbiters shall be selected in accordance with the rules of the American Arbitration Association. Choice of Law: and that all disputes arising from this document shall be governed by and resolved in accordance with the laws of the State of Washington, USA. No other law shall be applicable. Any lawsuit in connection with this document in any manner may only be brought in King County, Washington, USA. **4. Hold Harmless:** CICD cannot guarantee or ensure that there may not be problems or challenges which may lead to the expulsion, firing, dismissal or termination of the Participant's program participation at the sole judgment and discretion of CICD; CICD is the visa Sponsor organization and can in no way be construed to be the employer of the Work and Travel Participant in the U.S.; The HC is the employer for the duration of the agreed-upon employment, and does hereby promise, undertake and guarantee to hold harmless and to indemnify CICD and all other persons connected with the Work and Travel program from all liabilities, claims, actions, damages, expenses and losses of any nature whatsoever caused by or arising from any aspect of the program (e.g. damages caused by Participant) and all other persons connected with the program. **5. Temporary Position:** The HC is offering only temporary or seasonal employment of its own free will to the Participant, and has not received compensation or incentives.

\_\_\_\_\_  
Authorized Representative of Host Company

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date and Place Signed

### Participant Agreement

I, the Participant, have read and fully understand this entire agreement (2 pages including this page), confirm, agree with and accept all of these terms and conditions: 1. To work for the HC for the time period described to the best of my ability. 2. To give immediate written notification to CICD should I or the HC alter the dates of employment or terminate the employment for any reason. 3. To not begin alternative or subsequent employment without express prior written permission from CICD. 4. That I have received adequate and appropriate pre-arrival information from my local agency and CICD to prepare me for this program. 5. If I have any questions or concerns about any housing contracts (or any other matters before or during the program) I shall immediately contact CICD BEFORE signing such contract(s), as it is my responsibility to do so. 6. That failure to do so, or failure to comply with enumerated program regulations (e.g., checking in with CICD upon arrival, responding to monthly monitoring, reporting changes of residence, not starting work at unverified jobs, responding to sponsor monthly outreach/monitoring efforts, etc.) can result in program termination. 7. That my duties and responsibilities may vary during the period of employment, that employment is "at will" and can be ended at any time and for any reason by either the Participant or HC. 8. That the Employment Verification in no way constitutes an employment or staffing contract between CICD and Participant. 9. That the actual hours I may work per week can vary greatly depending on the host company's local business economy and other factors such as broken equipment, bad weather, my own violations of company policy, natural disasters etc. 10. If I wish secondary employment, that I shall first request permission to do so from my primary employer AND receive written permission from CICD to do so. 11. That I cannot, under any circumstances, begin to work for a secondary host company until CICD has completed its vetting process with that company, and that failure to comply with this rule can result in program termination. 12. That all information disclosed to me by CICD and/or its partners and representatives regarding this job offer shall be deemed confidential, not shared with non-CICD-affiliated entities, and used only for the purposes of CICD sponsorship of my program. 13. Not to use this EV in any other manner whatsoever, disclose to others, or fraudulently use a DS-2019 form. **Hold Harmless:** By signing below I understand, confirm and accept that: I shall participate in accordance with the rules and expectations of the SWT program; CICD cannot guarantee or assure that there may not be problems or challenges which may lead to changes in my program, my expulsion, firing, dismissal or termination of my Work and Travel program at the sole judgment and discretion of CICD; CICD is my J-1 visa Sponsor organization and can in no way be construed to be my employer of the Work and Travel Program in the U.S.; The HC named in the table at the top of this contract is the employer for the duration of the agreed-upon employment. I do hereby promise, undertake and guarantee to hold CICD harmless and to indemnify CICD and all other persons connected with the Work and Travel program from all liabilities, claims, actions, damages, expenses and losses of any nature whatsoever I may cause or caused by any aspect of the program or any other person(s) connected with the program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date and Place Signed