

Summer Work/Travel Application Form

PART 3-A – Job Offer and Agreement to be completed by the employer			
NOTE TO EMPLOYER Department of State regulations require sponsors to collect documents from employers at the same time as the job offe			
 A copy of the employer's workers compensation insurance cover page or deck sheet (showing that the student will be covered while in the US) 			
2. A copy of the employer's Business License			
A copy of the employer's business registration (something with the nine digit federal EIN number)			
Please provide the above documents to student/ sponsor at the same time as this			

Student Information			
Student Name			
Start Date (Month/Day/Year)	Note to Student: This is the date you MUST be at your workplace and ready to begin work. Plan your travel in order arrive on time. Failure to arrive on time may result in cancellation of this job offer.		
End Date (Month/Day/Year)	Note to Student: You are committing to work until this End Date. Do not sign this agreement unless you agree to work until this End Date.		

job offer.

		Employer Information
Company Name		
Company address where student(s) will work		
Corporate Registered address	Name and	
(if different from wor	k location).	
Corporate EIN (required by the State Department)		Worker's Compensation Policy Number and carrier. (Employer must also include policy's Cover Page or Deck Sheet.)
Business Phone		Cell Phone
Website		
Description of Compa	ny Activity	

Job	Information (Continued on next page)		
Job Title	Wage per hour		
Estimated Average Hours Per Week	Note to Student: This is not a guaranteed number of hours for each week. It is what your employer estimates for your total work period. This may be reduced by business needs, weather, economic situations, your performance, sick time and other circumstances.		
Are overtime hours available?	Overtime pay rate		

Is an end-of- season bonus available?			If yes, please provide details	
Tasks to be performed on the Job				
Are uniforms provided?		Costs (or deposits) for uniforms		
Are there any other deposits (other than housing)? Please note any equipment costs, training costs, or additional paycheck deductions.				

Housing Information				
Do you provide housing for the students?	□YES □NO	If YES, please complete the rest of the information in this section. If NO, you must provide students with information on how to obtain housing in your area.		
Description of Housing?				
Address of Housing?				
Is there a housing deposit?	□YES □NO	How much is the Housing Deposit? Is it refundable.		Is it refundable?
When is the deposit are there any condit refund?	•			
What is the weekly cost for housing?		What other costs will students need to pay (utilities, phone, etc.)?		
What is included in the housing cost?			What is not included in the housing cost?	
How many people share the housing?			Number of bedrooms?	
How many students per bedroom?			What furniture is provided?	
Distance from housing to worksite?			Distance to nearest supermarket?	
Is transportation provided to work?	□YES □NO	If NO, please describe available local transportation.		
		If YES, please indicate any cost for this transportation.		

For the Employer to Sign:

By signing below, I agree that the information above is correct, and I am offering the student(s) listed above a seasonal/temporary job for the dates listed on this offer. I agree that the wages offered are comparable to those of Americans in similar positions, and that this offer does not take employment away from qualified American applicants. I have not laid off workers in the last 120 days, and do not have workers on lockout or on strike. I understand that if my plans change, and this (these) position(s) will not be available, or will be substantially changed from the description above, I must notify GeoVisions immediately so that students may be given an opportunity to choose another position. I understand that if any student fails to adequately perform the requirements of the position(s), I may terminate that student, in which case I agree to immediately notify GeoVisions. I also agree to notify GeoVisions immediately when student(s) arrive to begin their work, are not meeting the requirements of the job, or leave ahead of the planned departure date. I will also advise GeoVisions of any emergency impacting the health, safety or welfare of the student(s). I understand that the Work and Travel Program is a Cultural Exchange program, and I agree to assist any students on the program in meeting Americans, and assist them in learning about America to the best of my ability, including arranging cultural activities that will help meet this goal. I understand that neither I nor any members of my staff may threaten any student with deportation or any negative impact on their visa status or ability to remain in the United States. If you have any questions whatsoever on the above, please call our office at 1-888-830-9455 prior to signing this form.

Employer Name (Please print)	Title	
Employer Email:	Employer Contact Number:	
Signature	Date (Month/Day/Year)	

PART 3-B: For the Student to Sign

By signing below, I agree that the information above (or in the Job Offer I have attached) is consistent with my understanding of the job I have been offered. I agree to arrive at my place of employment as directed in time to begin working on the Start Date on this offer. I agree to work until the End Date on this Job Offer. I understand that my employment can be ended with or without cause if the employer finds it necessary. I agree that if must leave this job, I will contact GeoVisions. I will also give my employer advance notice of my plans to leave. I understand that hours of work are not guaranteed, and are subject to change due to circumstances related to business, acts of nature, and my personal performance. I understand that I cannot begin working at a new or second job without the written permission of GeoVisions. I understand I must read, sign, and agree with the Terms and Conditions in Part 4 of this application.

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This job offer is for (please check one):				
\square Primary Job \square New (replacement) Primary Job \square Second (or additional) Part-time Job				
Student Name				
(Please print)				
Signature		Date		
		(Month/Day/Year)		