



Job Offer Form / J-1 Summer Work Travel Program

PART I – HOST COMPANY

HOST COMPANY INFORMATION (IF YOU ARE REPRESENTING A MANAGEMENT COMPANY PLEASE COMPLETE THIS SECTION WITH YOUR COMPANY INFO)

COMPANY NAME: (INCLUDE DBAs IF ANY):

COMPANY ADDRESS (STREET, CITY, STATE, ZIP CODE):

PRIMARY CONTACT PERSON (FULL NAME):

TITLE/POSITION:

PHONE NUMBER(S):

EMAIL ADDRESS:

WILL THIS BE THE PRIMARY SITE OF ACTIVITY FOR THE PARTICIPANT***? YES [] NO [] *** (MANAGEMENT COMPANIES SHOULD CHECK THE "NO" BOX)

IF NO, PLEASE PROVIDE ADDRESS OF THE PRIMARY SITE OF ACTIVITY WHERE PARTICIPANT WILL WORK DURING THE PROGRAM:

NAME OF PARTICIPANT'S DIRECT SUPERVISOR AT THE SITE OF ACTIVITY (IF OTHER THAN THE PRIMARY CONTACT PERSON)

FULL NAME:

TITLE/POSITION:

PHONE NUMBER:

EMAIL ADDRESS:

NUMBER OF EMPLOYEES AT THE JOB SITE: FULL-TIME

PART-TIME:

NUMBER OF J-1 SUMMER WORK TRAVEL PARTICIPANTS YOU ARE EXPECTING AT THIS LOCATION (FROM ICCE OR OTHER SPONSORS):

OTHER LOCATIONS

WILL PARTICIPANT BE WORKING IN LOCATIONS OTHER THAN THE ONE(S) LISTED ABOVE? YES [] NO []

IF YES, PLEASE PROVIDE THE FOLLOWING FOR ALL LOCATIONS WHERE PARTICIPANT WILL WORK:

ADDRESS:

NAME OF DIRECT SUPERVISOR:

TITLE/POSITION:

PHONE NUMBER:

EMAIL ADDRESS:

NUMBER OF EMPLOYEES AT THE JOB SITE: FULL-TIME

PART-TIME:

NUMBER OF J-1 SUMMER WORK TRAVEL PARTICIPANTS YOU ARE EXPECTING AT THIS LOCATION (FROM ICCE OR OTHER SPONSORS):

* IF YOU RELOCATE A PARTICIPANT YOU MUST NOTIFY ICCE WITHIN 3 BUSINESS DAYS AND PROVIDE INFORMATION ABOUT THE NEW JOB SITE

SEASONALITY

DOES YOUR BUSINESS HAVE SEASONAL PEAKS AND LOWS? YES [] NO [] *PLEASE NOTE: THE SUMMER WORK TRAVEL PROGRAM IS ONLY APPROPRIATE FOR SEASONAL/TEMPORARY JOBS AND IT MUST TAKE PLACE DURING YOUR PEAK SEASON. IF YES, WHEN IS THE PEAK SEASON?

JOB INFORMATION

POSITION #1 (PRIMARY)

POSITION NAME:

PAY RATE:

IS THIS A TIPPED POSITION? YES [] NO []

IF YES, ESTIMATED AMOUNT OF TIPS?

POSITION DESCRIPTION (AS DETAILED AS POSSIBLE):

DO YOU AGREE TO PROVIDE A MINIMUM OF 32 HOURS OF WORK PER WEEK TO PARTICIPANT? YES [] NO []

OVERTIME*: YES [] NO []

OVERTIME RATE:

*YOU MUST FOLLOW STATE AND FEDERAL LAWS WITH REGARDS TO MINIMUM & OVERTIME PAY AND COMPENSATE PROGRAM PARTICIPANTS ACCORDINGLY

FREQUENCY OF PAYCHECKS (E.G. WEEKLY, BI-WEEKLY):

WORK HOURS (PLEASE LIST ALL SHIFTS):

WILL THERE BE A SUPERVISOR ON SITE AT ALL TIMES DURING PARTICIPANT'S SHIFT? YES [] NO []

EARLIEST JOB START DATE:

LATEST JOB START DATE:

EARLIEST JOB END DATE:

LATEST JOB END DATE:

IS UNIFORM REQUIRED? YES [] NO [] IS UNIFORM PROVIDED BY THE COMPANY? YES [] NO [] COST OF UNIFORM:

GROOMING STANDARDS AND DRESS CODE:



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IS DRUG TEST REQUIRED? Yes No IF YES, WHAT IS THE COST TO PARTICIPANT?

WILL ENGLISH BE THE PRIMARY LANGUAGE USED IN THIS POSITION? Yes No

WILL PARTICIPANT INTERACT WITH AMERICAN EMPLOYEES, GUESTS, CUSTOMERS, ETC. AT WORK? Yes No

POSITION REQUIREMENTS

ENGLISH LEVEL: FLUENT/ADVANCED GOOD/ INTERMEDIATE FAIR/COMMUNICATIVE

WORK EXPERIENCE? OTHER REQUIREMENTS:

POSITION #2 (OPTIONAL)

POSITION NAME: PAY RATE:

IS THIS A TIPPED POSITION? Yes No IF YES, ESTIMATED AMOUNT?

POSITION DESCRIPTION (AS DETAILED AS POSSIBLE):

DO YOU AGREE TO PROVIDE A MINIMUM OF 32 HOURS OF WORK PER WEEK TO PARTICIPANT? Yes No

OVERTIME*: Yes No OVERTIME RATE:

*YOU MUST FOLLOW ALL STATE AND FEDERAL LAWS WITH REGARDS TO MINIMUM & OVERTIME PAY AND COMPENSATE PROGRAM PARTICIPANTS ACCORDINGLY

FREQUENCY OF PAYCHECKS (E.G. WEEKLY, BI-WEEKLY): WORK HOURS (PLEASE LIST ALL SHIFTS):

WILL THERE BE A SUPERVISOR ON SITE AT ALL TIMES DURING PARTICIPANT'S SHIFT? Yes No

EARLIEST JOB START DATE: LATEST JOB START DATE:

EARLIEST JOB END DATE: LATEST JOB END DATE:

IS UNIFORM REQUIRED? Yes No IS UNIFORM PROVIDED BY THE COMPANY? Yes No COST OF UNIFORM:

GROOMING STANDARDS AND DRESS CODE:

IS DRUG TEST REQUIRED? Yes No IF YES, WHAT IS THE COST TO PARTICIPANT?

WILL ENGLISH BE THE PRIMARY LANGUAGE USED N THIS POSITION? Yes No

WILL PARTICIPANT INTERACT WITH AMERICAN EMPLOYEES, GUESTS, CUSTOMERS, ETC. AT WORK? Yes No

POSITION REQUIREMENTS

ENGLISH LEVEL: FLUENT/ADVANCED GOOD/ INTERMEDIATE FAIR/COMMUNICATIVE

WORK EXPERIENCE? OTHER REQUIREMENTS:

HOUSING INFORMATION

DO YOU PROVIDE HOUSING TO PARTICIPANT(S)? Yes No

IF NO, WHAT ASSISTANCE CAN YOU PROVIDE TO PARTICIPANT TO HELP HIM/HER FIND AFFORDABLE HOUSING NEAR THE JOB SITE?

IF YES, WHAT IS THE COST OF ACCOMMODATION TO PARTICIPANT? PER (E.G. WEEK/MONTH):

WILL THIS AMOUNT BE DEDUCTED FROM PAYCHECK? Yes No IS DEPOSIT REQUIRED: Yes No

AMOUNT OF DEPOSIT: IS DEPOSIT REFUNDABLE? Yes No

ARE UTILITIES INCLUDED? Yes No APPROX. COST OF UTILITIES: PER (E.G. WEEK/MONTH)

TYPE OF HOUSING PROVIDED: HOSTEL | HOTEL/MOTEL | APARTMENT/HOUSE | OTHER (SPECIFY):

ADDRESS:

OTHER INFORMATION (CONTACT PERSON, PHONE NUMBER, EMAIL, WEBSITE, ETC.):

WILL PARTICIPANT SHARE A ROOM? Yes No IF YES, HOW MANY PARTICIPANTS PER ROOM?

IS HOUSING FURNISHED? Yes No HOUSING AMENITIES INCLUDED: KITCHEN | COOKWARE, UTENSILS | LINENS |

TV/CABLE | INTERNET | TELEPHONE | LAUNDRY | OTHER:

DISTANCE BETWEEN HOST COMPANY AND HOUSING:



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TRANSPORTATION

DO YOU PICK-UP PARTICIPANT(S) FROM/TO AIRPORT? Yes No COST OF PICK-UP TO PARTICIPANT:

DO YOU PROVIDE TRANSPORTATION TO/FROM WORK? Yes No IF YES, AT WHAT COST TO PARTICIPANT:

IF NO, WHAT ARE THE MEANS OF TRANSPORTATION AVAILABLE TO PARTICIPANT IN THE AREA?

BUS | SUBWAY | TRAIN | BIKE | WALK | NONE AVAILABLE (CAR REQUIRED) | OTHER:

ARRIVAL INSTRUCTIONS

NEAREST AIRPORT(S):

WILL PARTICIPANT NEED TO TAKE TRAIN /GREYHOUND FROM THE AIRPORT TO GET TO THE JOB SITE/ HOUSING: Yes No

IF YES, PLEASE PROVIDE INSTRUCTIONS (STATIONS, COST - IF KNOWN, ETC.):

SHOULD PARTICIPANT CONTACT YOU PRIOR TO ARRIVAL? Yes No IF YES, PLEASE PROVIDE CONTACT DETAILS:

PLEASE PROVIDE ANY SPECIAL INSTRUCTIONS PARTICIPANT SHOULD FOLLOW PRIOR TO ARRIVAL:

CULTURAL ACTIVITIES

WILL PARTICIPANT HAVE ACCESS TO CULTURAL SITES AND ACTIVITIES IN THE AREA? (CONCERTS, FESTIVALS, SPORTING EVENTS, SOCIAL EVENTS, MUSEUMS, THEATERS, AMUSEMENT PARKS, HISTORIC SITES & LANDMARKS, ETC.) Yes No | IF NO, PLEASE EXPLAIN:

PART II – PARTICIPANT

STUDENT INFORMATION

FULL NAME: DATE OF BIRTH: DAY MONTH YEAR

GENDER: FEMALE MALE COUNTRY OF NATIONALITY:

COUNTRY OF RESIDENCE: EMAIL ADDRESS(ES):

PHONE NUMBER (HOME): PHONE NUMBER (CELL PHONE):

NAME OF YOUR LOCAL/OVERSEAS AGENCY (IF ANY):

DID YOU ARRANGE THIS JOB PLACEMENT BY YOURSELF? Yes No IF NO, WHO ARRANGED THE JOB FOR YOU? ICCE |

AGENCY IN MY COUNTRY | OTHER (SPECIFY):

Host Company's Acknowledgement & Signature:

I hereby certify that the Participant listed in this Job Offer has been offered a temporary/seasonal position as a legal alien authorized to work in the United States on a J-1 Summer Work Travel Program. By signing this Job Offer I agree to follow the J-1 Exchange Visitor Program regulations set forth by the U.S. Department of State (22 CFR 62), ICCE's policies as well as all applicable state and federal laws. I will notify ICCE of any changes to the position, work location, accommodation (if provided by the Host Company). I will also notify ICCE if the Participant does not show up to work as scheduled and/or if the Participant leaves the job prior to the agreed program end date or if there are any other issues with the Participant or the Program. I understand that it is illegal for the Participant to work prior to the program start date and/or beyond the Program end date as stated on his/her DS-2019 form.

Representative's Full Name Representative's Title/Position Signature Date

Participant's Acknowledgment & Signature:

I fully understand and agree to the terms and conditions of the position as stated this Job Offer and I accept the job. I understand that I cannot leave my employer unless authorized to do so by my Program Sponsor, ICCE, or unless my safety, health, and well-being are at risk. I will notify ICCE of any changes to my job, work location, accommodation, etc. By accepting this Job Offer I understand and agree to abide by all Program regulations and ICCE's policies, the Host Company's policies and all applicable state and federal laws I will be subject to during my Program in the United States.

Participant's Full Name Signature Date