

Host Organization  
Application Form  
Job Offer



Your International Connection to a World of Talent

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Hilton Head Island, SC 29928 USA  
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**Instructions:**

1. Please complete all items carefully. The more we know about your organization, the better we can serve your needs
2. Please attach a complete job description for each job you plan to fill with a J-1 participant.
3. Sign and return this form to International Educational Exchange at the email address listed above.

*A copy of your company business license and worker's compensation certificate are required to be submitted along with this form.*

**Student Information:**

Name of Student(s) being offered positions: \_\_\_\_\_  
\_\_\_\_\_

**Company Information:**

Name of Company \_\_\_\_\_ Is Company Annual Revenue > or < 3 Million \_\_\_\_\_

Type of Company/Company Activities *You may include additional materials such as company summary or brochures to better describe your company*  
\_\_\_\_\_

Business License Number \_\_\_\_\_ Employer Identification Number (EIN) \_\_\_\_\_

Workman's Compensation Insurance Carrier	Start Date of Policy	End Date of Policy	Policy Number
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Corporate Address \_\_\_\_\_

Phone Number	Fax Number	Website
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Physical address of primary training site (where students will be working)	City	State	Zip Code
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Person Responsible for J-1 programs	Title	Phone #	E-mail Address
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Are you currently hosting J-1 participants that are sponsored by another agency? Yes No If yes, how many \_\_\_\_\_

Please list the names of the other J-1 visa sponsors you are working with \_\_\_\_\_  
\_\_\_\_\_

Current # of US Employees	Current # of J-1 Interns/Trainees
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**Employment Information**

Position Title: \_\_\_\_\_ Number of positions: \_\_\_\_\_

Brief description of duties: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ *Note to student: These are the dates that the employer is expecting you to begin and end your program with them. Failure to arrive on time and work until the expected end date may result in termination of your program.*

Will the participant(s) be required to take a drug test? Yes No Will the participant(s) be required to complete any other form of medical exam prior to starting program? Yes No If yes, please explain \_\_\_\_\_

Are uniforms provided? Yes No. Cost for uniforms/deposits for uniforms: \_\_\_\_\_

If uniforms are not provided, describe what type of standard attire the participant(s) will be required to wear during their training: \_\_\_\_\_  
\_\_\_\_\_

Are there any other deposits required other than housing? Please explain: \_\_\_\_\_

Please list any additional benefits the participant(s) will receive from host organization and the estimated monthly value of each: \_\_\_\_\_  
\_\_\_\_\_



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Wages

J-1 participant(s) will receive \$ \_\_\_\_\_ per hour week and will be paid weekly biweekly monthly.

# Hours per week: \_\_\_\_\_ Are overtime hours available? Yes No. O/T rate/hour: \_\_\_\_\_ Tips available? Yes No

Is there a training period during which hours/wages may differ than those indicated above? Yes No If yes, please list training period duration, hours per day and rate of pay: \_\_\_\_\_

Transportation and Housing

What airport should the participant(s) fly into? \_\_\_\_\_

What day(s) and/or date(s) should the participant(s) arrive? \_\_\_\_\_

What transportation will be provided to the participant(s) from the airport to the property and/or housing? Taxi Bus Shuttle Subway Other \_\_\_\_\_

Is transportation from the airport paid for by employer? Yes No If not, what are the estimated costs for transportation from the airport? \_\_\_\_\_

What means of transportation will be available for the participant(s) to commute to and from the work place? Taxi Bus Subway Walk Bike Company provided Other \_\_\_\_\_

If there is a charge for transportation, please list the estimated daily cost: \_\_\_\_\_

Do you recommend participant purchase an automobile? Yes No

Is housing provided? Yes No If yes, please provide the following: Deposit Amount: \_\_\_\_\_ Rent per month: \_\_\_\_\_

When is the deposit due and what are the conditions for a refund? \_\_\_\_\_

Please list what is included in housing (linens, furnishings, kitchen supplies): \_\_\_\_\_

Are utilities included? Yes No How many bedrooms? \_\_\_\_\_ How many bathrooms? \_\_\_\_\_ How many people will be assigned to each bedroom? \_\_\_\_\_

Housing address and phone number: \_\_\_\_\_

If housing is not provided, please describe how your company will assist participant(s) to locate housing and the estimated cost for rent and security deposit: \_\_\_\_\_

J-1 Participant's Orientation

Please state how your business/company will assist the participant(s) in getting oriented to the community: \_\_\_\_\_

Cross-cultural activity is an activity designed to promote exposure and interchange between exchange visitors and Americans so as to increase their understanding of each others society, culture, and institutions. What type of cultural activities are in the area and how will the participant(s) gain exposure to these activities? \_\_\_\_\_

Employer:

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 understand that if my plans change, and positions will not be available, or will be substantially changed from the description above, I must notify IEE 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 IEE. I also agree to notify IEE immediately when student(s) are not meeting the requirements of the job, or leave ahead of the planned departure date. I will also advise IEE 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 activities that will help meet this goal.

Supervisor Name Supervisor Signature Date



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**ADDITIONAL REQUIRED DOCUMENTS:**

***For Summer Work and Travel Employers:*** If your organization is unable to obtain a copy of a business license from the state or county where your business operations, you will need to provide us with a copy of the following;

1. Articles of Incorporation
2. A Certificate of Existence
3. A Certificate of Reinstatement (if company was dissolved at one point)
4. A Screen shot from the Department of State's on line information indicating that the business is in good standing.

***Work and Travel Participant:***

By signing below, I agree that the information provided within this document (or in job offer previously signed) is consistent with my understanding of the job I have been offered. I further agree to work through the dates on my offer. I understand that hours are not guaranteed and are subject to change. I understand that I cannot change jobs without permission of IEE and if I leave my employment prior to the end date on my DS2019 form, my program is subject to termination.

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W/T Participant Name

Signature

Date