



SUMMER WORK TRAVEL JOB PLACEMENT VERIFICATION FORM

Sponsor Information			
Name of Sponsor		Phone/Fax Number	
Name of Responsible Officer		Email Address	
Participant Information			
Exchange Visitor (<i>Last, First, MI</i>)		Current Address	
Telephone Number	Mobile Phone	Email Address	
Employer Information			
Name of Company		Street Address with City, State and Zip Code	
Description of Company	EIN	Corporation Website (<i>if any</i>)	
Supervisor's Name (<i>Last, First, MI</i>)		Title	
Workers Compensation Policy Number and Carrier (Include Cover Page)		Google Map Image of Premises <input type="checkbox"/> Yes <input type="checkbox"/> No	
U.S. Telephone Number	Mobile Phone	Email Address	
Position Information			
Job Title		Site of Activity (<i>If Different</i>)	
Position Description			
Hours of Work per Week (<i>minimum 32 hours</i>)	Overtime Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Overtime Available <input type="checkbox"/> Yes <input type="checkbox"/> No	Hourly Overtime Wage
Starting Hourly Wage	Wage Received <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly		State Minimum Wage (<i>If greater than federal</i>) per Hour
Program Start Date (<i>mm-dd-yyyy</i>)	Program End Date (<i>mm-dd-yyyy</i>)		
Other Job Conditions			
Other Job Requirements			
Identify any uniforms, safety equipment, or other supplies/ requirements exchange visitor must provide		Estimated Cost of Uniforms, Equipment, Supplies	

Employer Provided Housing				
Cost per Week	Number of Bedrooms	Number of Tenants	Distance from Jobsite	Transportation provided <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify Utilities Included	Specify Utilities Not Included	Estimated Cost or Other Utilities	Included Photos: Exterior, Bedroom, Common Area, Bathroom, Kitchen	
Other Housing and Transportation				
Suggested Alternative Housing		Distance from Jobsite		Recommended Transportation
Estimated Cost of Housing			Estimated Cost of Transportation	
Contract Agreement				
I understand that false certification may subject me to criminal prosecution under 18. U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."				
Summer Work Travel Participant - I hereby acknowledge that I have reviewed, understand, and will follow this Job Placement Verification Plan.				
Summer Work Travel Participant Signature				Date (mm-dd-yyyy)
Employer - I certify the following: 1. I have reviewed and approved and will follow this Job Placement Verification Plan; 2. I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62); and 3. I will notify the designated sponsor (1) when participant arrives at the work site to begin program; (2) regarding any concerns about, changes in, or deviations from the Job Placement Verification Plan; and (3) in the event of any emergency involving a summer work travel participant.				
Employer Signature				Date (mm-dd-yyyy)
Sponsor - I certify as the sponsor that the attached Job Placement Verification Plan is approved and that: 1. Participant possesses sufficient proficiency in the English language to participate in his/her program; 2. Participant has sufficient finances to support themselves for their stay in the United States; 3. At a minimum, you will maintain a monthly schedule of personal contact with participants; 4. The participant has a full-time job placement (<i>a minimum of 32 hours a week</i>); and 5. No monetary payment or incentives were provided to the employer to hire the participant.				
Sponsor's Signature (RO/ARO)				Date (mm-dd-yyyy)
Program Sponsor Name				Program Number
Paperwork Reduction Act				
*Public reporting burden for this collection of information is estimated to average one (1) hour per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: A/GIS/DIR, Room 2400 SA-22, U.S. Department of State, Washington, DC 20522-2202.				