



# Life Adventures, Inc. Summer Work Travel Employment Agreement

(Must be completed by the employer. Life Adventures will contact you to verify this Job Offer.)

Position is offered to: \_\_\_\_\_ from: \_\_\_\_\_  
PARTICIPANT'S FIRST AND LAST NAME PARTICIPANT'S COUNTRY

## EMPLOYER INFORMATION

Name & Title: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
NAME OF THE PERSON AUTHORIZED TO HIRE BEST NUMBER TO CALL THE PERSON AUTHORIZED TO HIRE  
 Corporate E-mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
EMAIL OF THE PERSON AUTHORIZED TO HIRE WE WILL USE IT ONLY IF THE WORK PHONE NUMBER DOES NOT RESPOND

## COMPANY INFORMATION

Corporate Name (incl. dba name): \_\_\_\_\_  
AS LISTED ON CORPORATE PAPERS  
 Corporate Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
 Corporate Phone: \_\_\_\_\_ Corporate Fax: \_\_\_\_\_  
 Corporate Website: \_\_\_\_\_ Federal Tax ID (EIN): \_\_\_\_\_  
9 DIGITS GIVEN TO EMPLOYERS BY THE IRS

Is your business affected by seasonality (mainly summer period)? Yes No  
 Is the company licensed to do business in the state where the participant will be working? Yes No  
 If your company is exempt from carrying Workers' Compensation, please indicate the reason here: \_\_\_\_\_

**As part of the verification process, we must have a copy of the license or certificate that allows you do business in your state or locality and your worker's compensation insurance policy cover page. You can give these to the participant you are hiring or email these directly to Life Adventures at [vetting@lifeadventures.us](mailto:vetting@lifeadventures.us).**

How many international students do you plan to hire for summer 2015?  
 Have you hired international students previously? Yes No  
 If yes, specify the years \_\_\_\_\_ and number of students \_\_\_\_\_

## JOB INFORMATION

Position: \_\_\_\_\_ Duties: \_\_\_\_\_  
 Work Site Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE  
 Name of Supervisor: \_\_\_\_\_  
NAME OF THE PERSON OVERSEEING PARTICIPANTS ON WORK SITE  
 Supervisor's Phone: \_\_\_\_\_ Supervisor's Email: \_\_\_\_\_

Employment starts: \_\_\_\_\_ ends: \_\_\_\_\_ Are these dates flexible? Yes No  
MAXIMUM LENGTH OF EMPLOYMENT FOR SUMMER WORK AND TRAVEL PARTICIPANT IS FROM MAY 25 UP TO SEPTEMBER 2  
 Wage per hour: \$ \_\_\_\_\_ Pay frequency: \_\_\_\_\_ Estimated hours per week: \_\_\_\_\_

Is the wage paid the same wage paid to an American in an equivalent position? Yes No  
 Overtime available? Yes No If yes, specify the hours \_\_\_\_\_ and pay rate per hour \_\_\_\_\_

Will you hire and pay wages without a Social Security number if the participant has proof of application for the card? Yes No

IT IS LEGAL TO HIRE AND PAY WORKERS WHO DO NOT HAVE A SOCIAL SECURITY NUMBER BUT HAVE PROOF OF APPLICATION FOR THE CARD. THE DS2019 AND I-94 FORM PROVE WORK AUTHORIZATION. IT IS ILLEGAL TO ALLOW EMPLOYEES TO WORK AND NOT TO PAY ALL ON THE SAME PAYROLL SCHEDULE. SEE 26CFR31.6011(B)-2 OF THE INTERNAL REVENUE LAWS.

Uniform required? Yes No If yes, specify: \_\_\_\_\_

Any discounts, meals, bonuses available for participants in your business? Yes No  
 If yes, specify: \_\_\_\_\_

14258 Creek Run Drive, Riverview, FL 33579, USA  
 Phone: 888-896-4953, 813-383-4985, Fax: 267-295-7831  
 email: [vetting@lifeadventures.us](mailto:vetting@lifeadventures.us)  
 www.lifeadventures.us

## HOUSING INFORMATION

Is employee housing available? Yes No | Is employee housing mandatory? Yes No

Housing Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

Type of Accommodation: Hotel House Apartment Dorm Other If other, specify \_\_\_\_\_

Number of rooms: \_\_\_\_\_ People per room: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_

Amenities included in housing: Furniture Kitchen Internet access Laundry Linen

Rent Amount: \$\_\_\_\_\_ per week month | Deposit amount: \$\_\_\_\_\_

Other monthly costs: \_\_\_\_\_ Are housing costs payroll deducted? Yes No

Transportation available for daily use in the area: Public Buses Shuttles/Taxis Bicycles Subway

If you provide housing, how will participant get to and from work?

If no housing provided, how will the student be assisted in housing search?

## EMPLOYER AGREEMENT

### By completing this Agreement host company agrees to:

- Inform Life Adventures should there be any change in Participant's job descriptions and/or work location.
- Inform Life Adventures of the participant's arrival named on this agreement at [vetting@lifeadventures.us](mailto:vetting@lifeadventures.us)
- Inform Life Adventures should the participant not show for work without cause and/or reason.
- Ensure that Participant's minimum length of employment is 3 weeks and maximum is 3 months.
- Ensure that pay to the participant is in accordance with State and Federal law.
- Contact Life Adventures should any emergency occur regarding the participant.
- Inform Life Adventures of any change of living arrangements as given in this agreement.
- Help the participant in getting involved in cross cultural activities as available.

### As a part of the J-1 Summer Work Travel, host company understands that:

- Participants must contact Life Adventures within 10 days of arriving to the USA.
- Participants must validate their program within 10 days of the start date on the DS-2019.
- Participants are ONLY allowed to work from the start date to the end date indicated on the DS-2019.
- Participants are NOT allowed to switch jobs or leave employment without written consent from Life Adventures.
- Participants are NOT allowed to start the second job without written approval from Life Adventures.
- Participants must notify Life Adventures within 10 days of changing housing address.
- Participants (or employers) must notify Life Adventures of the work site address changes.
- Participants must complete monthly check-ins with Life Adventures.
- The Work/Travel program is an exchange program. As such, the above-mentioned company agrees to assist, as available, to promoting opportunities for cultural exchange with US citizens.

\_\_\_\_\_  
EMPLOYER'S NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

## PARTICIPANT AGREEMENT to terms of employment

### By signing this Agreement I understand that:

- The conditions of my employment may change based on the needs of my employer and any other unavoidable circumstances such as weather or economic state.
- My visa status will be change to "Terminated" in case I do not show up to the above listed work place (unless the serious reason occurs) and I will have to leave the United States immediately.

\_\_\_\_\_  
PARTICIPANT'S NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE