CSB International Agent: _____ Participant: ID#__



Summer Work Travel Program 36 Park Avenue - Bay Shore, NY 11706 Phone: 1-877-669-0717 | Fax: 1-631-893-4547 support@csb-usa.com | www.csb-usa.com

JOB OFFER FORM

EMPLOYER SECTION

EIVIPLOTER	SECTIO	'IN																	
Corporate Regist	tered Name	•										Doing bus	siness as (dba)						
Business Type		State of Business Registration									Employer Identification Number (EIN) / Federal Tax ID			N) /					
Business License	Number –	А сору о	f the license	e must be pro	ovided at the tir	ne of vetting	3					Expiration	n Date (mm/do	d/yyyy)					
Workers Compe	nsation Insu	urance Co	ertificate – I	Besides the b	elow information	on, a copy o	f the certif	icate n	nust be provid	led at	t the time o	f vetting							
Carrier Name					Carrie	r Phone Nu	mber				-	Policy Nu	mber		E	xpiration	Date (m	m/dd/yyyy)	
ADDRESS OF EXA	ACT WORK	SITE (who	ere the part	icipant will v	work during the	program)													
City					State							Zip Code							
Address of Main	Office (if di	ifferent f	rom work si	te)															
City					State							Zip Code							
Has your compa	ny employe	d J1 part	ticipants be	fore?	□ YE	s 🗖 NO		Total	number of J1	. plac	ements ava	ailable wi	th CSB at this	location this	hiring s	eason			
Name of Owner	/Manager				<u> </u>							Company	Website Add	ess					
Primary Contact	Name				Office	Phone Num	nber				ı	Mobile N	umber						
Fax Number					Email														
						Site Phone I be at the w					ı	Email							
		rticipants	s arrive dire	ctly to their h				the Soc	cial Security N	umbe	er after arri	val and ch	neck-in with CS	iB					
Social Security A	pplication A	Assistanc	ce 🗆	YES 🗖 NO	Local	or Nearest o	office					SSA Webs	site: www.ssa	.gov					
EMPLOYMI	ENT REC	QUIRE	MENTS																
	Earliest (r	nm/dd/y	ууу)							Ear	rliest (mm/	dd/yyyy)							
START DATE*	rvisor Name (Must be e work site) I Security Number - Participation Assis PLOYMENT REQUIDENT REQUIDENT REQUIDENT REQUIDENT REQUIDENT REQUIDENT REQUIDENT REQUIDENT REQUIDENT REQUIRENT R		уу)						END DATE*	Lat	test (mm/do	d/yyyy)							
				the start da	ite on the Form	DS-2019 an	d is eligible	e to wo	ork only durin	g the	program o	lates on t	he Form DS-20	119 . These da	ites obs	serve the	limits of	his/her offic	ial summer
	•	amum or		Intermedia	ate 🗖 Advance				mber (SSN) m	ust	☐ YES	□ NO		ial Security N		(SSN) m	ust	YES □ N	n
-	qu		_ 505.0		- 7.070	b	e issued to	be be	gin working Prerequisite				be i	ssued to get	paid			- 1.25 - 1.1	
	·lc								Trerequisite	•		Cost (ii	f any): \$						
												C03t (II	i unyj. y						
		•																	
Wage per Hour	Ś		Payroll	☐ Weekly	☐ Bi-weekly ☐	1 Monthly		Tins	Available		☐ YES ☐	NO	State Mini	mum Wage (i	if great	er than fo	ederal) ne	er Hour	\$
			-	Hours that fall predominantly between			l	-	rtime Availab	No.	□ YES □			Wage per Hou			, p.		\$
					are <u>prohibited</u>		not a guara									o a busi	norr dom	and)	7
					Wage per Hour	\$	iot a guara		ning Duration		ars is gener	ai iii iiatu	Bonus Ava			ES 🗖 N		ianuj.	
		163	INO	Trailing v	wage per nour	Dress Cod	40	IIai	illig Duration	•			Bollus Ava	iiabie		ost of Un		\$	
Employer Repres	contative N	ame:				Diess coo	ue .				SIGNATU	DE	X		-	31 01 011	101111	,	
HOUSING	sentative iv	aille.									JIGNATO	NL .	Λ						
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Housing Availabi	ility —	TES 🚨	NO LI OUI	er (offered b	y third party)		Type (if	yes)	☐ Apartmen	t 🗖	Bunk house			Furnished ((ii yes)	u res	- Dasic C	Yes-full 🗆	INO
Provider Name					Email		☐ YES					Phone	1						
Are the costs list		quivaien	t to the ma	rket value of	tne area			U IN	U			C1-1-				7! CI-			
Housing Address					N		City					State				Zip Code			
Number of Bedro	ooms				Number of Ba		☐ YES □		LIMILIA	a a l m s	cluded		er of Tenants p	Specify Util	libina Ni	مد اسمار دما	a al		
					Payroll Deduc	tea			Othici	es mo	Liuded		Required						
* Note: Conorall		nonth an	Refundable		\$ Housing	a ic gonorallı	Refund		with no kitch	on ut	oncile cook	(must l	be provided)	YES			ngth	a or nurcha	o nococcitios
* Note: Generally for a healthy lifes		nonun ar	iu ueposit a	e uue upon	arrival. Housing	5 is generally	y wasic turr	nsned	with HO KITCH	en ut	erisiis COOKI	ware, iine	iis oi toweis pi	oviueu. Parti	cipants	пау пе	נט Drin	g or purcha	oe necessities
Distance to Wor	k Site (miles	s)			Transportatio	n Method	☐ Walki	ing 🗖	Provided 🗖 I	Must	arrange pe	rsonally [☐ Public	Cost per Da	ay (rour	nd trip, e	stimated)	\$	
ARRIVAL IN	ISTRUC	TIONS																	
Pick-up Availabil	lity		□YES □	NO O ther	(offered by thir	d party)	Day (if y	res)	☐ Weekday	s only	y (Monday-	Friday)	☐ Anytime		Pick-u	up Cost P	er Persor	\$	
Arrival Airport /					City							State				of Pick-	-	AM	PM
*Note: Participal (8am to 5pm) or Details (when, w	during the	weekend											n to the final d	estination. If a	a partic	ipant arr	ives outsi	ide of the b	usiness hours
After arrival, rep			Contact Na	ame			Office P	hore N	lumber					Hours of Co	ntect			AM	PM
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AREA INFORMATION

Work site is best described as:	☐ Remote ☐ Suburban ☐ Ocean ☐ Metropolitan	Nearest major city:			Distance (miles)	
Grocery Store	☐ Walking distance ☐ Transportation	Public Library		☐ Walking distance ☐ Transportation		
Post Office	☐ Walking distance ☐ Transportation	Restaurants		☐ Walking distance ☐ Transportation		
Bank	☐ Walking distance ☐ Transportation	Cultural Activities (Suggested)				

EMPLOYER COOPERATION according to the U.S. Department of State and CSB (the sponsor) regulations governing the program:

- 1. The Summer Work Travel Program is a cultural exchange program. The purpose of the program is to provide foreign college and university students the opportunity to interact with U.S. citizens, experience U.S. culture while sharing their own culture with Americans they meet, travel in the U.S. and work in seasonal jobs to help defray a portion of their expenses.
- 2. Our company wishes to participate in the Summer Work Travel Program as a third party and agrees to provide all information required by the sponsor to vet this job offer and cooperate with the sponsor, as needed. This includes, but may not be limited to, a copy of the business license and a copy of the workers compensation insurance. This is certified by the signature of the person completing the form.
- 3. Our company acknowledges that the below accepted program participant is sponsored by CSB and he/she is considered by the United States Government to be the continuing responsibility of CSB.
- 4. Our company will provide a suitable work situation for each participant, with wage and work conditions consistent with that required of the American counterparts, and in compliance with applicable federal and state law concerning employment. At minimum, participants must be compensated at the prevailing local wage, which must meet the higher of the applicable State or Federal Minimum Wage.
- 5. Our company will disclose in writing to the sponsor any fee, expense or cost that is assessed to and paid by any participant.
- 6. It is legal for participants to begin work after they applied for the Social Security Number, based on their Form DS-2019, I-94 card and receipt from SSA. For more information, please see:

http://www.ssa.gov/employer/hiring.htm and 26 CFR 3.6011(B)-2 of the I.R.S. code. Per IRS Employer Tax Guide and Publication 515, the participant, holder of a J1 Visa, is considered non-resident alien, not subject to Social Security (FICA), Medicare and Federal Unemployment (FUTA) withholding taxes.

- 7. Our company AGREES TO:
- a) Make good faith efforts to provide participants the number of hours of paid employment per week as identified on their job offers and agreed to when CSB vetted the jobs;
- b) Pay eligible participants for overtime worked in accordance with applicable State or Federal law;
- c) Notify CSB promptly when participants arrive at the work sites to begin their programs and encourage the participant to inform CSB of his/her residential address in the United States within 10 days of arriving; when there are any changes or deviations in the job placements during the participants' programs; when participants are not meeting the requirements of their job placements; or when participants leave their positions ahead of their planned departures:
- (d) Contact CSB immediately in the event of any emergency involving participants or any situations that impact their health, safety, or welfare; and
- (e) In those instances when housing or transportation is provided, agree to provide suitable and acceptable accommodations and/or reliable, affordable, and convenient transportation.
- 8. Our company CERTIFIES THAT the positions offered will not displace U.S. workers, that there have been no layoffs in the last 120 days and that there are no workers on lockout or on strike.
- 9. Our company agrees that it shall not, without the written consent of the sponsor, assign or subcontract any of its obligations hereunder.
- 10. Our company is responsible to provide the Form W-2 directly to the participant once the employment has been completed so the participant can file a tax return request with the I.R.S.
- I, the undersigned, am authorized by our company to extend job offers to the program participants. I hereby certify that the below mentioned participant has been offered employment in our company and all the details included in this job offer agreement are true to my knowledge. I also certify no employee of our company has received compensation from any party in return for offering this job offer.

EMPLOYER REPRESENTATIVE NAME (print)		Title	
SIGNATURE	X	Date	

PARTICIPANT SECTION

Participant Last Name			First Name		SIGNATURE	X
Type of Placemen	t (please check one)	☐ CSB-placement ☐ Self-placement			Date	
If Self-placement	student please state how did yo	ou find your job *(please check one)	☐ International Repre	esentative Lead 🖵 Friend Recomm	endation 🖵 Direc	tly with the Employer 🗖 Other

PARTICIPANT PROGRAM TERMS: (valid for all job offers) - The participant is fully responsible for reading thoroughly, understand and ask clarifications and/or additional information prior to signing.

- 1.1 will participate in the program only during my official university summer vacation, up to a maximum of 4 (four) months. The program cannot be extended
- 2. I am eligible to work solely within the program dates specified on my Form DS-2019, not earlier and not later.
- 3. If no earlier departure is indicated on my I-94 card, I will leave the United States upon completion of my program, on time for the first day of school and no later than 30 (thirty) days (otherwise known as the "grace period") after the end date listed on the Form DS-2019. I am not authorized to work during the grace period however I can enjoy travel opportunities.
- 4. I must **report directly to my primary site of activity according to my Form DS-2019 start date and respecting the arrival instructions, no later than 3 (three) business days after the start date on the form. I may arrive no more than a week prior to the start date on my form and if so, I must report directly to my primary site of activity within 3 (three) days of my arrival in the United States. Failure to report to my primary site of activity on time or at all will lead to my programs being "Terminated" and I will be required to return home within 48 (forty-eight) hours.**
- 5. I am in the agreement that I will work in this site of activity throughout the entire period covered by my Form DS-2019, unless otherwise noted. Should I must leave the program earlier than scheduled, I must contact CSB and the employer for permission (in writing). If I leave without permission (in writing) from CSB, my program will be "Terminated" and I will be required to return home within 48 (forty-eight) hours.
- 6. I understand that it may take up to 7 (seven) business days before I begin working and that my exact location, position, duties and responsibilities may vary during the period of my employment, due to arrival date, position availability, English level, skills required, weather conditions and other events out of the employer's control. This timeline may be longer if my employer requires that I have my Social Security Number issued before I start working.
- 7. The job title, compensation and expenses of my position are specifically detailed in the job offer agreement I must sign.
- 8. I understand that the job offer agreement could partially or entirely change prior to my arrival or during the program, including, but not limited to details about the job, housing, deposit and other conditions. The terms are general in nature and not a guarantee. The employee position, more hours, overtime, tips are not firm or irrevocable, and may be subject to change or revocation.
- 9. I must have permission (in writing) from CSB in order to change my primary job (site of activity). This includes my wish to quit. CSB must investigate any claim before taking a decision. If I leave without permission (in writing) from CSB, my program will be "Terminated" and I will be required to return home within 48 (forty-eight) hours.
- 10. I am an employee at-will like my American counterparts. The job offer could be revoked prior to or during my program, for reasons not prohibited by law or out of the employer's control such as low business demand, weather, etc. Should my position or conditions of employment be revoked, CSB will assist me in finding alternative employment, but CSB makes no guarantee that it will be successful and that it can find a similar job, with similar conditions in a similar location.
- 11. If I am fired from my job for any specific reason concerning my attitude, performance or actions, I must notify CSB within 5 (five) days. I not be allowed to continue my program and I may be asked to return immediately home at my own expense.
- 12. Most of the pre-arranged jobs include shared housing and I should expect the basics. I will be required to bring or purchase items necessary for a healthy lifestyle (for example, linens, towels, kitchen utensils and cookware). If I am placed in a site that provides and/or assists with housing, It is recommended to use this housing facility for the duration of my program as the employer might have made a financial commitment to the housing site. If I am placed in a site that does not provide housing, I must carefully read and sign the "NO Housing Form" provided to me by CSB before accepting the job offer, as I will be required to locate housing on my own and submit a proof of my housing address with at least 15 (fifteen) business days prior to my arrival in the United States ("Housing Arrangement Form").
- 13. It is solely my responsibility to cover the transportation expenses while in the program, including but not limited to arriving in/departing from the United States and transportation to and from work.
- 14. I must bring a minimum of \$800 pocket money to support myself once I arrive in the United States. This amount is exclusive of the housing expenses (first month rent and housing deposit) and transportation. It may take up to 3 (three) weeks until the first paycheck will be issued.
- 15. I have completed a budget sheet based on the job offer and I have made an accurate assessment on how much money is left after I pay taxes and all my daily living expenses. I may need additional funds.
- 16. I will observe and obey all United States federal, state and local laws. If I break the law, I understand that CSB will not be able to help me and I will be "Terminated" from my program and I will be required to return home within 48 (forty-eight) hours.
- 17. I will respect all CSB and the United States Department of State Program rules, in regards with my employment and program participation, including the rules of conduct required by the employer.
- 18. It is in my best interest and my full responsibility to keep a copy of all documents I sign and I am responsible for keeping them in my possession during my stay in the United States
- 19. I have willingly and carefully read this job offer. I understand, agree and meet all qualifications and accept the job offer with all conditions herein.

International Representative (company name)		Contact Name (print)						
SIGNATURE	X	Date						

*Note: CSB does not allow job placement via third parties (e.g. websites, placement agencies, etc.)

International Representative Stamp (here)