

SIGNATURE SERVICES

FOOD SERVICE MANAGEMENT

Summer Work Travel Job Placement Verification Form

| Sponsor Information | | |
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| Name of Sponsor: Signature Services Corporation | Phone/Fax Number: Phone: 214-353-2661 Fax: 214-353-4847 | |
| Name of Contact Person: Nancy Crouch; Gary Brown; Maci Young | Email Address: nancy@signatureservices.com ; gary@signatureservices.com maci@signatureservices.com | |
| Participant Information | | |
| Exchange Visitor (First, Last): | Email Address: | |
| Current Address: | City/State: | Zip Code: |
| Social Security number (previous participants): | Mobile Phone: | |
| Actual Job Site Information | | |
| Name of Employer: | | |
| Address of primary job site: | City/State: | Zip Code: |
| Address of additional sites students may work: | | |
| Address of additional sites students may work: | | |
| Description of Company: | | |
| Corporation Website (if any): | | |
| Google Map Image of Premises Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Supervisors Name (First, Last) | | |
| Job Site Telephone Number: | Mobile Phone Number of Supervisor: | |
| E-mail Address: | | |
| Job Description: | | |
| Program Start Date (mm-dd-yyyy): | Program End Date (mm-dd-yyyy): | |

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| Compensation: Hourly <input type="checkbox"/> Salary <input type="checkbox"/> | | Tips: | State Min Wage: |
| Amount: | | | |
| Other (explain): | | | |
| Is overtime available: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Is overtime paid at a higher rate? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| | | Overtime rate: | |
| Estimated hours of work per week (must average a minimum of least 32 hrs throughout the program): | | | |
| When can the participant start work? | | | |
| <input type="checkbox"/> Participant may start once they have applied for Social Security Card. | | | |
| <input type="checkbox"/> Participant must have applied for Social Security Card and be able to provide receipt verifying application to start working. | | | |
| <input type="checkbox"/> Participant must provide Social Security Card to start working | | | |
| First paycheck is received after how many weeks on schedule: | | | |
| Frequency of paycheck thereafter: | | | |
| How will participant receive final paycheck? (e.g. while in the U.S, mailed to home country, etc.) | | | |
| Is job training required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Is a drug screening required? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Is job training paid? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Uniform Grooming Standards | | | |
| Are uniforms required? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Cost of uniform: | |
| Please list uniform details and grooming standards: | | | |
| Meals | | | |
| Do participants receive any meal benefits? Check all that apply: | | | |
| <input type="checkbox"/> Full meal plan- Cost per day: | | <input type="checkbox"/> Lunch- Cost per day: | |
| <input type="checkbox"/> Breakfast- Cost per day: | | <input type="checkbox"/> Dinner- Cost per day: | |
| Is the purchase of a meal plan necessary? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

| Housing information | |
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| Is housing provided? Yes <input type="checkbox"/> No <input type="checkbox"/> | Is participant required to sign housing agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Type of housing: House <input type="checkbox"/> Apartment <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other <input type="checkbox"/> If other, provide details: | |
| Cost of housing per week: | Does weekly cost include utilities? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Estimated weekly cost of utilities: | |
| How is rent collected? Cash paid to employer: <input type="checkbox"/> Cash paid to landlord: <input type="checkbox"/> Payroll deduction <input type="checkbox"/> Other: <input type="checkbox"/> If other, provide details: | |
| Frequency of rent collection: Once per week <input type="checkbox"/> Every two weeks <input type="checkbox"/> Once a month <input type="checkbox"/> | |
| Is deposit required? Yes <input type="checkbox"/> No <input type="checkbox"/> | Deposit Amount: _____ When is deposit due: _____ |
| Is deposit refundable: | When is deposit refunded: |
| Who is responsible for refund: | How is deposit refunded: |
| List reason deposit might not be refunded: | |
| Is any part of the rent required to be paid prior to arrival: Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, how much: _____ |
| If yes, when is this amount paid? | |
| How will the housing deposit and any pre-paid rent be refunded if the participant withdrawals from the program prior to arrival or if he/she is denied at the U.S Consulate? | |

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| Address of all available housing options: (include city, state, and zip code) | |
| How many participants per bedroom: | How many participants per bathroom: |
| Do you offer coed housing? Yes <input type="checkbox"/> No <input type="checkbox"/> | Are cooking facilities available within housing unit? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Does housing contain the following amenities? If you provide multiple housing options, check only those that apply to ALL housing options: | |
| Cable TV <input type="checkbox"/> Telephone <input type="checkbox"/> Heating/Air condition <input type="checkbox"/> Bedding (sheets, blankets, pillows) <input type="checkbox"/> Towels <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher <input type="checkbox"/> Kitchen utensils/pots and pans <input type="checkbox"/> Microwave <input type="checkbox"/> Dining table/chairs <input type="checkbox"/> Laundry facilities <input type="checkbox"/> Couch <input type="checkbox"/> Stove/Oven <input type="checkbox"/> Single beds <input type="checkbox"/> Double beds <input type="checkbox"/> Bunk beds <input type="checkbox"/> Air mattress <input type="checkbox"/> Free Wi Fi or internet <input type="checkbox"/> Computer <input type="checkbox"/> | |
| Additional housing amenities: | |
| Cost of amenities: | |
| Please include pictures of all housing options available. Also include copies of housing agreements. | |
| Transportation Information | |
| Nearest airport: | Nearest bus station: |
| Is transportation from airport/bus station provided by employer: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Method of transportation from housing to work site: | |
| <input type="checkbox"/> Transportation not provided <input type="checkbox"/> Walking distance (without crossing major highways) <input type="checkbox"/> Public transportation required and available Cost and details: <input type="checkbox"/> Transportation provided by employer Cost and details: | |

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| Distance from housing to work site: |
| Is housing within walking distance of a grocery store? Yes <input type="checkbox"/> No <input type="checkbox"/> Distance: |
| Is housing within walking distance of shopping facilities? Yes <input type="checkbox"/> No <input type="checkbox"/> Distance: |

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| Social Security Information |
| Where is the nearest Social Security Office: |
| Is Social Security application assistance provided: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes, provide details on assistance provided: (e.g. transportation to SS office, SS on work site, etc.) |
| Additional Information |
| Any additional details which would help the participant to have a realistic expectation of the job and housing: |

Include any agreements the participant would sign upon arrival

Job Offer 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; may be fined under this title or imprisoned not more than 5 years, or both."

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)
- 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 Form; and (3) in the event of any emergency involving a summer work travel participant.
- 4. I will send sponsor copies of workers compensation, EIN and any supporting documents required
- 5. No monetary payment or incentives were provided to the employer to hire the participant
- 6. I am authorized to sign this agreement to offer employment to the participant

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| Employer's Printed Name | Employer's Signature | Date |
|-------------------------|----------------------|------|

Participant: _____

Participant – I certify the following:

- 1. I have sufficient finances to support myself to pay deposits, rent and other incidentals during my stay in the United States
- 3. At a minimum, I will maintain a monthly schedule of contact with my sponsor
- 4. I must report and work at this job offer I have signed
- 5. I must confirm my employment and living address within 5 days of arrival into the United States;
- 6. I accept the job offered to me and agree to perform the tasks to the best of my ability.
- 7. If available housing is indicated, it is my responsibility to confirm with my local representative or Signature Services to ensure that all necessary steps have been taken to secure housing. Signing this document does not secure or reserve housing.

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| Participant's Printed Name | Participant's Signature | Date |
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Sponsor: Signature Services

I certify as the sponsor that the attached Job Placement Verification is approved.

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| Sponsor's Printed Name | Sponsor's Signature | Date |
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