_ 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

EM			

EMPLOYER SEC	IION																
Corporate Registered	Name										ness as (dba)						
Business Type				of Business stration						Employer Identification Number (EIN) / Federal Tax ID							
Business License Num	ber – A copy o	of the licens	se must be pr	ovided at the t	ime of vetting					Expiration	Date (mm/dd	l/yyyy)					
Workers Compensatio	n Insurance C	ertificate –	Besides the b	pelow informat	ion, a copy of	the certifi	cate m	nust be provide	d at the time	of vetting							
Carrier Name				Carri	er Phone Num	ber				Policy Num	ber		Expi	ration Dat	e (mm/de	d/yyyy)	
ADDRESS OF EXACT W	ORK SITE (wh	ere the par	rticipant will v	work during th	e program) -)												
City				State						Zip Code							
Address of Main Office	e (if different f	rom work s	site) >														
City				State						Zip Code							
Has your company em	ployed J1 par	ticipants be	efore?	□ YI	ES 🗖 NO		Total n	number of J1 p	lacements av	ailable with	CSB at this lo	ocation this hi	iring sea	son			
Name of Owner/Mana	nger									Company V	Vebsite Addr	ess					
Primary Contact Name	•			Offic	e Phone Num	ber				Mobile Nu	mber						
Fax Number				Emai	I												
Supervisor Name (Musbe at the work site)				(Mus	Site Phone Notes the wo	rk site)				Email							
Social Security Number Social Security Applica			ectly to their I I YES 🔲 NO					cial Security Nu			eck-in with CS	SB					
EMPLOYMENT				2000				.5 0071 11020110									
START DATE*	est (mm/dd/y	ууу)						END DATE*	Earliest (mm/								
* <u>Note</u> : The participan vacation period, up to			to the start da	ate on the Forr	n DS-2019 and	l is eligible	to wo	ork only during	the program	dates on th	ne Form DS-20	019. These da	tes obse	rve the limi	ts of his/	her offici	al summer
Social Security Number	r (SSN) must l	be issued to	o be begin wo	orking			☐ YES	s 🗖 NO	Social Se	curity Numb	oer (SSN) mus	st be issued to	get paid	i	☐ YES	□ NO	
Skills Required								Prerequisites									
Physical Demands										Cost (if	any): \$						
JOB INFORMAT	TION																
Offer made to (partici	pant name)	Prerequisites Cost (if any): \$															
Job Title for Participar	t							A PARTICIPAN	IT SIGN HERE		X						
Job Description																	
Wage per Hour \$		Payroll					Tips	Available	☐ YES ☐	□ NO	State Minin	num Wage (if	greater	than federa	al) per Ho	ur	\$
Minimum Hours per V			10pm – 6am	all predominar are <u>prohibited</u>	<u>i</u>			rtime Available				Vage per Hour					\$
* <u>Note</u> : It should be m						t is not a g	1		er of hours is	general in r		-			iness der	nand).	
Is Training Paid	☐ YES ☐ I	NO	Training W	lage per Hour	\$		Train	ning Duration			Bonus Avai	lable	☐ YES				
Bonus Policy					Dress Code	•				.,			Cost	of Uniform	1	\$	
Employer Representat	ive Name:						للنظو	EMPLOYER SI	JN HEKE	X							
HOUSING						_ "	,	☐ House ☐ I	Dorm Style	l Hotel/Mo	tel						
Housing Availability	LI YES LI	NO 🗕 Oth	er (offered by			Type (if y		■ Apartment		use		Furnished (i	if yes)	☐ Yes – ba	isic 🖵 Y	es-full 🖵	No
Provider Name				Email		D v	¬ · · ·			Phone							
Are the costs listed be	iow equivalen	it to the ma	arket value of	tne area		YES	■ NO	J		C+-/				n Ca -1-			
Number of				Number of Ba	athrooms	City				State	r of Tenants p	er Room	ZI	p Code			
Bedrooms Cost per Week*				Payroll Dedu	cted	☐ YES ☐) NO	Utilities	Included	☐ YES	□ NO	Specify Utili	ities Not	Included			
Housing Deposit	\$	Refundabl	le Amount	\$		Refund P	olicy			Lease Re	equired	□ YES □	NO	Length			
* Note: Generally, the for a healthy lifestyle.					ng is generally		•	with no kitcher	n utensils coo		e provided) is or towels p			_		purchase	necessities
Distance to Work Site	(miles)			Transportation	on Method	☐ Walkii	ng 🗖	Provided 🗖 I	Must arrange	personally	☐ Public	Cost per Da	y (round	trip, estim	ated) \$		
ARRIVAL INSTR	UCTIONS	5										1					
Pick-up Availability		□YES □	NO 🗆 Other	(offered by thi	rd party)	Day (if ye	ıs)	☐ Weekdays	only (Monda	y-Friday) [☐ Anytime		Pick-up	Cost Per P	erson \$		
Arrival Airport / Statio	n			City						State			Hours o	f Pick-up	-	M	PM
* <u>Note</u> : Participants sh (8am to 5pm) or during Details (when, where,	the weekend										to the final d	estination. If a	a particip	ant arrives	outside	of the bus	iness hours
After arrival, report to		Contact N	ame			Office Ph	one N	lumber				Hours of Co	ntact		A	M	PM



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AREA INFORMATION

Work site is best described as:	☐ Remote	☐ Suburban ☐ Ocean ☐ Metropolitan	Nearest major city:		Distance (mil			
Grocery Store	☐ Walking	distance 🗖 Transportation	Public Library	☐ Walking distance ☐ Transportation				
Post Office	☐ Walking	distance 🗖 Transportation	Restaurants	estaurants				
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 exhange 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 ossistent 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, 1-94 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 participants in the United States within 10 days of arriving: when there are any changes or deviations i								

PARTICIPANT SECTION

PARTICIPANT	Last Name			First Name		A PARTICIPANT SI	GN HERE	X
Type of Placement (please check one)		☐ CSB-placement ☐ Self-placement				Date		
If Self-placement student please state how did you find your job *(please check one)					☐ International Representative I	Lead Friend Recor	nmendation 🖵 D	irectly 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. I 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.
- 4.1 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)	
△ AGENCY SIGN HERE	X	Date	

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