

**J1 SUMMER WORK TRAVEL PROGRAM
Employment Agreement**



ACIES
A CULTURAL EXCHANGE SERVICE

Please provide employment details below (attach additional sheets and/or forms as needed). This employment offer is conditioned upon receipt and approval of the Employer's seasonality survey, business license and workers compensation policy and the Participant's receipt of a valid J1 visa with authorization to work in the United States of America ("US"). This employment offer is valid only during the dates listed below or as amended on Form DS2019 as approved by the J1 Sponsor and the US State Department.

This Employment offer is extended to _____
Name of Participant

Company Name: _____ Website: _____

Company Address: _____
(If different from employment address) STREET CITY STATE ZIP CODE

Job Title: _____ Job Begin Date: _____ Job End Date: _____

Brief Job Description/Duties: _____

Employment Address: _____
STREET CITY STATE ZIP CODE

Employee Supervisor: _____
NAME TITLE

TELEPHONE E-MAIL

Wage per hour: _____ (excluding tips and/or bonuses) Avg # of hours to be worked per week: _____ (Minimum 32)

Payroll Remittance: Weekly Bi-weekly Semi-Monthly Monthly

Can weather affect work schedule? No Yes

Overtime Opportunity: No Yes

Bonus/Commission: No Yes

Uniform/Dress Code: No Yes (If Yes, please describe below)

HOUSING:

Is Housing Provided: No Yes (If Yes, Housing Addendum and/or Leasing Agreement must be attached.)

ARRIVAL AND TRANSPORTATION DETAILS:

Nearest Airport: _____ Airport Code: _____ Nearest Train and/or Bus Station: _____

Employer provides transportation upon arrival? No Yes (If Yes, please list details below and include any specified date and time frames, cost, contact person, and any other procedural information)

Employer provides transportation to and from work site? No Yes (If Yes, please describe below and include details and costs)

STAFF DETAILS:

Total # of staff expected at site location _____ Total # of J1 participants expected at site location _____

Authorized Officer: _____
NAME TITLE

TELEPHONE E-MAIL

The J1 summer work travel program is an Exchange Visitor program with the intent to provide international college students a cultural exchange opportunity with employment permitted to offset living expenses and program costs. Participants with a J1 visa may only work during their university summer break and within designated program dates determined by their home country with a maximum program duration maximum of 4 months. A Participant that successfully completes his/her work assignment with an Employer may travel within the US for up to an additional 30 day grace period within the designated program dates of their home country or in time to begin the first day of university classes, whichever comes first. The Participant is only allowed to work during the dates detailed in Section 3 of an approved Form DS2019 issued by the US Department of State through the designated processor ("Sponsor"). The program regulations do not allow for any visa extensions beyond the designated program dates. The sponsor requires mandatory completion of evaluations by the Participant and the Employer. By signing this agreement, the Employer and Participant agree to abide and collaborate with designated Sponsor: A Cultural Exchange Service ("ACES") to remain compliant with all US, state and/or local government laws and/or regulations.

HOST EMPLOYER:

I acknowledge that in offering this employment to a J1 international exchange visitor, I will be taking part in a public diplomacy program. I will treat the participant with respect, and will promote cultural exchange opportunities. This Employment Agreement has been offered to the Participant in good faith. I hereby attest that all the information provided herein is true and accurate and I agree to fulfill the obligations as set forth herein, or as may be required by law. I understand that the participant is relying on the terms of this employment offer to cover living expenses and agree to honor this employment offer as outlined for the full term of the contract. I understand that if there is any reason or cause to modify, rescind or cancel this job offer, I must contact the sponsor immediately.

As an authorized officer of the Employer, I understand that I must provide the Sponsor with required vetting documentation and be approved as a host employer before this Employment Offer can be verified and approved. I understand that the participant is not legally able to begin work before this Employment Offer is approved and violation of this will result in the Participant's termination of the program and may negatively affect the Employer's ability to be a host employer to other Exchange Visitors. I understand, as a host employer I must inform ACES immediately if the Participant does not show up by the start date or leaves before the end date as stated on an approved form DS2019 and if there are any issues or concerns with their employment performance, their health or general well-being.

PRINTED NAME OF AUTHORIZED OFFICER	TITLE	SIGNATURE	DATE (MM/DD/YYYY)
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J1 PARTICIPANT:

As the named Participant, I have thoroughly read this Employment Agreement and Housing Addendum (where applicable). I fully understand the program terms and conditions and I understand that ACES is obligated to cancel or terminate my program if I do not comply with all rules and responsibilities as outlined in the terms and conditions and pre-departure orientation.

I understand that this host employer must be vetted and approved before the employment offer can be approved and before I can begin work. I accept this employment offer as outlined and my obligation to fill the role and perform all duties outlined herein, or as the employer requires, to the best of my ability for the full term of this offer. I understand that all new work environments take time to acclimate and I agree to communicate any concerns with my immediate supervisor and my sponsor when necessary to successfully fulfill this contract. Failure to fulfill my obligations herein, without cause and/or without endeavoring to resolve issues, and without communication and approval from my sponsor may result in the cancellation and/or termination of my program.

I understand that ACES is my designated Sponsor and hereby sponsors me to work ONLY for the named Employer at the site specified on this Employment Offer. A change of Employer and/or site can only be made with the agreement of Employer and/or with the written approval of ACES. I understand that I must inform ACES immediately of any changes in site location or employment position (even within the same Employer) or status, including termination. Accepting secondary employment is permitted but only with the written consent of the Employer and following Sponsor Employer Vetting and approval. I understand that if I accept secondary or alternate employment without sponsor approval, my visa will be immediately terminated and I will have to return home immediately.

I understand that while eligible to work effective the Start Date in this Employment Offer and in Section 3 of an approved Form DS2019, there may be delays in the effective start date and/or payroll due to training requirements and/or government filing requirements such as social security as may be determined by the Employer from time to time. I hereby attest that I have at least \$1,200.00 USD, over and beyond expected rent and housing deposit, accessible to me to cover my expenses for travel to and from my employment site, food, utilities and other unforeseen expenses that may be incurred until I receive my first pay check.

I agree not to work beyond the End Date in Section 3 of an approved Form DS2019. I understand that the Employer can terminate my Employment Agreement at any time without prior notice and for any reason not prohibited by law. I understand that if I choose not to arrive to work with my Employer by the Start Date in Section 3 of an approved Form DS2019, that I may not have a position available at a later date. I promise that I will fulfill my obligations as set forth herein and keep a copy of this contract and all other program papers on my person at all times while residing in the US.

PRINTED NAME OF PARTICIPANT	SIGNATURE	DATE (MM/DD/YYYY)
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J1 SUMMER WORK TRAVEL PROGRAM
Housing Addendum



ACES
A CULTURAL EXCHANGE SERVICE

Where housing is provided or assisted by the Employer, we ask that housing details are provided in advance for Participants to review and consider. This housing addendum outlines housing details offered to the Participant.

Location:

Street Address: _____
Address Line 2: _____
City: _____ State: _____ Zip: _____

Distance to host employment: _____ Distance to town or city: _____
Is transportation provided by host employer? No Yes: _____ Cost: \$ _____
Public transportation options & costs: _____

Housing Contact Person:

Name: _____ Email: _____ Telephone: _____

Housing/Unit Type:

____ House ____ Apartment ____ Condo Approx # of people per unit _____

Room Type:

____ individual room ____ shared room ____ dormitory Approx # of people per room _____

Bed Type:

____ single bed ____ bunk bed ____ double bed ____ air mattress ____ other: _____

Amenities Included:

____ bedding ____ towels ____ drawers/closet ____ heating/air conditioning ____ microwave ____ refrigerator ____ stove/oven
____ plates/dishes/utensils ____ kitchen supplies ____ table & chairs ____ laundry facilities

Utilities Included:

____ Internet ____ Water ____ Sewage ____ Electricity ____ Cable ____ Phone ____ Other: _____

Costs:

Deposit Required No Yes Deposit Amount: \$ _____
Is deposit refundable? No Yes Refundable Amount: \$ _____ Refund date: _____

For what reason/s is deposit not refunded: _____

Cost of rent \$ _____ per (day/week/month) Cost of utilities (if not included in rent) \$ _____

When and how is rent collected: _____

Agreement:

Is participant required to stay at provided housing? No Yes: _____
If employment is terminated, is this housing agreement terminated? No Yes:
Is participant required to sign a housing agreement? No Yes (If yes, please attach housing agreement)

Participant Confirmation:

I accept the housing terms as outlined above:

PRINTED NAME OF PARTICIPANT

SIGNATURE

DATE (MM/DD/YYYY)