

J1 SUMMER WORK TRAVEL PROGRAM

Employment Agreement

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.

Company Name: _____ Website: _____

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

This Employment offer is extended to _____
Name of Participant

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

Brief Job Description/Duties: _____

Required Skills or Physical Demands: _____

Employment Address: _____
STREET CITY STATE ZIP CODE

Employee Supervisor: _____
NAME TITLE
TELEPHONE E-MAIL

Pay Rate: _____ (excluding tips and/or bonuses) Estimated Hours: _____ (Minimum 32)

Payroll Remittance: Weekly Bi-weekly Monthly End of Contract
Can weather affect work schedule? No Yes Please explain: _____
Overtime Opportunity: No Yes Overtime Pay Rate: _____
Bonus/Commission: No Yes Bonus/Commission conditions: _____
Is training required: No Yes Are training hours paid: _____
Uniform/Dress Code: No Yes (If Yes, please describe below). Cost to Participant: _____

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)

SOCIAL SECURITY:

Does employer provide transportation to social security office? _____ Is there a transportation fee? _____

Nearest social security office: _____

STAFF DETAILS:

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

Authorized Officer: _____
NAME TITLE
TELEPHONE E-MAIL

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Housing Addendum

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: _____

Is Housing Located On-Site: No Yes If No, please provide the following information:

Distance to host employment: _____ Distance to town or city: _____

Is transportation provided by host employer? No Yes: _____ Cost: \$ _____

Public transportation options & costs: _____

Housing/Unit Type: ___ House ___ Apartment ___ Condo ___ Cabin ___ Tent Approx # of rooms 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:

Is housing offered free of cost? No Yes If No, please provide the following information:

Is 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)

Rental Payments are made (weekly/two weeks/monthly/other) _____

When and how rent is collected: _____

Are there late fees? No Yes Late Fee Amount: \$ _____ When do late fees apply? _____

Are advanced payments required No Yes Explanation: _____

Cost of utilities (if not included in rent) \$ _____

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)

Housing Contact Person:

Name: _____ Email: _____ Telephone: _____

PRINTED NAME OF LANDLORD/HOUSING CONTACT

SIGNATURE

DATE (MM/DD/YYYY)