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:			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:		CITY	,	STATE	ZIP CODE
Employee Supervisor:		CIT.		SIAIL	ZIF CODE
Employee Supervisor.	NAME			TITLE	
TELEPHONE			E-MAIL		
Pay Rate:(excluding	g tips and/or bo	onuses) Estin	nated Hours:	_(Minimum 32)	
Payroll Remittance: Can weather affect work schedule? Overtime Opportunity: Is this a tipping position? Bonus/Commission: Is training required: Uniform/Dress Code:	☐ No	Yes Plo Yes Or Yes Ex Yes Bo	e training hours paid:	ditions:	
HOUSING: Is Housing Provided: □ No □	Yes (If Yes, Housin	g Addendum and/	or Leasing Agreement must be o	attached.)	
ARRIVAL AND TRANSPORTATION DETA Nearest Airport: Employer provides transportation upon and any other procedural information)	Airport (
SOCIAL SECURITY: Does employer provide transportation t Nearest social security office:				portation fee?	
STAFF DETAILS: Total # of staff expected at site location		_Total # of J1	participants expected	d at site location	
Authorized Officer:	NAME			TITLE	
TELEDHONE	IVAIVIE		E MAII		
TELEPHONE			E-MAIL		

PROGRAM OVERVIEW:

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 who successfully completes his/her program 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 may require completion evaluations by the Participant and the Employer. By signing this agreement, the Employer and Participant agree to abide and collaborate with designated Sponsor 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. Unless conduct requires, two-week notice of termination of employment is required.

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 <u>before</u> 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 the Sponsor immediately if the Participant does not show up by the start date or leaves before the end date as stated on an approved Forms 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)

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 my Sponsor is obligated to end my program early 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 the employment offer approved by my Sponsor 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 give at least 2-weeks to get used to new routines and new environments. 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 an early end and/or termination of my program.

I understand that once my Sponsor has approved my employment, I may ONLY work for the named Employer at the site specified on this Employment Offer and indicated on my Forms DS2019. A change of Employer and/or site can only be made with the agreement and written approval of my Sponsor. I understand that I must inform my Sponsor 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 <u>only</u> with the written consent of the Employer <u>and</u> following Sponsor Employer Vetting and approval. I understand that if I accept secondary or alternate employment without Sponsor approval, my visa will be terminated, and I will have to return home immediately.

I understand that while eligible to work within the program dates outlined in Section 3 of an approved Forms 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 determined and required by the Employer from time to time. I hereby attest that I have at least \$1,200.00 USD, over and beyond expected housing deposit and two-weeks of rent, 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 Forms DS2019. I understand that the Employer can terminate my Employment Agreement at any time without prior notice for cause where employment standards were violated and/or where remedy is not possible. I understand that if I choose not to arrive to work with my Employer by the Start Date in Section 3 of an approved Forms 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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Housing Addendum (if applicable)

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:			Zip:
Is Housing Located On-Site: ☐ No ☐ Yes If No Distance to host employment: Is transportation provided by host employ Public transportation options & costs:	, please provide the followir Distance to town er? \(\) No \(\) Yes:	ng information: or city:	Cost: \$
Housing/Unit Type: House Apartment			
Room Type: individual room shared roo	om dormitory	Approx # o	of people per room
Bed Type: single bed bunk bed do			
Amenities Included: bedding towels refrigerator stove/oven plates/dish Utilities Included: Internet Water	nes/utensilskitchen su	pplies table &	chairs laundry facilities
Costs: Is housing offered free of cost?	Deposit Amount: \$ Refundable Amount: \$:weeks/month) reeks/monthly/other) Amount: \$ Whe Yes Explanation:	Refund dat	te:
Agreement: Is participant required to stay at provided housing?			
If employment is terminated, is this housing agreem Is participant required to sign a housing agreement			ase 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:	Tele	ephone:
PRINTED NAME OF LANDLORD/HOUSING CONTACT	SIGNATURE		DATE (MM/DD/YYYY)