

# 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: \_\_\_\_\_  
Is this a tipping position?  No  Yes Explanation: \_\_\_\_\_  
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 (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: \_\_\_\_\_ 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/two weeks/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: \_\_\_\_\_

Are utilities included in rent payment?  No  Yes If no, what is the cost of utilities \$ \_\_\_\_\_

### 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)