



JOB OFFER FORM (IN COUNTRY)

EMPLOYER SECTION

Corporate Registered Name		Doing business as (dba)	
Business Type	State of Business Registration	Employer Identification Number (EIN) / Federal Tax ID	
Business License Number – A copy of the license must be provided to CSB		Expiration Date (mm/dd/yyyy)	
Workers Compensation Insurance Certificate – Besides the below information, a copy of the certificate must be provided to CSB			
Carrier Name	Carrier Phone Number	Policy Number	Expiration Date (mm/dd/yyyy)
Employer Complete Main Address			
City	State	Zip Code	
Address of Exact Work Site (if different from above)			
City	State	Zip Code	
Has your company employed J1 participants before?		Total number of J1 placements available with CSB at this location this hiring season	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Owner/Manager	Company Website Address		
Primary Contact Name	Office Phone Number	Mobile Number	
Fax Number	Email		
Supervisor Name	Office Phone Number	Email	

EMPLOYMENT REQUIREMENTS

START DATE*	Earliest (mm/dd/yyyy)	END DATE*	Earliest (mm/dd/yyyy)
	Latest (mm/dd/yyyy)		Latest (mm/dd/yyyy)

* Note: The participant is eligible to work only during the program dates on the Form DS-2019.

JOB INFORMATION

Job Title		Job Description	
Wage per Hour	\$	Payroll	<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
		Hours that fall predominantly between 10pm – 6am are prohibited.	
Minimum Hours per Week*		Overtime Available	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Overtime Wage per Hour	
		\$	
* Note: It should be minimum 30 (thirty) hours, if the main job. The number of hours is estimated, it is not a guarantee. The number of hours is general in nature and may be subject to change (e.g. business demand).			
Is Training Paid	<input type="checkbox"/> YES <input type="checkbox"/> NO	Training Wage per Hour	\$
Bonus Policy		Training Duration	
		Bonus Available	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Dress Code	
		Cost of Uniform	\$

HOUSING

Housing Availability	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other (offered by third party)	Type (if yes)	<input type="checkbox"/> House <input type="checkbox"/> Dorm Style <input type="checkbox"/> Hotel / Motel
Provider Name	Email		<input type="checkbox"/> Apartment <input type="checkbox"/> Bunk house
Are the costs listed below equivalent to the market value of the area		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Housing Address	City	State	Zip Code
Number of Bedrooms	Number of Bathrooms	Number of Tenants per Room	
Cost per Week*	Payroll Deducted	<input type="checkbox"/> YES <input type="checkbox"/> NO	Utilities Included
			<input type="checkbox"/> YES <input type="checkbox"/> NO
Housing Deposit	\$	Refundable Amount	\$
		Refund Policy	
		Lease Required	<input type="checkbox"/> YES <input type="checkbox"/> NO
		Length	
* Note: Generally, the first month and deposit are due upon arrival. Housing is generally basic furnished with no kitchen utensils cookware, linens or towels provided. Participants may need to bring or purchase necessities for a healthy lifestyle.			
Distance to Work Site (miles)	Transportation Method	<input type="checkbox"/> Walking <input type="checkbox"/> Provided <input type="checkbox"/> Must arrange personally <input type="checkbox"/> Public	Cost per Day (round trip, estimated)
			\$

EMPLOYER COOPERATION

 according to the U.S. Department of State and CSB (the sponsor) regulations governing the program:

- The Summer Work Travel Program is a cultural exchange 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.
- 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 is certified by the signature of the person completing the form.
- 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.
- Our company will provide a suitable work situation for each participant, with wage and work conditions consistent 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.
- It is legal for participants to begin work after they applied for the Social Security Number, based on their Form DS-2019, I-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 IRS code. Per IRS Employer Tax Guide and Publication 515, the participant, holder of a J1 Visa, is considered non-resident alien, not subject to Social Security (FICA), Medicare and Federal Unemployment (FUTA) withholding taxes.
- Our company AGREES TO:
 - Make good faith efforts to provide participants the number of hours of paid employment per week as identified on their job offers and agreed to when CSB vetted the jobs;
 - Pay eligible participants for overtime worked in accordance with applicable State or Federal law;
 - Notify CSB promptly when there are any changes or deviations in the job placements during the participants' programs; when participants are not meeting the requirements of their job placements; or when participants leave their positions ahead of their planned departures;
 - Contact CSB immediately in the event of any emergency involving participants or any situations that impact their health, safety, or welfare; and
 - In those instances when housing or transportation is provided, agree to provide suitable and acceptable accommodations and/or reliable, affordable, and convenient transportation.
- Our company CERTIFIES THAT the positions offered will not displace U.S. workers, that there have been no layoffs in the last 120 days and that there are no workers on lockout or on strike.
- Our company agrees that it shall not, without the written consent of the sponsor, assign or subcontract any of its obligations hereunder.
- I, the undersigned, am authorized by our company to extend job offers to the program participants. I hereby certify that the below mentioned participant has been offered employment in our company and all the details included in this job offer agreement are true to my knowledge. I also certify no employee of our company has received compensation from any party in return for offering this job offer.

Employer Representative Name (print)	Title	Signature	Date (mm/dd/yyyy)
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PARTICIPANT SECTION

PARTICIPANT TERMS – The participant is fully responsible for reading thoroughly, understand and ask clarifications and/or additional information prior to signing.			
1. I understand that this job offer is not valid unless vetted and approved by CSB in writing. This job offer may be rejected or denied if deemed inappropriate / ineligible. If I start work in an unverified and unapproved job, CSB will "Terminate" my program.			
2. I am eligible to work solely within the program dates specified on my Form DS-2019, not earlier and not later.			
3. 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.			
4. I am an employee at-will like my American counterparts. The job offer could be revoked for reasons not prohibited by law. If I am fired from my job, I must notify CSB within 5 (five) days.			
5. I will observe and obey all U.S. federal, state and local laws. I will respect all CSB and the U.S. Department of State Program rules, in regards with my employment and program participation.			
6. 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			
Participant	Last Name	First Name	Signature
TYPE OF PLACEMENT (Please check one)		Date (mm/dd/yyyy)	
<input type="checkbox"/> New job (walk-in –Visa Waiver Program Nationals)		<input type="checkbox"/> Replacement job (changed main job)	
<input type="checkbox"/> Second (2 nd) job (additional part-time job)			