

CSB
INTERNATIONAL, INC.

Summer Work Travel Program JOB OFFER AGREEMENT FORM

CSB International, Inc.
119 Cooper Street
Babylon, NY 11702
Phone: 1-877-669-0717
Fax: 1-631-893-4547

EMPLOYER SECTION

COMPANY NAME: _____ **Business type:** _____

Complete mailing address: _____
Street address City State Zipcode

Address of work site (if different from above): _____
Street address City State Zipcode

Primary contact: _____ **Telephone no:** _____

Emergency no: _____ **Fax no:** _____

Website address: _____ **E-Mail:** _____

Name of supervisor: _____ **Telephone no:** _____

Dates of Employment and Requirements

Start date*: Earliest _____ Latest _____
month/day/year month/day/year

End date*: Earliest _____ Latest _____
month/day/year month/day/year

English level: ☐ Basic ☐ Intermediate ☐ Advanced **Is Social Security Number required to begin work:** Yes ☐ No ☐

Skills required: _____

Prerequisites: _____ **Physical demands:** _____

* Up to a maximum of 4 months. The student is eligible to work only during the program dates as stated on the Form DS-2019. These dates observe the limits of his/her official summer vacation

Job Information

Job title: _____ **Job description:** _____

Wage per hour: \$ _____ **Minimum hours per week*:** _____ **Overtime available:** ☐ Yes ☐ No

Is training paid? ☐ Yes ☐ No **How much per hour?** \$ _____ **Training period duration:** _____

Payment schedule: ☐ Weekly ☐ Every two weeks ☐ Monthly ☐ Other _____

Is an end of season bonus available? ☐ Yes ☐ No **If yes, how much?** \$ _____

Are meals provided? ☐ Yes ☐ No **Cost of meals per day:** _____

Dress code: ☐ Yes ☐ No **If yes, explain** _____

Cost of uniform: \$ _____ **Grooming requirements:** _____

* We recommend at least 30 (thirty) hours a week. Hours per week our general in nature and may be subject to change.

Housing

Is housing available?* ☐ Yes ☐ No ☐ Will assist in finding - We recommend _____

Address of housing: _____
Street address City State Zip code

Number of students per room: _____ **Number of bathrooms:** _____

Type of accommodation: ☐ Private house ☐ Dorm style ☐ Hotel/Motel ☐ Apartment ☐ Bunk house

Housing is: ☐ Completely furnished ☐ Mostly furnished ☐ Unfurnished

Cost of housing per week: \$ _____ **Utilities included:** ☐ Yes ☐ No

Cost is payroll deducted: ☐ Yes ☐ No **Housing deposit amount** \$ _____ **Refundable amount:** \$ _____

Housing deposit refund policy: _____

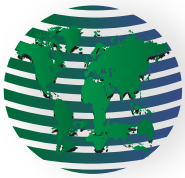
Lease is required: ☐ Yes ☐ No **Length of lease:** _____

Distance between work & housing (miles): _____

Transportation method: ☐ Walking ☐ Public ☐ Employer provided ☐ Must arrange own transportation

Estimated cost per day (round trip): \$ _____

*Generally, the first month rent and deposit are due upon arrival. Housing facilities are generally basic furnished, with no kitchen utensils, cookware, linens or towels provided. Students may need to bring or purchase necessities for healthy a lifestyle together.



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EMPLOYER SECTION

Arrival Instructions*

Pick-up provided: ☐ Yes ☐ No ☐ Not applicable (Job offer provided after arrival in the US) Day: ☐ Weekdays only (M-F) ☐ Anytime

If Yes, arrival airport / station: _____ City: _____ State: _____ Between: _____ AM _____ PM

Students should fly into the requested arrival city. If they fly into another airport, they can take the bus/train to the final destination

Details* (where, when, conditions): _____

_____ Pick up cost per person: \$ _____

If No, advisable way to arrive at the host site/housing: _____

After arrival, report to: _____ Hours of contact: _____ AM _____ PM
Contact name

Full address: _____
Street address City State Zip

Telephone no: _____ Email: _____

*Arrival information must be sent to CSB International, Inc. by the International Representative, with minimum 15 days before the scheduled arrival in the United States.

Social Security Number

Participants will arrive directly to their host sites and will be able to apply for the Social Security Number after arrival.

Does your company offer Social Security Application assistance?: ☐ Yes ☐ No ☐ Not applicable (Job offer provided after arrival in the US)

If yes, contact person: _____ Telephone No: _____

Social Security Administration Office: _____ Distance(miles): _____
Street Address City State Zip

Area Information

Work site is best described as: ☐ Remote ☐ Suburban ☐ Ocean ☐ Metropolitan

Nearest major city: _____ Distance (miles) : _____

Public transportation access: ☐ Walking distance ☐ Requires additional transportation

Accessible Amenities:

Grocery store: ☐ Walking distance ☐ Transportation

Public library: ☐ Walking distance ☐ Transportation

Post office: ☐ Walking distance ☐ Transportation

Movie Theater: ☐ Walking distance ☐ Transportation

Bank: ☐ Walking distance ☐ Transportation

Restaurants: ☐ Walking Distance ☐ Transportation

Accepted Participant (print): _____ Participant Signature: _____ Date: _____
month/day/year

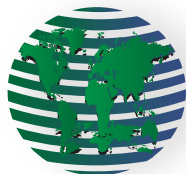
- Company Name (print): _____
- Our company acknowledges that the above program participant is sponsored by CSB International, Inc. and he/she is considered by the United States Government to be the continuing responsibility of CSB International, Inc. (the sponsor).
 - Our company wishes to participate in the Summer Work Travel Program as a third party. This is certified by the signature of the person completing the form.
 - Our company shall provide a suitable work situation for each participant, with hours and work conditions consistent with that required of the American counterparts, and in compliance with federal and state law concerning hours and training conditions
 - If housing is provided, our company certifies that the facility is in compliance with the local, state and federal regulations.
 - Our company shall disclose in writing to the sponsor any fee, expense or cost that is assessed to and paid by any participant.
 - Our company should contact the sponsor if the participant does not arrive at all. Participants are responsible for the transportation from their arrival airport to their place of employment.
 - Our company should immediately contact the sponsor if conditions that may lead to the job revocation have occurred.
 - Our company shall be responsible for dealing with issues involving the participant, but shall notify the sponsor immediately and cooperate with the sponsor. This includes but it is not limited to poor performance that may lead to the participant being fired.
 - Our company should encourage the participant to inform the sponsor of his/her residential address in the United States within 10 days of arriving, as required by the United States Department of State. Participants can visit the sponsor main website www.csb-usa.com and fill out the "Check-in" form.
 - Our company agrees that it shall not, without the written consent of the sponsor, assign or subcontract any of its obligations hereunder. The company agrees that it will not transfer any participant to another location or work site without prior written notification to the sponsor. The company shall provide to the sponsor, in writing, contact information for each participant and shall update the information in writing within 48 hours of any changes in such information.
 - Our company shall notify the sponsor, and if so directed by the sponsor, the United States Citizenship and Immigration Service, within 24 hours of the disappearance of any accepted participant.
 - Our company is responsible to provide W-2 forms once the employment has been completed so the participants can file a request with the Internal Revenue Service to get a refund of the taxes paid, if any were deducted from their paychecks. If the W-2 forms are not available at that time, the company must take note of their home address and send the W-2 forms to their home country

I, the undersigned, am authorized by our company to extend job offers to the program participants. I hereby certify that the above mentioned participant has been offered employment in our company and all the details included in this job offer agreement are true to my knowledge.

Person completing form (print): _____ Signature: _____ Date: _____
month/day/year

Are you an employee of the company? ☐ Yes ☐ No If Yes, please specify title: _____

If No, please explain relationship with company: _____



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APPLICANT SECTION

1. In accepting the position offered, I understand and agree that I am eligible to work only during the program dates as stated on the Form DS-2019, not earlier or later. The program duration is up to a maximum of 4 (four) months but within the limits of my official summer vacation.
 2. If no earlier departure is indicated on my I-94 card and as long as I return home on time for the first day of classes, I understand and agree that I am allowed to remain in the United States for up to 30 (thirty) additional days (otherwise known as the grace period). I am not authorized to work during this period of time however I can enjoy travelling opportunities.
 3. I have completed my budget sheet based on the minimum amount of money guaranteed by my job offer and that I have made an accurate assessment of how much money is left after I pay taxes and all expenses.
 4. I understand and agree that it may take up to 7 business days before I begin working and that my location, position, duties and responsibilities may vary during the period of my employment, due to weather conditions and other events out of the employer's control.
 5. I understand and agree that it may take up to 3 (three) weeks to receive my first paycheck and that I must bring enough pocket money to cover all my expenses until then.
 6. I understand and agree that the opportunities of higher pay and overtime are not guaranteed to anyone.
 7. I understand and agree that the job offer agreement could partially or entirely change prior to my arrival or during the program, including, but not limited to details about the job, housing, deposit and other contractual obligations. The terms are general in nature, and the hours and the final position may be subject to change.
 8. I must report directly to my site of activity according to my start date and respecting the arrival instructions, no later than 5 business days after the start date of the Form DS-2019.
 9. I understand and agree that it is my responsibility to cover all the transportation expenses while in the program, including but not limited to arriving in/departing from the United States, and travelling in the United States. It is also my responsibility to arrange transportation to and from work and cover all the expenses associated with it.
 10. If housing is provided on premises, I agree that I have read entirely the conditions. Generally, the first month rent and deposit are due upon arrival. Housing facilities are basic furnished, with no kitchen utensils, cookware, linens or towels provided. I may need to bring or purchase the basic necessities required for a healthy lifestyle.
 11. Permission to change jobs will be granted only if the employer has violated the terms of my job offer. If I leave without permission (in writing) from CSB International, Inc., my program may be terminated and I will be required to return home. I also understand that such termination may create legal difficulties that will affect my future travel, study or work in the United States at any time in the future.
 12. If I accept a job offer from CSB International, Inc. I understand that the job offer could be revoked prior to or during my program, for reasons not prohibited by law or out of the employer's control such as low business demand, weather, etc. Should my position or condition of employment be revoked, CSB International, Inc. will assist me in finding alternative employment, but CSB International, Inc. makes no guarantee that it will be successful and that it can find a similar job, with similar conditions in a similar location.
 13. I have willingly and carefully read this job offer form, I understand, agree and meet all qualifications, and accept the job offer with all conditions offered herein.
 14. I agree to respect all CSB International, Inc. and Department of State Program rules, in regards with employment and program participation, including the agreement which was part of my application.
 15. I understand and agree that it is in my best interest and my full responsibility to keep a copy of all documents I sign and that I am responsible for keeping them in my possession together with my program agreement, Form DS-2019 and budget sheet during my stay in the United States.
- I am fully responsible for reading thoroughly and asking the recruiter for clarifications prior to signing.

Summer Work Travel Participant (print name): _____

Summer Work Travel Participant (signature): _____ Date: _____
month/day/year

CSB International Representative (company name): _____

Responsible Recruiter (print name): _____

Responsible Recruiter (signature): _____ Date: _____
month/day/year

Self Placement Confirmation

If you are a self-placement student please state how did you find your job: *(Please check one)*

☐ International representative ☐ Employment Agency ☐ Directly with the employer ☐ Internet

☐ Other: _____

Summer Work Travel Participant (signature): _____ Date: _____
month/day/year

For Office Use Only

CSB International Representative: _____

Participant ID: _____