Participant: ID#_



Summer Work Travel Program

119 Cooper Street, Babylon, NY 11702 P: 1-877-669-0717 | F: 1-631-893-4547

support@csb-usa.com | www.csb-usa.com

CSB International Agent: ___

JOB OFFER FORM (IN COUNTRY)

EMPLOYER SECTION

| Corporate Registered Name | | | | | | | | | | Doing business as (dba) | | | | | | | | |
|-----------------------------------------------------------------------|---------------|------------------|--------------|---------------------|--------------------------------|---------------|----------------|----------------------------------------|--------------------------------------------------|------------------------------|--------------------------|-----------------|----------------|--------------------|----------------------|--------------------|-----------------------------------------|--------------|
| Business Type | | | | | | | | Employer Identification Number (EIN) / | | | | | | | | | | |
| Business Type Business License Number – A copy of the license must be | | | | must he | State of Business Registration | | | | | Federal Tax ID | | | | | | | | |
| provided to CSB | | | | i muse se | | | | | | Expiration Date (mm/dd/yyyy) | | | | | | | | |
| Workers Compen | sation Insu | ırance Cer | tificate – E | Besides the belo | ow information | n, a copy of | the certific | ate | must be provided to | CSB | | | | | | | | |
| Carrier Name | | | | | Carrier Phon | | | | | | Policy Number | | | Expiratio | n Date (| mm/dd/y | vvv) | |
| Employer Comple | ete Main A | ddress | | | | | | | | | , | | | | (| ,, , | 1111 | |
| | | uu. 033 | | | State | | | | | | 7in Codo | | | | | | | |
| City | | | | a) | State | | | | | | Zip Code | | | | | | | |
| Address of Exact Work Site (if different from above) | | | | State | | | | | | 7:- 0- 1- | | | | | | | | |
| City | | | | State | | | | Zip Code | | | | | | | | | | |
| Has your company employed J1 participants before? | | | | ☐ YES ☐ NO | | | IOta | otal number of J1 placements available | | | | | | | | | | |
| Name of Owner/Manager | | | om al vi | | | | | | Company Webs | | | | | | | | | |
| Primary Contact Name | | | | Office Phone Number | | | | Mobile Number | | | Ī | | | | | | | |
| Fax Number | | | | Email | | | | | | | | | | | | | | |
| Supervisor Name | | | | | Office Phone | Number | | | | | Email | | | | | | | |
| EMPLOYME | NT REC | QUIREN | IENTS | | | | | | | | | | | | | | | |
| START DATE* | Earliest (n | nm/dd/yyy | /y) | | | | | | END DATE* | arliest (r | nm/dd/yyyy) | | | | | | | |
| | Latest (m | est (mm/dd/yyyy) | | | | | | | | Latest (mm/dd/yyyy) | | | | | | | | |
| * Note: The partie | cipant is eli | gible to wo | ork only du | uring the progra | am dates on th | ne Form DS- | 2019. | | | | | | | | | | | |
| JOB INFORM | MATION | V | | | | | | | | | | | | | | | | |
| Job Title | | | | | | | | J | Job Description | | | | | | | | | |
| Wage per Hour | \$ | \$ Payroll | | | | ١, | Tips Available | ☐ YES | □ NO | □ NO State Minin | | if greater th | ian fede | eral) per H | lour | \$ | | |
| | | , ayıon | | Hours that fal | Il predominantly between | | | | | | | | | | | | | |
| Minimum Hours | per Week* | | | 10pm – 6am a | are prohibited | • | | (| Overtime Available | ☐ YES | □ NO | Overtime W | age per Ho | ur | | | | \$ |
| * Note: It should | be minimu | m 30 (thirt | y) hours, i | f the main job. | The number o | f hours is es | stimated, it | t is n | not a guarantee. The | number | of hours is gene | ral in nature a | and may be | subject to | hange | (e.g. busin | ness de | emand). |
| Is Training Paid | | YES 🗖 N | 0 | Training Wag | e per Hour | \$ | | 1 | Training Duration | | | Bonus Avai | lable | YES 🗖 | NO | | | |
| Bonus Policy | | | | | | Dress Code | e | | | | | | | Cost of Un | iform | \$ | | |
| HOUSING | | | | | | | | | | | | | | | | | | |
| Harris a Arrallahil | | vec D.N. | 0 | / - ff | h taal aa aa ah A | | T /:f | \ | House Dorm | | | F | | \ Dv | h : - | D v | а. п. П | N- |
| Housing Availabil | ity 🗀 | TES LIN | U U O U III | er (offered by th | | | Type (if y | esj | ☐ Apartment ☐ I | Sulik Hou | | Fu | rnished (if y | es) la res | - basic | □ res = | Tull 🗀 | INO |
| Provider Name | | | | | Email | | D 1/50 | _ | | | Phone | | | | | | | |
| Are the costs liste | ed below e | quivalent 1 | to the mai | rket value of th | ie area | | ☐ YES | U r | NO | | | | | | | | | |
| Housing Address | | | | | | | City | | | | State | | | Zip Cod | 3 | | | |
| Number of Bedro | oms | | | | Number of B | | | | | | Number of Tenants per Ro | | | | | | | |
| Cost per Week* | | | | | Payroll Dedu | icted | ☐ YES ☐ | | | uded | ☐ YES ☐ N | | ecify Utilitie | | | | | |
| * Nata Canarally | \$ | | | able Amount | \$ | ic gonorally | Refund Po | | | neile eee | Lease Requir | | YES NO | | ength | | wahasa | nacassitias |
| for a healthy lifes | | nonth and | deposit a | re due upon an | rivai. nousing | is generally | Dasic Iurni | snec | d with no kitchen ute | iisiis coo | kware, illiens or | towers provid | eu. Participa | ants may ne | eu to bi | ring or pui | rcnase | necessities |
| Distance to Work | | s) | | Ti | ransportation | Method | ☐ Walkin | g [| Provided Must a | rrange p | ersonally 🖵 Pub | lic Co | st per Day (| round trip. | estimat [,] | ed) \$ | 5 | |
| | | | ing to the | | | | | _ | ions governing the p | | , | | | | | | | |
| | | • | | • • | | | | | provide foreign colle | _ | • | s the opportu | nity to inter | act with U.S | . citizer | ns, experie | ence U | .S. culture |
| | | | | | | | | | help defray a portion to provide all inforn | | | onsor to yet t | his ioh offa | r and coone | rato wi | th the sno | ncor | as nooded |
| This is certified b | | | | | | s a timu pa | ity and agi | ccs | to provide an imorn | iationie | quired by the spi | onsor to vet t | 1113 JOD OTTE | and coope | rate wi | tii tiie spo | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | as necucu. |
| 3. Our company a | cknowledg | es that the | below ac | cepted progran | n participant is | | | | /she is considered by | | | | | | | | | |
| | | | | | | | | | ns consistent with the hich must meet the | | | | | | ith appl | licable fed | leral a | nd state law |
| | - | | | | • | | | | eir Form DS-2019, I-9 | - | | | | - | : | | | |
| | | | | | , | | S Employer | Tax | Guide and Publication | on 515, th | ne participant, ho | lder of a J1 V | isa, is consid | lered non-r | esident | alien, not | subjec | t to Social |
| Security (FICA), N 6. Our company | | | Unemploy | ment (FUTA) wi | ithholding taxe | es. | | | | | | | | | | | | |
| | | | articipant | s the number of | f hours of paid | employme | nt per wee | k as | identified on their jo | b offers a | and agreed to wh | en CSB vette | d the jobs; | | | | | |
| b) Pay eligible par | | | | | | | | | | | | | | | | | | |
| c) Notify CSB pror leave their position | | | , . | - | is in the job pla | acements di | uring the pa | artic | ipants' programs; wl | nen partio | cipants are not m | eeting the re | quirements | of their job | placem | ents; or w | hen p | articipants |
| | | | | | olving participa | ints or any s | ituations th | hat i | mpact their health, | afety, or | welfare; and | | | | | | | |
| (e) In those instar | nces when l | housing or | transport | ation is provide | d, agree to pro | ovide suitab | le and acce | ptal | ble accommodations | and/or r | eliable, affordabl | | | | | | | |
| | | | | | | | | | een no layoffs in the | | | ere are no w | orkers on lo | ckout or or | strike. | | | |
| | | | | | | | | | ct any of its obligatio reby certify that the | | | ant has been | offered emp | oloyment in | our cor | npany and | d all th | e details |
| | | | | | | | | | ny has received com | | | | | | | | | |
| Employer Repres | entative N | ame (print |) | | | Title | | | : | Signature | 1 | | | Date (| mm/dd/ | ⁽ уууу) | | |
| PARTICIPAN | IT SECT | ION | | | | | | | | | | | | | | | | |

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

| or read willing, and carefully read and job offer randerstand, agree and meet an quantitations and accept the job offer will an contaction for each | | | | | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------|--------------------------------------------------|--|------|--------------------------------------|--|-------------------|------------------------------------------------------------|--|--|--|
| Participant | Last Name | Fi | First Name | | Sign | Signature | | Date (mm/dd/yyyy) | | | | |
| TYPE OF PLACEN | MENT (Please check one) | ■ New job (walk-in – | New job (walk-in –Visa Waiver Program Nationals) | | | ☐ Replacement job (changed main job) | | | ☐ Second (2 nd) job (additional part-time job) | | | |