



CSB
INTERNATIONAL, INC.

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

Summer Work Travel Program Job Offer Agreement Form

EMPLOYER SECTION

COMPANY NAME _____ Business Type _____

Complete Mailing Address _____
Street Address City State Zip Code

Address of work site (if different from above) _____
Street Address City State Zip Code

Primary Contact: _____ Telephone No. _____

Emergency No. _____ Fax No. _____

Website Address _____ E-Mail _____

Name of Supervisor _____ Telephone No. _____

Dates of Employment

Start Date: Earliest _____ Latest _____

End Date: Earliest _____ Latest _____

** Maximum of 4 months. The student will work within the limits of the official vacation dates.

Job Title _____ Job description _____

Wage per Hour _____ Average Hours per Week _____ Overtime available: ☐ Yes ☐ No

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

Is an End of Season Bonus Available? ☐ Yes ☐ No If yes, how much? _____

Housing

Is Housing Available? ☐ Yes ☐ No ☐ Will assist in finding - We recommend _____

Address of Housing _____ Number of Students per Room _____

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

Cost of Housing _____ Cost is Payroll Deducted ☐ Yes ☐ No Housing Deposit Amount _____

Lease is Required ☐ Yes ☐ No Length of Lease: _____

Distance between Work and Housing _____ Transportation Method _____ Estimated Cost/Month _____

Are meals provided? ☐ Yes ☐ No Cost of Meals/Day _____

Dress Code: _____ Other contractual obligations: _____

Arrival airport _____ Pick-up Provided ☐ Yes ☐ No Between ____AM ____PM

Name of Applicant (print) _____ Signature _____ Date _____

Name of Employer (print) _____ Signature _____ Date _____



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APPLICANT SECTION

1. In accepting the position offered, I agree to work no more than four months in total, but within the dates of my official vacation from studies.
2. I understand that I must carefully read and agree with the entire job offer agreement, including, but not limited to details about job, housing, deposit and other contractual obligations. The terms are general in nature, and hours and final positions may be subject to change.
3. It is my responsibility to cover the transportation expenses while in the program and I must report directly to my site of activity according to my start date and respecting the arrival instructions, no later than 5 days after the start date of the Form DS-2019.
4. 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.
5. I understand 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.
6. If I accept a job offer from CSB International, I understand that the job offer could change prior to or during my program. Should my position or condition of employment be changed, CSB International, Inc. will assist me in finding alternative employment, but CSB International, Inc. makes no guarantee that it can find a similar job in a similar location.
7. 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

Summer Work / Travel Applicant (print name) _____

Summer Work / Travel Applicant (signature) _____ Date _____

CSB International Representative (company name) _____

Responsible Recruiter (print name) _____

Responsible Recruiter (signature) _____ Date _____