



JOB OFFER FORM

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 (at CSB request, a copy must be provided)		Expiration Date (mm/dd/yyyy)	
Workers Compensation Insurance Certificate – Besides the below information, a copy of the certificate must be included with each signed job offer			
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	
Social Security Number - Participants arrive directly to their host sites and will be able to apply for the Social Security Number after arrival and check-in with CSB			
Social Security Application Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO	Contact Name (if yes)	Office Phone Number
Social Security Administration (SSA) Address	City	State	Zip Code
Hours of Contact	AM	PM	Distance (miles)
		SSA Website: www.ssa.gov	

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 must arrive according to the start date on the Form DS-2019 and is eligible to work only during the program dates on the Form DS-2019. These dates observe the limits of his/her official summer vacation period, up to a maximum of 4 months.			
English Level Requirement	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	Social Security Number (SSN) must be issued to be begin working	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skills Required	Social Security Number (SSN) must be issued to get paid		<input type="checkbox"/> YES <input type="checkbox"/> NO
Physical Demands	Prerequisites		
	Cost	\$	

JOB INFORMATION

Job Title	Job Description	
Wage per Hour	\$	Payroll <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
Minimum Hours per Week*	Overtime Required <input type="checkbox"/> YES <input type="checkbox"/> NO	Overtime Available <input type="checkbox"/> YES <input type="checkbox"/> NO
* Note: It should be minimum 30 (thirty) hours. 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 \$
Dress Code	Cost of Uniform \$	Grooming Requirements
Training Duration		End of Season Bonus Available <input type="checkbox"/> YES <input type="checkbox"/> NO

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 <input type="checkbox"/> Apartment <input type="checkbox"/> Bunk house	Furnished (if yes)	<input type="checkbox"/> Yes – basic <input type="checkbox"/> Yes – full <input type="checkbox"/> No
Provider Name	Email	Phone			
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	Specify Utilities Not Included
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)	\$	

ARRIVAL INSTRUCTIONS

Pick-up Availability	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other (offered by third party)	Day (if yes)	<input type="checkbox"/> Weekdays only (Monday-Friday) <input type="checkbox"/> Anytime	Pick-up Cost Per Person	\$
Arrival Airport / Station	City	State	Hours of Pick-up	AM	PM
*Note: Participants should fly into the requested arrival city and/or final destination. If they fly into another airport, they can take the bus/train to the final destination. If a participant arrives outside of the business hours (8am to 5pm) or during the weekend, the participant must book a hotel to spend the night and call the supervisor during the next business day.					
Details (when, where, conditions)					
After arrival, report to	Contact Name	Office Phone Number	Hours of Contact	AM	PM
Full Address	City	State	Zip Code		

**AREA INFORMATION**

Work site is best described as:	<input type="checkbox"/> Remote <input type="checkbox"/> Suburban <input type="checkbox"/> Ocean <input type="checkbox"/> Metropolitan	Nearest major city:	Distance (miles)
Grocery Store	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation	Public Library	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation
Post Office	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation	Movie Theater	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation
Bank	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation	Restaurants	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation
Employer Cooperation according to the U.S. Department of State and CSB (the sponsor) regulations governing the program: 1. 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. 2. 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 includes, but may not be limited to, a copy of the business license and a copy of the workers compensation insurance. This is certified by the signature of the person completing the form. 3. 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. 4. 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. 5. Our company will disclose in writing to the sponsor any fee, expense or cost that is assessed to and paid by any participant. 6. 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 I.R.S. 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. 7. Our company AGREES TO: a) 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; b) Pay eligible participants for overtime worked in accordance with applicable State or Federal law; c) Notify CSB promptly when participants arrive at the work sites to begin their programs and encourage the participant to inform CSB of his/her residential address in the United States within 10 days of arriving; 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; d) Contact CSB immediately in the event of any emergency involving participants or any situations that impact their health, safety, or welfare; and e) In those instances when housing or transportation is provided, agree to provide suitable and acceptable accommodations and/or reliable, affordable, and convenient transportation. 8. 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. 9. Our company agrees that it shall not, without the written consent of the sponsor, assign or subcontract any of its obligations hereunder. 10. Our company is responsible to provide the Form W-2 directly to the participant once the employment has been completed so the participant can file a tax return request with the I.R.S. 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)	

PARTICIPANT SECTION

Participant	Last Name	First Name	Signature
Type of Placement (please check one)		<input type="checkbox"/> CSB-placement <input type="checkbox"/> Self-placement	Date (mm/dd/yyyy)
If Self-placement student please state how did you find your job (please check one)		<input type="checkbox"/> International Representative <input type="checkbox"/> Friend Recommendation <input type="checkbox"/> Directly with the Employer <input type="checkbox"/> Other	
Participant Program Terms: (valid for all job offers) – The participant is fully responsible for reading thoroughly, understand and ask clarifications and/or additional information prior to signing. 1. I will participate in the program only during my official university summer vacation, up to a maximum of 4 (four) months. The program cannot be extended. 2. I am eligible to work solely within the program dates specified on my Form DS-2019, not earlier and not later. 3. If no earlier departure is indicated on my I-94 card, I will leave the United States upon completion of my program, on time for the first day of school and no later than 30 (thirty) days (otherwise known as the "grace period") after the end date listed on the Form DS-2019. I am not authorized to work during the grace period however I can enjoy travel opportunities. 4. I must report directly to my primary site of activity according to my Form DS-2019 start date and respecting the arrival instructions, no later than 3 (three) business days after the start date on the form. I may arrive no more than a week prior to the start date on my form and if so, I must report directly to my primary site of activity within 3 (three) days of my arrival in the United States. Failure to report to my primary site of activity on time or at all will lead to my programs being "Terminated" and I will be required to return home within 48 (forty-eight) hours. 5. I am in the agreement that I will work in this site of activity throughout the entire period covered by my Form DS-2019, unless otherwise noted. Should I must leave the program earlier than scheduled, I must contact CSB and the employer for permission (in writing). If I leave without permission (in writing) from CSB, my program will be "Terminated" and I will be required to return home within 48 (forty-eight) hours. 6. I understand that it may take up to 7 (seven) business days before I begin working and that my exact location, position, duties and responsibilities may vary during the period of my employment, due to arrival date, position availability, English level, skills required, weather conditions and other events out of the employer's control. This timeline may be longer if my employer requires that I have my Social Security Number issued before I start working. 7. The job title, compensation and expenses of my position are specifically detailed in the job offer agreement I must sign. 8. I understand 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 conditions. The terms are general in nature and not a guarantee. The employee position, more hours, overtime, tips are not firm or irrevocable, and may be subject to change or revocation. 9. 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. If I leave without permission (in writing) from CSB, my program will be "Terminated" and I will be required to return home within 48 (forty-eight) hours. 10. I am an employee at-will like my American counterparts. 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 conditions of employment be revoked, CSB will assist me in finding alternative employment, but CSB makes no guarantee that it will be successful and that it can find a similar job, with similar conditions in a similar location. 11. If I am fired from my job for any specific reason concerning my attitude, performance or actions, I must notify CSB within 5 (five) days. I not be allowed to continue my program and I may be asked to return immediately home at my own expense. 12. Most of the pre-arranged jobs include shared housing and I should expect the basics. I will be required to bring or purchase items necessary for a healthy lifestyle (for example, linens, towels, kitchen utensils and cookware). If I am placed in a site that provides and/or assists with housing, It is recommended to use this housing facility for the duration of my program as the employer might have made a financial commitment to the housing site. If I am placed in a site that does not provide housing, I must carefully read and sign the "NO Housing Form" provided to me by CSB before accepting the job offer, as I will be required to locate housing on my own and submit a proof of my housing address with at least 15 (fifteen) business days prior to my arrival in the United States. 13. It is solely my responsibility to cover the transportation expenses while in the program, including but not limited to arriving in/departing from the United States and transportation to and from work. 14. I must bring a minimum of \$800 pocket money to support myself once I arrive in the United States. This amount is exclusive of the housing expenses (first month rent and housing deposit) and transportation. It may take up to 3 (three) weeks until the first paycheck will be issued. 15. I have completed a budget sheet based on the job offer and I have made an accurate assessment on how much money is left after I pay taxes and all my daily living expenses. 16. I will observe and obey all United States federal, state and local laws. If I break the law, I understand that CSB will not be able to help me and I will be "Terminated" from my program and I will be required to return home within 48 (forty-eight) hours. 17. I will respect all CSB and the United States Department of State Program rules, in regards with my employment and program participation, including the rules of conduct required by the employer. 18. It is in my best interest and my full responsibility to keep a copy of all documents I sign and I am responsible for keeping them in my possession during my stay in the United States 19. 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.			
International Representative (company name)		Contact Name (print)	
Signature		Date (mm/dd/yyyy)	

International Representative Stamp (here)