Work Travel Participant Job Placement Agreement (Independent) Intrax Work Travel



1 STEP: Host Company (Employer) completes this form and sends to Participant

Participant Information		
NAME (First and Last name)		
DATE OF BIRTH EMAIL ADDRESS		PARTNER NAME
		USCOM.KZ
Employer Information:		
NAME OF COMPANY	DOING BUSINESS AS:	COMPANY WEB SITE
DETAILED ADDRESS OF THE COMPANY (SITE OF ACTIVITY/ADDRESS	S WHERE PARTICIPANT WILL WORK). STREET ADDRESS, CITY, STATE,	POSTAL CODE:
HOST COMPANY DESCRIPTION:		
PAY FREQUENCY: weekly, twice monthly, monthly	TIPPED POSITION: YES/NO APPROXIMATE HOURS OF WORK PER	WEEK EIN (TAX ID)
USD		
JOB START DATE: JOB END DATE:		
MONTH DATE YEAR MONTH DA	/ <u>2025</u> ITE YEAR	
COMPANY PHONE NUMBER: SUPERVISOR'S FIRST NAME: SU	JPERVISOR'S LAST NAME: SUPERVISOR'S EMAIL:	SUPERVISOR'S PHONE:
POSITION TITLE:	BRIEF DESCRIPTION OF POSITION:	
Other Job Requirements		
SUPPLIES REQUIRED (I.E. NON-SKID SHOES, BELT, ETC.)		
ESTIMATED SUPPLIES COST		
OTHER JOB CONDITIONS/REQUIREMENTS		
Housing and Transportation Information		
HOUSING PROVIDED BY EMPLOYER COST PER WEEK PER PARTICIPANT (Note: If participant has not secured housing and host company does not assist, placement could be rejected)		
TRANSPORTATION AVAILABLE (EMPLOYER PROVIDED OR LOCAL TRANSIT SYSTEM) Cost of Transportation		

2 STEP: Participant enters the information into the personal account on the Intrax website

3 STEP: Intrax contacts Employer by email: to get copy of business license, worker's Compensation and confirm vetting and position information online.

4 STEP: Intrax contacts Participant by email to check and sign Job Placement Agreement online.