



# Center for Cultural Interchange

All participants finding their own job must complete this job offer, including required signatures. ★ If prior to program start date, this form should be sent to the participant or overseas sending partner! ★ CCI staff will contact the employer to verify all of the information on this document. ★ If CCI cannot verify this job offer, CCI may not be able to sponsor the participant. ★ CCI does not accept placements through 3rd party agencies on this form. If a 3rd party agency is involved, the placement may not be accepted by CCI.

# Work & Travel Program: Self-Arranged Job Offer

Job Sourced by: Student Sending Agency Other (3rd Party)

## 1. EMPLOYER INFORMATION

Name of Company:			Website:		FEIN#:	
Primary Mailing Address Street Address			Primary Physical Address (no PO Boxes!) Street Address			
City		State	Zip	City		State Zip
Will the participant be working at a location other than the physical address indicated here? If yes, please attach a separate sheet to describe the location, including the complete address.						Yes No
Name of person extending this job offer			Name of supervisor assigned to participant			
Title		Email		Title		Email
Telephone		Mobile		Fax		Number of Employees
Company Activities						

## 2. JOB DESCRIPTION

Description of general job duties			Uniform/Dress code (describe):			
Estimated # of hours / week		Number of days / week		Cost		
Hourly wage		Pay Frequency		Are you willing to assist the participant with the Social Security process? Yes No		
Overtime Availability		Overtime Wage		Is there a Social Security office in your city? Yes No		
Job is valid FROM		TO		Is the job offer valid if the participant arrives approximately 3 days late? Yes No		

## 3. HOUSING

Is housing arranged for the participant?			Yes	No		
If YES, by whom?		Telephone #		Street Address		
Is a deposit required?		When?		City State Zip		
Is it required that the participant remain in the housing you arrange? Yes No			Housing cost / month		Are costs deducted from paycheck? Yes No	

Other Details:

## 4. PARTICIPANT AGREEMENT

By signing this form, I agree to CCI's Terms and Conditions, as outlined in my program application. I understand that, should CCI find this job offer to be unacceptable, I will not be able to work for this company. I understand that I must contact CCI and receive CCI's permission to leave before leaving my placement. Failure to secure CCI's permission to leave an employer may result in visa sponsorship termination. If my visa sponsorship is terminated, I must return home immediately. If housing is not guaranteed with this job offer, I understand that I must arrange for housing on my own, and it is not the responsibility of the employer to provide my housing. I understand that CCI does not verify housing conditions, and it is my responsibility to do so. If indicated in section 3 above, I understand that housing costs will automatically be deducted from my paycheck. I understand that I need to allow the first two (2) weeks of my program to adjust and be trained in my new position. I will bring enough money, at least \$1000, to survive in the United States, without a steady income, during the first month of my program.

FIRST NAME (Please print): LAST NAME: CCI ID#: Participant's signature of acceptance: DATE:

## 5. EMPLOYER AGREEMENT

I accept the above listed participant as an employee for the dates and conditions detailed above. I certify that the wages that I pay to my international workforce are the same as those that I pay their American counterparts. I am authorized by my company to extend job offers to international students. I also certify that I have Worker's Compensation coverage, if required by state where the participants are working. Participants are authorized to work only during their pre-determined DS-2019 dates. I agree that, if I provide housing, participants will not be asked to share beds, and that the housing is safe, comfortable, and compliant with local, state, and federal housing regulations.

Business Representative's Name (Please print): TITLE: Business Representative's Signature: DATE: