WISE FOUNDATION SUMMER WORK AND TRAVEL 2006 JOB OFFER CONFIRMATION & SURVEY



This form is provided as an important part of the application process to confirm the agreement between the participant and the work site.

Participant's name:							
Company Information Company name: Tax ID# (EIN):							
Full Company Address (No P.O.	Boxes):						
Supervisor/Manager:			Title:				
Phone:			Fax:				
E-mail:			Website:				
Job information							
Dates of employment: Starting		Ending					
Job title and expected duties:							
Starting wage:			week: Overtime: Y N				
First paycheck received after	`		,				
Frequency of paychecks thereafte	r:						
Does your company maintain the	required wo	rker	rs compensation insurance? Y N				
Does employer provide uniforms	? Y	N	Cost of uniforms:				
Does employer provide housing?	Y	N	If no please continue to transportation question.				
Cost of housing:							
Is a housing deposit required?	Y	N	Amount of deposit:				
Is deposit refundable?	Y	N					
Who is responsible for refunding	the deposit?	·					
For what reasons will the deposit	not be refur	nded	?				
Are there cooking facilities at hou	using? Y	N					
Please circle the following items of Microwave Refrig Stove Dishw Oven Dishes Cookware	gerator asher	clud	led with the housing. Flatware Sheets Blanket Fillows Pillowcases TV				

How many participants per bedroom? _				
How many participants per bathroom?_				
Are accommodations within walking dis			es? Y N	
How will participants get to and from th	ne work site?			
Is public transportation available in the	area? Y	N		
Do employees receive any meal benefits	s? Y	N		
Please describe any meal benefits offere	ed:			
Please provide any other details or bene	fits that you	feel would be	relevant to pot	ential candidates
considering participation on the program	n:			
Note to employer:				
Should any aspect of the site information provide participants with any documents				
Regulations governing the Summer Woradvise program participants regarding F participants receive pay and benefits con [22 CFR 62.32 (e)].	ederal Minin	num Wage re	quirements and	shall ensure that the
By completing and signing this form yo temporary basis for the duration of time the WISE Foundation Summer Work an complete and accurate, providing false i Visitor Program regulations.	indicated ab d Travel Pro	ove. The aborgram. All int	ve-named stude formation provi	ent is participating in ded must be
By completing and signing this form, you Standards Act and that the pay and bene counterparts.	•	•	•	
Employer name	Em	ployer signat	ure	Date
Participant agreement to terms of em	ployment:			
I accept to the above job offer and the te employment may change based on the n If housing is indicated that it is available representative or WISE to ensure that al Signing this document does not secure of	needs of my e e, it is the par Il necessary s	mployer and ticipant's resteps have bee	any other unaver ponsibility to control on taken to secu	oidable circumstance onfirm with their loca
Participant name	Part	icipant signa	ture	Date