C|C|I

Center for Cultural Interchange

Work & Travel Program 2009: Self-Arranged Job Offer

All participants finding their own job must complete this job offer, including required signatures. \star If prior to program start date, this form should be sent to the participant or overseas sending partner! \star CCI staff will contact the employer to verify all of the information on this document. \star If CCI cannot verify this job offer, CCI may not be able to sponsor the participant. \star 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.

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1. EMPLOYER INFORMATION	
Name of Company:	Website: EIN:
Primary Mailing Address	Primary Physical Address (no PO Boxes!)
Street Address:	Street Address:
City:	City:
State: Zip:	State: Zip:
Will the participant be working at a location other than the phy	
If yes, please attach a separate sheet to describe the location, including the complete physical address.	
Name of person extending this job offer:	Name of supervisor assigned to participant:
Name of person extending this job offer.	Name of supervisor assigned to participant.
Title:	Title:
Email:	Email:
Telephone #: () Mobile #: ()	Company Activities:
· ·	Number of Employees
Fax #: ()	Number of Employees:
Specific and additional job duties may not be assigned until after arrival,	
	and may be subject to change.
Description of general job duties:	Uniform/Dress code (describe):
Estimated number of hours/week:	Cost: \$
Number of days/week:	Are you willing to assist the participant with the
Hourly wage: Pay frequency:	Social Security application process? Yes No
Overtime availability:	Is there a Social Security office in your city?
Overtime wage:	Is the job offer valid if the participant arrives
Job is valid FROM: TO:	approximately 3 days late? Yes No
3.110031110	Is housing arranged for the participant? Yes No
If YES, by whom? NAME:	Street Address (no PO Boxes):
Telephone #: ()	City:
Is a deposit required? Yes No	State: Zip:
When? In advance Upon arrival Date:	Housing cost per month:
Is it required that the participant remain in	Are costs deducted from paycheck? Yes No
the housing your arrange?	Other Details:
4. PARTICIPANT AGREE	MENT
By signing this form, I agree to CCI's Terms and Conditions, as outlined in my program will not be able to work for this company. I understand that I must contact CCI and recpermission to leave an employer may result in visa sponsorship termination. If my visuanteed with this job offer, I understand that I must arrange for housing on my own, ar CCI does not verify housing conditions, and it is my responsibility to do so. If indicated from my paycheck. I understand that I need to allow the first two (2) weeks of my program is steady income, during the first month	ceive CCI's permission to leave before leaving my placement. Failure to secure CCI's a sponsorship is terminated, I must return home immediately. If housing is not guard it is not the responsibility of the employer to provide my housing. I understand that I in section 3 above, I understand that housing costs will automatically be deducted gram to adjust and be trained in my new position. I will bring enough money, at least
FIRST NAME (Please print): LAST NAME:	CCI ID#:
Participant's signature of acceptance:	DATE:
5. EMPLOYER AGREEM	ENT
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:
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