

Employer Job Form

This form is to be completed by both the employer and the employee, confirming the job offer and the acceptance of the job offer. The form should be completed initially by the employer and then signed by the applicant.

Participant Section

Name _____

DS-2019 number (if known) N000 _____

Residential address in the US (if known, not a PO Box) _____

Telephone number in the US _____

Employer Section (ALL PARTS MUST be completed by the employer. Please do not leave any blanks)

Name of Company _____

Name of Supervisor _____

Company Physical Address (not a PO Box) _____

Telephone number _____ Email _____

Dates of employment (max 4 months) from _____ to _____

Employee's Job Title _____

Brief job description _____

Wage per hour \$ _____ Hours per week _____

Is housing included? (If yes, please provide details) _____

Cost of housing _____ per _____ Housing deposit (if any) _____

Will you hire and pay wages before a Social Security number/card has been issued? Yes No

* It is legal to hire and pay workers who do not have a Social Security Number but have proof they have applied for the card. See 26CFR3.6011(b)-2 of the Internal Revenue code. The DS-2019 and I-94 card prove work authorization.

Employer Declaration

I certify that the person named above has been offered a temporary position with our company and that the information on this form is true.

Print name _____

Signature _____

Date _____

Participant Declaration

Upon signing this I agree to work to the agreed dates above and to fulfill my obligations to this employer to the best of my ability. I understand that I may not change employers or take a second job without prior written consent from IENA and the above employer. I understand that my job is considered at will and that my hours of work, duties and responsibilities may change at the sole discretion of the employer.

Print name _____

Signature _____

Date _____