

2012 Employer Job Form

This form is a contractual confirmation to IENA of employment details for the participant named below. **Please submit IRS Form W-9 (Request for Taxpayer Identification Number and Certification - www.irs.gov/pub/irs-pdf/fw9.pdf) with this form.** If IENA already has your W-9 on file, you do not need to re-submit it unless the information has changed.

Participant Name _____

Employer Section ALL FIELDS MUST be completed by the employer. Incomplete documents will not be accepted.

Name of Company and DBA _____ EIN _____

Name of Owner/Manager _____ Title _____

Company Physical Address (not a PO Box) _____

City/State/ZIP _____

Telephone Number _____ Email _____

Name of Immediate Supervisor _____ Title _____

Telephone Number _____ Email _____

Employment Dates (max 4 months) from _____ to _____

Employee's Job Title _____

Brief Job Description _____

Wage per hour \$ _____ Hours/Week _____ Bonus \$ _____

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.

Will you cover the participant on your company's Worker's Compensation policy? Yes No

** You must be able to provide evidence of your worker's compensation insurance policy or equivalent for your state.

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. I understand that IENA will contact me at the telephone and/or email address above to verify information.

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 _____

Please fax this form and accompanying W-9 to: 1-347-562-1083

You may also scan/email to: scott.curry@iena.org