

JOB OFFER AND EMPLOYER AGREEMENT J1 Work & Travel Program

Thank you for your interest in the J-1 visa Summer Work and Travel Exchange Visitor Program. American Exchange Organization is a Department of State Designated Sponsor and is authorized to review and approve employers to participate in the program based on information collected in this form.

While we appreciate that hiring J-1 visa Participants will meet your seasonal or temporary staffing needs, the main purpose of this program is to give young people from around the world the opportunity to visit the United States and experience American culture so that they may return to their countries having built relationships with Americans and improved their English, and shared their culture with those they met in the USA. This is a foreign diplomacy program.

Please read all information carefully and answer all questions completely. Your signature and initials may be required on multiple pages and in multiple locations.

I. Host Employer Cooperation as stated the Department of State Regulations (22 CFR Part 62)

- "(o) Host employer cooperation. Sponsors may place participants only with host employers that agree to:
- (1) Make good faith efforts to provide participants the number of hours of paid employment per week as identified on their job offers and agreed to when the sponsors vetted the jobs;
- (2) Pay eligible participants for overtime worked in accordance with applicable State or Federal law;
- (3) Notify sponsors promptly when participants arrive at the work sites to begin their programs; when there are any changes or deviations in the job placements during the participants' programs; when participants are not meeting the requirements of their job placements; or when participants leave their positions ahead of their planned departures;
- (4) Contact sponsors immediately in the event of any emergency involving participants or any situations that impact their health, safety, or welfare; and
- (5) In those instances when the employer provides housing or transportation, agree to provide suitable and acceptable accommodations and/or reliable, affordable, and convenient transportation. "
 - Ø My company agrees in good faith to abide by the above mentioned regulations. _____ (initial)

II. Important rules that Participants Must Follow. Failure to abide by these rules may result in immediate termination of the Participant's visa. Employers should remind Participants of these rules.

- 1. Participants must contact AmerEx within 10 days of arriving to the USA.
- Participants must validate their program in AXIS within 10 days of the start date on the DS-2019.
- 3. Participants are ONLY allowed to work from the start date to the end date indicated on the DS-2019.
- 4. Participants are NOT allowed to switch jobs or leave employment without written consent from AmerEx.
- Participants are NOT allowed to start a second job without written approval from AmerEx.
- Participants must notify AmerEx in AXIS within 10 days of changing housing address.
- 7. Participants (or employers) must notify AmerEx if the worksite address changes.
- 8. Participants must complete Monthly Contact Outreach Surveys. Failure to respond to 2 consecutive outreaches will result in program termination.
 - Ø My company agrees in good faith to encourage Participants to abide by the above mentioned rules. _____ (initial)



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I confirm that the positions listed will be allocated for AmerEx participants and such participants recruited and selected by AmerEx will be extended employment with our company for the duration of their program under the conditions indicated and that I have the authority to make hiring decisions at this company. I understand the conditions of the program and explicitly agree to the following:

Printed Name:	_
Employer Signature	Date
of its obligations herein (initial) I understand that false certification may subject me to crir otherwise provided in this section, whoever, in any matter of the Government of the United States, knowingly and will a material fact; makes any materially false, fictitious, or fra	minal prosecution under 18. U.S.C. 1001, which reads: "Except as ir within the jurisdiction of the executive, legislative, or judicial branch willfully falsifies, conceals, or covers up by any trick, scheme, or device audulent statement or representation; or makes or uses any false aterially false, fictitious, or fraudulent statement or entry; shall be so, or both."
opportunity for the sponsor to resolve any misunderstand (initial)	ur employ, we agree to notify the sponsor and allow ample ding or minor issues with participant's performance at the job;
AmerEx in all efforts to monitor each participant by (a) Encouraging each participant to follow all Ame (b) Contacting the sponsor when the participant a (c) Notifying the sponsor of any concerns about, characteristic	changes in or deviations from the job/housing offer her employment or housing ahead of the program end date or within ng the program
be approved; (initial)	sulate in his/her home country and there is no guarantee the visa will
(4) If housing is provided by our company, we certify that federal and state laws (initial)	the premises are safe, affordable and in compliance with pertinent
	erms indicated in the Job Offer with work conditions and wages equal iance with applicable federal and state laws, including observing _ (initial)
	an Employer and agrees to provide all information required by the perate in this process for the duration of the program, as needed
	nmer Work and Travel (SWT) program sponsored by AmerEx allowing d on their DS-2019 form and that after completion of the program (initial)



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For your convenience this form allows you to type your answers. This form MUST be completed digitally, then printed and signed. We ask that you scan the signed form and return to AmerEx at employers@amerex.org or via fax. Photographs and handwritten applications will not be accepted.

<u>EMPLOYER INFORMATION</u>	Tax ID/EIN:	Υ	ears in Business:		
Registered Company Name:		Bus.Telephone:			
DBA Name:	Business Description:	_			
Company Name on Paychecks:	V	Vebsite:			
Mailing Address:	City:	State:	ZIP:		
Worksite Address:	City:	State:	ZIP:		
Main Office Address:	City:	State:	ZIP:		
Contact Person's First/Last Name:	Supervisor First/L	Supervisor First/Last Name:			
Bus. Email:	Bus. Email:	<u> </u>			
Title:					
Direct/Mobile #:	Direct/Mobile #:	Direct/Mobile #:			
Owner First & Last Name:	Have you worked	I with a SWT program befo	re?		
Bus. Email:	Have you worked	I with AmerEx before?			
Direct/Mobile #:		Number of Employees: Number of Branches:			
EMPLOYER QUESTIONNAIRE Position is season. The J-1 participants hired will not displace U.S. workers. Participants will work alongside U.S. Citizens. My company currently has workers on lockout or strike. Planned Cultural Activities: I have included my Workers' Compensation Insurance Por, if applicable, evidence of the company's exemption for I have included a copy of the company business licence	My company Hours will no Participants olicy certificate (deck sheet) for eom requirement of such coverage	y experienced layoffs in the ot be predominately from 1 will no be concentrated in each state where participare in that state.	0 pm and 6 amone location.		
I understand a social security card is NOT required to begin work. NO	Irug YES I understand t may NOT driv any position	re in must	derstand they YES work a min. of urs each week.		
Position Title \$/hr # Jobs \$/hr OT	Description	Requirements (Englis	h level,gender,skills etc.)		
State Min. Wage:\$/hr Americans make in po	sition : Pay Cycle:	Uniform	Cost to Employees:		
Earliest start date: Latest start date:	Earliest end date	E Latest 6	end date:		
Hrs/week Min (32 Required): Max: O	vertime Required? Over	ertime Available?	Training provided?		
Grooming Requirements/ Dress Code	Employer Training Details: (Paid/unpaid, cost,duration)				
Describe all other employee benefits (tips,bonuses, disco	ounts etc.):				



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IOUSING DETAILS Provided Housing:		is emplo	yee housing provid	iea?vviii su	ggest housing?	
Address:		City:		State:	Zip	
Rent: Per:	Deposit:	Deposit Return Policy	/ :			
ousing Type:	# Tenants Total:	# Bedrooms:	People/room:	# Bathrooms:	People/Bthrm:	
ent Deducted from pay?:	Specific	utilities included:				
pecific utilities not included:		Estimat	ed cost of utilities r	not included:		
iles to work site: Safe neig	ghborhood?V	Vould you let your daughte	r live here?	Safe to walk?	Safe to bike?	
his housing includes:						
Bed frame w/ mattress Mat			Couch Tabl	e Chairs Lir	ens TV Inter	
Microwave Oven Cutle	_	·	1 1 - 1 - 1 - 1 - 1 - 1 - 1		**	
understand the participant may	refuse the provided r	lousing I unders		rom pay I cannot prof		
uggested Housing: Address:	D. L.E. T		City:	State:	Zip:	
Ailes to worksite :	Public Transp	ortation?: Safe i	neighborhood?			
ransportation Arrival Pick up?	Arrival airport/station	n:C	City:		2: Zip:	
Cost per person: Pick ı	up contact name:		Contact phone:			
nstructions:						
ransportation to/from work avai	ilable? Type:	Cost/day:	Details:			
ransportation to/from SS Office	e?	Cost/day:	Details:			
eekend transportation available	e?	Cost/day:	Details:			
Public transportation available?	Type:	Cost/day:	Details:			
ublic transportation pass availab	ole?	Is it safe to walk?	Minute	es walking:		
s it safe to bike?	I understand that pa	rticipants should no be biki	ng on highways or	dangerous/ busy roa	ads	
ARTICIPANT SIGNATURE						
First/Last Name:		First day of wo	First day of work:		Last day of work:	
				Date:		
MDI OVED CICNATURE	Signatur	e				
MPLOYER SIGNATURE				T:0.		
mployer First/Last Name:				Title:		
	C'			Date:		
	Signatui	e				
irect Supervisor First/Last Name	e: 			Title:		
				Date:		
				1.76411.4.		