

The WISE Foundation Work and Travel Program Job Offer

Please complete, sign, scan and email back to:

worktravel@wisefoundation.com

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

	Company Informa	tion
Corporate Name:		Tax ID # (EIN):
Corporate Street Address (NO P	O. Boxes):	
City:	State:	Zip Code:
Contact Person:		Title:
Web Site:	Phone number:	Fax Number:
Type of Business: Does your company maintain the worker's compensation insurance. Please list the names and compensation facility with 17 employees ork	e: Work Location Inforr ete addresses of all possible different work loca	
Does your company maintain the worker's compensation insurance. Please list the names and compensation facility with 17 employees	e required yes no e: Work Location Inforr ete addresses of all possible different work loca	
Does your company maintain the worker's compensation insurance. Please list the names and complete retail facility with 17 employees ork cations: ames of siness and dress,	e required yes no e: Work Location Inforr ete addresses of all possible different work loca	
Does your company maintain the worker's compensation insurance. Please list the names and complete retail facility with 17 employees ork cations: ames of siness and dress, cluding y, state and	e required yes no e: Work Location Inforr ete addresses of all possible different work loca	
Does your company maintain the worker's compensation insurance. Please list the names and complete retail facility with 17 employees ork cations: ames of siness and dress, cluding y, state and on the organization issuing	e required yes no e: Work Location Inforr ete addresses of all possible different work loca	
Please list the names and complete retail facility with 17 employees ork cations: ames of siness and dress, cluding y, state and only only the of the organization issuing paychecks to the participants:	e required yes no e: **Work Location Inform** ete addresses of all possible different work loca) **No social security**	Participant must have applied for social security card and is able to provide receip verifying application

Uniform Grooming Standards

Are uniforms/costumes re	quired: ⊠ yes □ no	Cost of unifor	m/costume	
Uniform details and grooming standards:				
			Positions Available	•
		Participant Hire	d for Position One : : : :	ves 🗌 no
Job Title:				
Dates of Employment	: From	То		
Description of Position/ Expected Job Duties/ Required Skills				
English Level Required:	Beginner 🔀 Intermedia			Tips: ⊠ yes □ no
Average hours per week:	Is overting	ne available 🗌 y	res 🛛 no 🏻 Is overtime pa	id at a higher pay rate: ☐ yes ☐ no
		Participant Hire	d for Position Two :	yes 🗌 no
Job Title:				
Dates of Employment	: From	То		
Description of Position/ Expected Job Duties/ Required Skills				
English Level Required:	Beginner Intermedia		, ,	Tips: yes no
Average hours per week:	ls overtir	ne available:	yes no Is overtime pai	d at a higher pay rate: yes no
If more tha	n two positions are avai	ilable please c	ontact WISE for an add	litional "positions available" page
Do the participants receive	e any meal benefits (check al		Meals	
Full Meal Plan:	Cost per day:		Breakfast	Cost per day:
Lunch	Cost per day:		Dinner	Cost per day:
Is the purchase of a meal	plan mandatory?	□ no	Are meals included in th	e cost of rent?
Please describe any other	r meal benefits:			

Housing Information

Is housing	provided:	⊠ no	Is the participant re	equired to sign a housi	ng agreement: 🔲 y	yes 🗌 no
Type of ho	using: House	Apartment Motel	/Hotel 🗌 other De	etails:		
Cost of Ho	using per week:	Does	weekly cost include ut	ilities: ☐ yes ☐ no	o Estimate weekly co	st for utilities:
How is ren	t collected: Cash	paid to employer	Cash paid to landl	ord 🔲 Payroll dedu	iction Details	
Frequency	of rent collection:		Once per week	Every two w	reeks Once a m	onth
Is a housin	g deposit required:	☐ yes ☐ no Depo	osit Amount:	When is th	e deposit due:	
Is the depo	osit refundable:	yes 🗌 no Who is	s responsible for the re	efund:	When is the depos	it refunded
	easons will the be refunded:					
When is the	e rent that is paid pric	any pre-paid rent be r	al yes no efunded if the participals denied at the US Co	ant onsulate?		
Addresses of a available hous options (includ state and zip c	ing e city,					
How many	participants per bedr	oom:		How many participant	s per bathroom:	
				at housing? yes coptions, check only the		ousing options:
	Cable TV	Telephone	Heating/Air Conditioning	Bedding (sheets, pillows, blankets)	Towels	Refrigerator
	Dishwasher	Kitchen utensils/pots & pans	Microwave	Dining Table/Chairs	Laundry facilities	Couch
	Stove/Oven	Single Beds	Double Beds	Bunk Beds	Air Mattresses	Free Wi Fi or Internet
	Computer	Additional housing a	amenities:			

Please include pictures of all of the housing options available. Also include copies of housing agreements.

Transportation Information

Nearest Airport:		Nearest Bus Station:		
Is transportation from the airp	port/bus station to employer provid	ed: ☐ yes ⊠ no		
Method of transportation	on from housing to work site: 🔀 t	transportation not provided	Walking distance	
Jolans	n required and available	Cost and Details:		
Transportation provided	by employer	Cost and Details:		
Distance from housing to words housing within walking dist		using within walking distance t yes	o a grocery store? : 🛛	yes □ no
	Soc	cial Security Informatio	on	
Where is the closest social security office:		Is Social Securit assistance		no
Any additional details which would help the participant to have a realistic expectation of the job and housing.		Additional Information		
you feel are necessary prior t advise program participants r commensurate with those off hire the above international s the WISE Foundation Summe information is a violation of th	Include any agree information change, you should in to their arrival. Regulations govern regarding Federal Minimum Wage fered their American counterparts [student on a temporary basis for their Work and Travel Program. All in the Department of State Exchange with the Fair Labor Standards Act and	ing the Summer Work Travel or requirements and shall ensure 22 CFR 62.32 (e)]. By complete duration of time indicated ab formation provided must be co Visitor Program regulations. B	should provide participan exchange program require that the participants recting and signing this form bove. The above-named somplete and accurate, pry completing and signing	ts with any documents es that sponsors shall ever pay and benefits you are agreeing to student is participating in oviding false this form, you certify
Participant agreement to tern conditions of my employment indicated that it is available, it	ns of employment: I accept to the a t may change based on the needs t is my responsibility to confirm wit at housing. Signing this document	above job offer and the terms of my employer and any othe h my local representative or V	r unavoidable circumstan VISE to ensure that all ne	ces. If housing is
Participant's Printed Name:		Partici	pant's Signature	 Date