



CCUSA Work Experience
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Dear Employer

By completing this job offer form, you are agreeing to hire an international student coming to the US on a J-1 visa called the Summer Work/Travel program. The Department of State designates private companies to act as sponsors for this visa category operating under an extensive set of regulations.

CCUSA Work Experience is a designated sponsor for the Summer Work/Travel program and provided that this participant fully enrolls on our program and we are able to verify this job offer, will be his or her sponsor for the upcoming season.

As an employer of a J-1 Summer Work/Travel participant, you will have some obligations to the participant and the sponsor in order to comply with the visa regulations. These are:

- 1) Fully complete this job offer form, provide the endorsement/cover page of your worker's compensation insurance policy and answer all questions required during the verification process. Please note: you, the employer, should be completing this form and NOT the participant or some third party. CCUSA does not recommend that you work with third parties to hire your J1 participants.
- 2) Fully intend to employ this participant upon his/her arrival in the United States. Please do NOT complete this form as a favor to anyone so that a participant can obtain a visa. As the sponsor, CCUSA will expect you to stand by your employment offer. If you are unable to do so because of work conditions, you must contact CCUSA immediately.
- 3) Provide an efficient and responsive way for the sponsor to communicate with you before and during the program. We prefer a working email or direct line to the person responsible for hiring and/or supervising the participant.
- 4) Agree to communicate with the participant's sponsor in a timely fashion for:
 - a) The job verification process
 - b) Confirming the arrival of the participant within a few days of the scheduled job start date
 - c) Assisting the sponsor if necessary to remind the participant to complete their program validation within the 10 day required time
 - d) Assisting the sponsor if necessary with each required 30 day check in procedure
 - e) Informing the sponsor if the participant does not initially show up for the job as scheduled and if the participant should be fired, laid off or quit during the stated job offer dates.

CCUSA Work Experience is the sponsor for this participant and bears the responsibility of communicating to the US government about the participant's whereabouts and program experiences. However, as the employer, you do play a very important role in the visa process. Most participants are not allowed to come on the program without a pre-arranged job that the sponsor has fully verified. You are not on record with the US government as the sponsor for the participant and your role as verified employer can also be changed if you are unable to employ the participant.

Our website – www.ccusa.com does provide basic information about the program. Click on the Employers/Work Experience USA program tab. On the Employer Support page you will find important information about a variety of topics, including Social Security cards, deducting payroll taxes, program rules and regulations and employer support information. If you do not find the answers you need, please contact us.



Work Experience USA Independent Program Job Offer Temporary Offer of Employment

(Must be completed by the employer. CCUSA will contact you to verify this Job Offer.
Please complete all sections and write legibly.)

PARTICIPANT INFORMATION

CCUSA ID#: _____ Name of Student: _____ Country of Origin: _____

EMPLOYER INFORMATION

Company Name (as listed on corporate papers): _____

Company Name (doing business as): _____
(If you do business under a name other than your corporate name, please list that name above.)

Corporate Address: _____
Street City State Zip Code

Please describe the business of your company: _____

Corporate Telephone: _____ Corporate Website: _____

Name of person authorized to hire: _____

Best number to reach person authorized to hire (if different from above): _____
(We need to verify the job offer with the person who is authorized in your company to hire so please put any direct number for that person here.)

Email for person authorized to hire: _____ Federal Tax ID # (EIN): _____
(Please note: this is a 9 digit number given to employers by the IRS)

Workers' Compensation Insurance Carrier Name: _____ Policy #: _____

We will require a copy of the cover page of your Worker's Compensation Insurance policy when we verify the job offer.

If your company is exempt from carrying Workers' Compensation, please indicate the reason here: _____

Are you licensed to do business in the state where the participant will be working? Yes No

JOB INFORMATION

Name of Position Offered: _____

Description of the Job Position Duties: _____

Address where participant will work if different from the corporate address:

Street City State Zip Code

Name of supervisor (if different from person who hires) _____

Supervisor Contact Phone #: _____ Supervisor Contact Email _____

Dates of Employment: Start date: _____ End date: _____
(Please note: the dates a J-1 participant is legally authorized to work are on the DS2019 form issued by the sponsor and used to obtain the J-1 visa. Participants are not allowed to work before or after these dates. Please ask the participant for a copy of this form when they report to work.)

Are these start and end dates flexible? Yes No Wage: _____ per hour per week per month

Is the participant paid as an employee on your company's payroll with appropriate taxes deducted and form W-2 issued at the end of the year? Yes No If you responded NO, please explain how the participant is paid and why: _____

Estimated hours per week: _____ Is overtime offered? Yes No Is it paid at a different rate? Yes No
If YES, please give overtime rate: _____ per hour per week per month

Is the wage paid the same wage paid to an American in an equivalent position? Yes No

Will you hire and pay wages without a Social Security number or card if the participant has proof of application for the card? Yes No

Note: It is legal to hire and pay workers who do not have a Social Security number but have proof of application for the card. See 26CFR31.6011(b)-2 of the Internal Revenue laws. The DS2019 and I-94 form prove work authorization. It is illegal to allow employees to work and not to pay all on the same payroll schedule.



HOUSING INFORMATION

Is employee housing available? Yes No Is employee housing mandatory? Yes No

Do you deduct cost of housing from payroll? Yes No Is this legal in your state? Yes No

Please cite law that allows this. _____

Monthly Rent: _____ Deposit Amount: _____ Other monthly costs, including utilities: _____

Type: Apartment Dorm Other If other, specify: _____

Do you provide meals, a meal plan or meal discounts? Yes No

If yes, please describe. _____

Please describe the housing, including location of housing and number of persons per room:

Address of housing, if available:

Street _____ City _____ State _____ Zip Code _____

EMPLOYER AGREEMENT

In offering this employment position to a J-1 Summer Work/Travel participant, the employer is agreeing to act as a third party for the sponsor, CCUSA Work Experience. The employer's obligations as a third party are to:

1. Provide participants the number of hours of paid employment per week as identified on the job offer and agreed to when the sponsor vetted the job. If there is a substantial change in the number of hours, you agree to advise the sponsor.
2. Pay those participants eligible 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 position ahead of their planned departure
4. Contact sponsors immediately in the event of any emergency involving participants or any situation that impacts the welfare of participants.

The signature below confirms the employer's agreement to all of these obligations and attests to the authority to hire for the company listed.

Employer Name Employer Signature Date

PARTICIPANT AGREEMENT TO TERMS OF EMPLOYMENT

I have informed my employer of my acceptance of this offer.

Participant Name CCUSA ID # Signature Date

Did you use a third party to locate this job? Yes No If yes, who? _____

Have you contacted the employer directly to confirm your employment? Yes No

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