



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. “

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.
2. 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.
5. Participants are NOT allowed to start a second job without written approval from AmerEx.
6. 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.

My company agrees in good faith to encourage Participants to abide by the above mentioned rules. \_\_\_\_\_ (initial)



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:

- (1) We are aware that each individual is participant of Summer Work and Travel (SWT) program sponsored by AmerEx allowing him/her to work in the U.S. legally for the period indicated on their DS-2019 form and that after completion of the program participants must return to their home country \_\_\_\_\_ (initial)
- (2) Our company wishes to participate in SWT program as an Employer and agrees to provide all information required by the sponsor or a U.S. consulate to vet each job offer and cooperate in this process for the duration of the program, as needed \_\_\_\_\_ (initial)
- (3) Our company will employ each participant under the terms indicated in the Job Offer with work conditions and wages equal to those provided to American counterpart, and in compliance with applicable federal and state laws, including observing pertinent minimum wage and overtime regulations \_\_\_\_\_ (initial)
- (4) If housing is provided by our company, we certify that the premises are safe, affordable and in compliance with pertinent federal and state laws \_\_\_\_\_ (initial)
- (5) Participants must apply for the J-1 visa at the U.S. consulate in his/her home country and there is no guarantee the visa will be approved; \_\_\_\_\_ (initial)
- (6) Per U.S. Department of State, AmerEx must know where each participant is at all times and employer will cooperate with AmerEx in all efforts to monitor each participant by
  - (a) Encouraging each participant to follow all AmerEx and Department of State rules and regulations
  - (b) Contacting the sponsor when the participant arrives or does not arrive on-time,
  - (c) Notifying the sponsor of any concerns about, changes in or deviations from the job/housing offer
  - (d) Notifying the sponsor if participant leaves his/her employment or housing ahead of the program end date or within 24 hours of disappearance of any participant during the program
  - (e) In case of ANY emergency involving the Participant \_\_\_\_\_ (initial)
- (7) In case of pending termination of a participant from our employ, we agree to notify the sponsor and allow ample opportunity for the sponsor to resolve any misunderstanding or minor issues with participant's performance at the job; \_\_\_\_\_ (initial)
- (8) Our company agrees that it shall not, without the written consent of the sponsor, assign or subcontract to third parties any of its obligations herein. \_\_\_\_\_ (initial)

I understand that false certification may subject me to criminal prosecution under 18. U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Printed Name: \_\_\_\_\_



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.

**EMPLOYER INFORMATION**

Tax ID/EIN: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Registered Company Name: \_\_\_\_\_ Bus.Telephone: \_\_\_\_\_

DBA Name: \_\_\_\_\_ Business Description: \_\_\_\_\_

Company Name on Paychecks: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Worksite Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Main Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person's First/Last Name: \_\_\_\_\_ Supervisor First/Last Name: \_\_\_\_\_

Bus. Email: \_\_\_\_\_ Bus. Email: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Direct/Mobile #: \_\_\_\_\_ Direct/Mobile #: \_\_\_\_\_

Owner First & Last Name: \_\_\_\_\_ Have you worked with a SWT program before? \_\_\_\_\_

Bus. Email: \_\_\_\_\_ Have you worked with AmerEx before? \_\_\_\_\_

Direct/Mobile #: \_\_\_\_\_ Number of Employees: \_\_\_\_\_ Number of Branches: \_\_\_\_\_

**EMPLOYER QUESTIONNAIRE** Position is seasonal.  Summer  Winter  Spring The position is temporary. \_\_\_\_\_

The J-1 participants hired will not displace U.S. workers. \_\_\_\_\_ My company experienced layoffs in the past 120 days. \_\_\_\_\_

Participants will work alongside U.S. Citizens. \_\_\_\_\_ Hours will not be predominately from 10 pm and 6 am. \_\_\_\_\_

My company currently has workers on lockout or strike. \_\_\_\_\_ Participants will not be concentrated in one location. \_\_\_\_\_

Planned Cultural Activities: \_\_\_\_\_

I have included my Workers' Compensation Insurance Policy certificate (deck sheet) for each state where participants will be placed or, if applicable, evidence of the company's exemption from requirement of such coverage in that state. \_\_\_\_\_

I have included a copy of the company business licence and doing business as (dba) certificate if applicable. \_\_\_\_\_

I understand a social security card is NOT required to begin work. <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you require a drug test prior to beginning work? <input type="checkbox"/> YES <input type="checkbox"/> NO	I understand they may NOT drive in any position. <input type="checkbox"/> YES <input type="checkbox"/> NO	I understand they must work a min. of 32 hours each week. <input type="checkbox"/> YES <input type="checkbox"/> NO
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**POSITION DETAILS** Participant's Name Typed \_\_\_\_\_

Position Title	\$/hr	\$/hr OT	Description	Requirements (English level,gender,skills etc.)

State Min. Wage: \_\_\_\_\_ \$/hr Americans make in position : \_\_\_\_\_ Pay Cycle: \_\_\_\_\_ Uniform Cost to Employees: \_\_\_\_\_

Earliest start date: \_\_\_\_\_ Latest start date: \_\_\_\_\_ Earliest end date: \_\_\_\_\_ Latest end date: \_\_\_\_\_

Hrs/week Min (32 Required): \_\_\_\_\_ Max: \_\_\_\_\_ Overtime Required? \_\_\_\_\_ Overtime Available? \_\_\_\_\_ Training provided? \_\_\_\_\_

Grooming Requirements/ Dress Code	Employer Training Details: (Paid/unpaid, cost,duration)
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Describe all other employee benefits (tips,bonuses, discounts etc.): \_\_\_\_\_



**HOUSING DETAILS**

Is employee housing provided? \_\_\_\_\_ Will suggest housing? \_\_\_\_\_

**Provided Housing:**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent: \_\_\_\_\_ Per: \_\_\_\_\_ Deposit: \_\_\_\_\_ Deposit Return Policy: \_\_\_\_\_

Housing Type: \_\_\_\_\_ # Tenants Total: \_\_\_\_\_ # Bedrooms: \_\_\_\_\_ People/room: \_\_\_\_\_ # Bathrooms: \_\_\_\_\_ People/Bthrm: \_\_\_\_\_

Rent Deducted from pay?: \_\_\_\_\_ Specific utilities included: \_\_\_\_\_

Specific utilities not included: \_\_\_\_\_ Estimated cost of utilities not included: \_\_\_\_\_

Miles to work site: \_\_\_\_\_ Safe neighborhood? \_\_\_\_\_ Would you let your daughter live here? \_\_\_\_\_ Safe to walk? \_\_\_\_\_ Safe to bike? \_\_\_\_\_

This housing includes:

- Bed frame w/ mattress  Mattress only  Air mattress  Pull-out Couch  Couch  Table  Chairs  Linens  TV  Internet  
 Microwave  Oven  Cutlery  Pots/Pans  Dishes Other: \_\_\_\_\_

I understand the participant may refuse the provided housing. \_\_\_\_\_ I understand if deducted from pay I cannot profit from housing: \_\_\_\_\_

**Suggested Housing:** Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Miles to worksite : \_\_\_\_\_ Public Transportation?: \_\_\_\_\_ Safe neighborhood? \_\_\_\_\_

**Transportation**

Arrival Pick up? \_\_\_\_\_ Arrival airport/station: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cost per person: \_\_\_\_\_ Pick up contact name: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Instructions: \_\_\_\_\_

Transportation **to/from** work available?  Type: \_\_\_\_\_ Cost/day: \_\_\_\_\_ Details: \_\_\_\_\_

Transportation **to/from** SS Office?  Type: \_\_\_\_\_ Cost/day: \_\_\_\_\_ Details: \_\_\_\_\_

Weekend transportation available?  Type: \_\_\_\_\_ Cost/day: \_\_\_\_\_ Details: \_\_\_\_\_

Public transportation available?  Type: \_\_\_\_\_ Cost/day: \_\_\_\_\_ Details: \_\_\_\_\_

Public transportation pass available? \_\_\_\_\_ Is it safe to walk? \_\_\_\_\_ Minutes walking: \_\_\_\_\_

Is it safe to bike? \_\_\_\_\_ I understand that participants should no be biking on highways or dangerous/ busy roads. \_\_\_\_\_

**PARTICIPANT SIGNATURE**

First/Last Name: \_\_\_\_\_ First day of work: \_\_\_\_\_ Last day of work: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**EMPLOYER SIGNATURE**

Employer First/Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

Direct Supervisor First/Last Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

I confirm I have interviewed, hired and communicated directly with this participant. \_\_\_\_\_

I confirm no monetary payments or incentives were provided to the employer to hire this participant. \_\_\_\_\_