

Note from CSB. This present employer questionnaire/agreement is used to solely define the profile and eligibility of your company for the program. Aside, a job offer form must be signed for each accepted participant, certifying the terms and conditions of employment. The job offer form will include, but is not limited to, several fields also included in this questionnaire/agreement.

EMPLOYER INFORMATION

Corporate Registered Name		Doing business as (dba)	
Business Type	State of Business Registration	Employer Identification Number (EIN) / Federal Tax ID	
Business License Number – A copy of the license must be provided at the time of vetting		Expiration Date (mm/dd/yyyy)	
Workers Compensation Insurance Certificate – Besides the below information, a copy of the certificate must be provided at the time of vetting			
Carrier Name	Carrier Phone Number	Policy Number	Expiration Date (mm/dd/yyyy)
ADDRESS OF EXACT WORK SITE (where the participant will work during the program) □			
City	State	Zip Code	
Address of Main Office (if different from work site) □			
City	State	Zip Code	
Has your company employed J1 participants before?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Total number of J1 placements available with CSB at this location <u>this hiring season</u>	
Name of Owner/Manager	Company Website Address		
Primary Contact Name	Office Phone Number	Mobile Number	
Fax Number	Email		
Supervisor Name (Must be at the work site)	Work Site Phone Number (Must be at the work site)	Email	

EMPLOYER REQUIREMENTS

START DATE*	Earliest (mm/dd/yyyy)		END DATE*	Earliest (mm/dd/yyyy)	
	Latest (mm/dd/yyyy)			Latest (mm/dd/yyyy)	
* Note: The participant must arrive according to the start date on the Form DS-2019 and is eligible to work only during the program dates on the Form DS-2019. These dates observe the limits of his/her official summer vacation period, up to a maximum of 4 months.					
Social Security Number (SSN) must be issued to begin working			<input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number (SSN) must be issued to get paid	
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Skills Required	Prerequisites				
Physical Demands			Cost (if any): \$		

JOB INFORMATION (for each job title, a separate job offer must be issued once a participant was hired)

Job Title #1	Number	Available Gender	Required Age	Country
Wage per Hour \$	Minimum hours per week	Job Description #1		
Job Title #2	Number	Available Gender	Required Age	Country
Wage per Hour \$	Minimum hours per week	Job Description #2		
Job Title #3	Number	Available Gender	Required Age	Country
Wage per Hour \$	Minimum hours per week	Job Description #3		
Job Title #4	Number	Available Gender	Required Age	Country
Wage per Hour \$	Minimum hours per week	Job Description #4		
Job Title #5	Number	Available Gender	Required Age	Country
Wage per Hour \$	Minimum hours per week	Job Description #5		

HOUSING

Housing Availability	<input type="checkbox"/> YES* <input type="checkbox"/> NO <input type="checkbox"/> Other (offered by third party) *Please check "Yes" only if offered directly by the Host Company		Type (if yes)	<input type="checkbox"/> House <input type="checkbox"/> Dorm Style <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment <input type="checkbox"/> Bunk house		Furnished (if yes)	<input type="checkbox"/> Yes - basic <input type="checkbox"/> Yes-full <input type="checkbox"/> No		
Provider Name	Email		Phone						
Are the costs listed below equivalent to the market value of the area			<input type="checkbox"/> YES <input type="checkbox"/> NO						
Housing Address	City		State		Zip Code				
Number of Bedrooms	Number of Bathrooms		Number of Tenants per Room						
Cost per Week*	Payroll Deducted		<input type="checkbox"/> YES <input type="checkbox"/> NO		Utilities Included		<input type="checkbox"/> YES <input type="checkbox"/> NO		Specify Utilities Not Included
Housing Deposit	\$	Refundable Amount	\$	Refund Policy	Lease Required (must be provided)		<input type="checkbox"/> YES <input type="checkbox"/> NO		Length
* Note: Generally, the first month and deposit are due upon arrival. Housing is generally basic furnished with no kitchen utensils cookware, linens or towels provided. Participants may need to bring or purchase necessities for a healthy lifestyle.									
Distance to Work Site (miles)		Transportation Method		<input type="checkbox"/> Walking <input type="checkbox"/> Provided <input type="checkbox"/> Must arrange personally Public			Cost per Day (round trip, estimated)		\$

ARRIVAL INSTRUCTIONS

Pick-up Availability	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other (offered by third party)		Day (if yes)	<input type="checkbox"/> Weekdays only (Monday-Friday) <input type="checkbox"/> Anytime		Pick-up Cost Per Person	\$		
Arrival Airport / Station	City		State		Hours of Pick-up	AM	PM		
*Note: Participants should fly into the requested arrival city and/or final destination. If they fly into another airport, they can take the bus/train to the final destination. If a participant arrives outside of the business hours (8am to 5pm) or during the weekend, the participant must book a hotel to spend the night and call the supervisor during the next business day.									
Details (when, where, conditions)									

AREA INFORMATION

Work site is best described as:	<input type="checkbox"/> Remote <input type="checkbox"/> Suburban <input type="checkbox"/> Ocean <input type="checkbox"/> Metropolitan		Nearest major city:	Distance (miles)						
Grocery Store	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation		Public Library	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation						
Post Office	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation		Restaurants	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation						
Bank	<input type="checkbox"/> Walking distance <input type="checkbox"/> Transportation		Cultural Activities (Suggested)							

EMPLOYER COOPERATION

According to the U.S. Department of State and CSB (the sponsor) regulations governing the program, the Employer agrees and acknowledges that:

- The Summer Work Travel Program is a cultural exchange program. The purpose of the program is to provide foreign college and university students the opportunity to interact with U.S. citizens, experience U.S. culture while sharing their own culture with Americans they meet, travel in the U.S. and work in seasonal jobs to help defray a portion of their expenses.
- Our company wishes to participate in the Summer Work Travel Program as a third party and agrees to provide all information required by the sponsor to vet this job offer and cooperate with the sponsor, as needed. This includes, but may not be limited to, a copy of the business license and a copy of the workers compensation insurance. This is certified by the signature of the person completing the form.
- Our company acknowledges that the below accepted program participant is sponsored by CSB and he/she is considered by the United States Government to be the continuing responsibility of CSB.
- Our company will provide a suitable work situation for each participant, with wage and work conditions consistent with that required of the American counterparts, and in compliance with applicable federal and state law concerning employment. At minimum, participants must be compensated at the prevailing local wage, which must meet the higher of the applicable State or Federal Minimum Wage.
- Our company will disclose in writing to the sponsor any fee, expense or cost that is assessed to and paid by any participant.
- It is legal for participants to begin work after they applied for the Social Security Number, based on their Form DS-2019, I-94 card and receipt from SSA. For more information, please see: <http://www.ssa.gov/employer/hiring.htm> and 26 CFR 3.6011(B)-2 of the I.R.S. code. Per IRS Employer Tax Guide and Publication 515, the participant, holder of a J1 Visa, is considered non-resident alien, not subject to Social Security (FICA), Medicare and Federal Unemployment (FUTA) withholding taxes.
- CSB AGREES TO:**
 - 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 CSB vetted the jobs;
 - Pay eligible participants for overtime worked in accordance with applicable State or Federal law;
 - Notify CSB promptly when participants arrive at the work sites to begin their programs and encourage the participant to inform CSB of his/her residential address in the United States within 10 days of arriving; 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;
 - Contact CSB immediately in the event of any emergency involving participants or any situations that impact their health, safety, or welfare; and
 - In those instances when housing or transportation is provided, agree to provide suitable and acceptable accommodations and/or reliable, affordable, and convenient transportation.
- Our company CERTIFIES THAT the positions offered will not displace U.S. workers, that there have been no layoffs in the last 120 days and that there are no workers on lockout or on strike.
- Our company agrees that it shall not, without the written consent of the sponsor, assign or subcontract any of its obligations hereunder.
- Our company is responsible to provide the Form W-2 directly to the participant once the employment has been completed so the participant can file a tax return request with the I.R.S. I, the undersigned, am authorized by our company to extend job offers to the program participants. I hereby certify that the below mentioned participant has been offered employment in our company and all the details included in this job offer agreement are true to my knowledge. I also certify no employee of our company has received compensation from any party in return for offering this job offer.

EMPLOYER REPRESENTATIVE NAME (print)	Title	
⇒ EMPLOYER SIGN HERE Wet / electronic signature required	X	Date