

Self Arranged Job Agreement Form Please Print Clearly

	,		
Last Name		First Name	
D.O.B, from Month/Day/Year	n the count	ry of	
has been offered an employment positio			
has been offered an employment positio	ii with the t	ociow named organi	Zation.
I. <u>Employer Information</u>			
Company Name			
FEIN			
Year Company Established			
Contact Name			
Title			
Company Address		RIAA	
City			Zip
Address where student will work		State	
City			
Company Phone		Fax	_
If this is a seasonal business, what number			
E-mail Address			IAFA
Company Website			
Please provide a detailed description of you	our compar	NV.	TOLO
rease provide a detailed description of ye	our compan		
	THE	7=	
II. Employment Details			
Available Job Title/Position			
Detailed Description of Job Responsibiliti	es (if addit	ional space is need	ed. please attach to
this form)		-	ca, prouse account to
Start Date: Earliest Possible	Latest Possible:		
End Date: Earliest Possible			
Starting wage \$per			
Will overtime become possible? ☐ yes ☐		_	
Is there a bonus opportunity?	no (eneck (one) at what wage.	Ψ
How will the employees get to and from v	vork?		
How and when will paychecks be delivered			
How will final paychecks and W2 forms by			
110 Will Illiai payelleeks and W2 lollins t	,	·	
Are uniforms required for this position? \Box	ves 🗆 no	(check one)	
What is the cost of a uniform?	yes = 110	(CHECK OHE)	
What special work clothing should each en	mnlovoo ei	rive with? (i.e. blee	ok choos ton nonto)
what special work clouding should each e	mpioyee ai	Tive with: (i.e. blac	k shoes, tan pants)

III. <u>Housing</u>
Is housing available for this student? \square yes \square no (check one)
Address/Location of housing:
Cost of housing per week \$
How will the student pay for housing? (i.e. payroll deduction)
Is a housing security deposit required? \square yes \square no (check one)
Amount of required housing security deposit due upon arrival?
Is the housing security deposit refundable? \square yes \square no (check one)
How and when will the housing will housing deposit be returned?
Will telephone and internet be supplied in the housing? ☐ yes ☐ no (check one)
Will linens be provided in the housing? yes no (check one)
What type of housing will be provided?(apartment/dorms/motel/etc.)
How many students will be placed in each bedroom?Are the students required to live in employer organized housing for the duration of their employment? yes no (check one)
If housing is not provided, will you assist the student in finding suitable and affordable housing in your area? no (check one)
I confirm that the above information is correct and that I am authorized to sign this document on behalf of the organization listed in section #1 of this document. I further confirm that the name of the J-1 student listed above will begin working for this organization on the above listed job start date.
Student Signature:
Signature of Authorized Employer Representative
Position of Authorized Employer Representative
Print Name (Authorized Employer Representative)
Date:

Please note that all employers will be contacted by our office staff at the actual work location using the business phone number for verification before any visa documents or position approvals will be issued.

This document must be completed in its entirety!

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