CCUSA Work Experience USA
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San Rafael, CA 94901
1 888 449 3872 (toll free)
1 415 339 2740
1 415 339 2722 (fax)
workexperience@ccusa.com

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. CCUSA Work Experience is a designated sponsor for this J-1 visa 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 have 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, your current business license 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. If you do, all changes to the participant's job or other conditions can only be approved by CCUSA.
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. Please indicate on the job offer ALL the conditions you have for the job offer.
3. Fully intend to give the number of hours indicated on the job offer. Participants need to work enough hours to offset the costs of the program but cannot work so many hours that they are not able to complete the required cultural activities.
4. Provide an efficient and responsive way for CCUSA 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.
5. Agree to communicate with the participant's sponsor in a timely fashion for:
    a. The job verification process. We will contact you by email and phone but if do not hear back from you within a week will reject the job offer. Please make sure the contact details we give you are current and active. Give alternatives if your business is not open during specific times of the year.
    b. Confirming the arrival of the participant within a few days of the scheduled job start date
    c. Assisting the sponsor 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.
    f. When possible, provide activities that will qualify as the cultural activities required by the visa.

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.

Working 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

Name of Student: _____ CCUSA ID # _____ 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.)

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Corporate Telephone: _____ Corporate Website: _____

Person Authorized to Hire Name _____ Hiring Person Telephone: _____

(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)

As part of the verification process, we must have a copy of:

1. your worker's compensation insurance policy cover page and
2. the license or certificate that allows you do business in your state or locality. You can give these to the participant you are hiring or fax these directly to CCUSA at 415 339 2722. Be sure to include the name of the participant you are hiring.

If your company is exempt from carrying Worker's 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: _____

(Participants cannot work as domestic help in private homes (maid, nanny, etc), in door to door sales that require investment in inventory, in positions that are substantially commission-based, in any job that requires licensing under US laws, in adult entertainment jobs, as pedicab or rolling chair drivers or operators, as operators of vehicles or vessels that carry passengers for hire and require drivers licenses, in any position related to clinical care that involves patient contact, as a crew member on ships or airplanes.)

Description of the Job Position Duties: _____

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

Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)

Supervisor Name: _____ Telephone: _____ 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

Have you attempted to re-hire American staff who were furloughed or laid off due to COVID-19? ☐ Yes ☐ No

Have you advertised this position to American workers? ☐ Yes ☐ No

Will you hire and pay wages without a Social Security number or 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.

HOUSING INFORMATION

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

Do you have a housing contract? ☐ Yes ☐ No If yes, please include a copy with the job offer.

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:

Number of Rooms Number of people per room: Number of bathrooms:

Address of housing, if available:

Street City State Zip Code

Do you have a plan in place to prevent infection in employee provided housing and /or to avoid overcrowding? ☐ Yes ☐ No

If yes, please provide details.

Will there be limits on the number of beds and roommates? ☐ Yes ☐ No

Can housing costs be modified if there is a change in working hours? ☐ Yes ☐ No

How will housing refunds be handled if the business closes suddenly for the season due to COVID-19?

If you do not provide housing, do you have any recommendations for the participant?

What transportation is available in the area? ☐ Public Buses Shuttles ☐ Taxis ☐ Bicycles

HEALTH AND SAFETY

Will you be following all CDC recommendations for COVID-19? ☐ Yes ☐ No

Will you adhere to city, county, and state requirements for COVID-19? ☐ Yes ☐ No

Will you be providing PPE (Personal Protective Equipment) to your J-1 participants? ☐ Yes ☐ No

If yes, what will be the cost to the participant and what type of PPE will you be providing?

Will you be enforcing social distancing requirements at work? ☐ Yes ☐ No

Does your location have access/transportation to nearby healthcare facilities? ☐ Yes ☐ No

Will participants who test positive for COVID-19 be covered by your Worker's Compensation policy? ☐ Yes ☐ No

If no, please explain:

EMPLOYER AGREEMENT

Have you had direct contact with this participant by email, phone or Skype? ☐ Yes ☐ No

If you have not, were you contacted by a third party? ☐ Yes ☐ No If yes, who? _____

Is your business considered seasonal or located in a seasonal tourist area? ☐ Yes ☐ No

Are you a new business which is not yet in operation? ☐ Yes ☐ No

Are there multiple Sites of Activity which the CCUSA participant will be working at throughout the season? ☐ Yes ☐ No

Is there a Supervisor on staff at all times? ☐ Yes ☐ No

Will the participant be working with other American employees at all times? ☐ Yes ☐ No

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.
5. If you hired this participant through a third party, you MUST communicate directly with the sponsor for all participant issues. Only the sponsor can give permission to changes in conditions affecting the participant.

The signature below confirms the employer's agreement to all of these obligations and attests to the authority to hire for the company listed.
If submitting this form electronically (emailing form) check the box below as an alternative to signing.

☐ _____ _____ _____

Employer Name | Employer Signature | Date

PARTICIPANT AGREEMENT TO TERMS OF EMPLOYMENT

I have informed my employer of my acceptance of this offer.
If submitting this form electronically (emailing form) check the box below as an alternative to signing.

☐ _____ _____ _____

Participant Name | 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

If your employer does not provide housing, what have you done to locate housing on your own?

_____

You will be required to provide details of your housing arrangements to CCUSA once your job offer is verified. CCUSA reserves the right to not issue your DS2019 form until you have done so.