



UWT Employer Information Form

Please type or print clearly on this form. This form must be completed by an employer in the U.S. and faxed (from a U.S. fax machine) to (410) 581-7950 or mailed to the UWT office at the address on the bottom of this page.

I. Employer Information

Contact Name _____
Title _____
Company Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail _____
Website _____

Please provide a brief description of your company.

II. Employment Details

Job title/position _____
Descriptions of job responsibilities _____

Start date _____ End date _____

Starting wage \$ _____ per _____ Approximate # of hours per week _____

How and when will paychecks be delivered? _____

Nearest major/international airport _____

Number of foreign workers requested _____

Type of workers requested (circle one) J-1 H2B *Please leave blank if uncertain*

III. Housing

Is housing available? yes no (check one)

Cost of housing per week (if applicable)

\$ _____

If no, will you assist the student in finding suitable and affordable housing? yes no

Additional Comments _____

Signature of Authorized Employer Representative _____

Date _____

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