



Self Arranged Job Agreement Form

Please Print Clearly

I certify that _____, _____
Last Name First Name
D.O.B. _____ has been offered an employment position with the below
Month/Day/Year
named organization.

I. Employer Information

Company Name _____
FEIN _____
Year Company Established _____
Contact Name _____
Title _____
Company Address _____
City _____ State _____ Zip _____
Address where student will work _____
City _____ State _____ Zip _____
Phone _____ Fax _____
E-mail Address _____
Company Website _____
Please provide a detailed description of your company _____

II. Employment Details

Available Job Title/Position _____
Detailed Description of Job Responsibilities (if additional space is needed, please attach to this form) _____

Start Date: Earliest Possible _____ Latest Possible: _____
End Date: Earliest Possible _____ Latest Possible: _____
Starting wage \$ _____ per _____ Approximate # of hours per week _____
Will overtime become possible? yes no (check one) at what wage? \$ _____
Is there a bonus opportunity? _____
How will the employees get to and from work? _____
How and when will paychecks be delivered? _____
How will final paychecks and W2 forms be delivered? _____

Are uniforms required for this position? yes no (check one)
What is the cost of a uniform? _____
What special work clothing should each employee arrive with? (i.e. black shoes, tan pants)

III. Housing

Is housing available for this student? yes 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? yes no (check one)

Amount of required housing security deposit due upon arrival?_____

Is the housing security deposit refundable? yes 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? yes 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.

Signature of Authorized Employer Representative_____

Position of Authorized Signer _____

Date_____

Print Name_____

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

This document must be completed in its entirety!

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