



Self Arranged Job Agreement Form

Please Print Clearly

I certify that _____, D.O.B. _____
has been offered an employment position with the below company. Additionally, I support
that the information listed below is thorough and correct.

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 \$ _____ Approximate # of hours per week _____
How and when will paychecks be delivered? _____
Nearest major/international airport _____

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 _____
Print Name _____