



A New Era in Cultural Exchange

International Cultural Exchange Organization Inc.

Independent Employment Confirmation Letter --- Summer Work/Travel Program 2010

Employer Information _____ Program Dates: (month/day/year) ____/____/____ to ____/____/____

Company: _____

Contact Name: _____ Tax ID # (FEIN) _____

Title: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: () _____ Fax: () _____

Employment Information _____ Additional employment information to be attached

Job Title: _____ Wage (per hour): _____ Average Hours: (per week) _____

Position Description: _____

Housing Information _____

Is housing available? yes no Cost of Housing: (per month) _____ Deposit: _____

Is housing shared? yes no Is housing furnished? yes no

Employer _____

By completing this form, you agree as an employer to hire the below mentioned international participant on a temporary "at-will" basis. The participant is taking part on the J1 work/travel program sponsored by International Cultural Exchange Organization Inc. He/she must receive the same wages as an American in the same position. All information provided must be complete and accurate. Providing false information is a violation of the United States State Department regulations. This participant is legally allowed to work for the period stated on his/her DS2019 form. Employers should contact ICEO with any questions at: 1-877-423-6462.

Print Name: _____ Title: _____

Signature: _____ Date: ____/____/____

Participant Information _____ Desired Program Dates: (month/day/year) ____/____/____ to ____/____/____

Last Name: _____ Date of Birth: ____/____/____

First: _____ Middle: _____

Mailing Address: _____

University: _____ Major: _____

Country: _____ Email: _____ @ _____

Home Phone: (country code)(city code) _____ Cell Phone: (country code)(city code) _____

By signing below, I indicate my understanding and agreement with the following terms:

Any position offered to me is not a firm, irrevocable offer and may be revoked at any time before I commence employment. I will be an employee-at-will, and my employment relationship may be terminated at any time by the employer. The terms above are general in nature and my hours and duties are subject to change. I will work for a period that will not exceed the end date on my DS 2019 form. If I wish to change employers, ICEO must approve my new employment position prior to me accepting it. I will adhere to all ICEO rules regarding employment and program participation. Should I change jobs without receiving prior permission from ICEO or if I violate other ICEO rules, ICEO may terminate its sponsorship of me and I will be required to return home. I also understand that such termination may prevent me from receiving future US visas.

Participant _____

Print Name: _____

Signature: _____ Date: ____/____/____