

Summer Work and Travel: Second Placement Job Offer

Sponsor Information:

Dynamic Global Exchange

Return by fax: 678-261-1419 OR Email: katelyn@dynamicglobalexchange.com



Exchange Visitor Information:

First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Employer Information:

Host Company Name: _____ Description of Company: _____

Jobsite Address: _____ Phone Number: _____

Supervisor Information:

First Name: _____ Last Name: _____ Title: _____

Work Phone Number: _____ Cell Phone Number: _____

Supervisor's Email Address: _____ Best Form of Communication: _____

Position Information:

Job Title: _____ Position Description: _____

Start Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____

Hours of Work/Week: _____ Overtime Required: _____ Overtime Available: _____ Hourly Wage: \$ _____

Tips Included: Yes No Typical Work Schedule: Morning (6am-2pm) Mid Shift Evening (2pm- 10pm)

Is Uniform Provided? Yes No

If uniform is required and NOT provided by Employer, what is the cost to student? \$ _____

If standard uniform NOT required, but a specific style of dress is required, please describe on the line below:

Additional Comments:

Summer Work and Travel Participant: By signing below you agree that you have reviewed, understand, and will follow this job placement verification.

Exchange Visitor Signature: _____ Date (MM/DD/YYYY): _____

Employer: By signing below, you certify the following:

- I have reviewed, approved, and will following this job placement verification.
- I will adhere to all applicable regulatory provisions that govern this program (22 CFR Part 62).
- I will provide all vetting materials to Dynamic Global Exchange as required by the Department of State.
- I will notify Dynamic Global Exchange regarding any concerns/deviations from this agreement.
- Participant will not begin working until Dynamic Global Exchange has given final work approval.
- I will pay federal overtime provisions (1.5 times standard wage) for any hours exceeding 40 hours per week.

Employer Representative Name: _____

Employer Representative Signature: _____ Date (MM/DD/YYYY): _____