

Employer Job Form

Please ensure this form is completed and returned to BUNAC once you have a confirmed job offer (keep a copy for yourself).
You **MUST** inform BUNAC **immediately** if your employer changes.
Please ensure both the Employer & Participant Declaration has been signed **BEFORE** you return this form to BUNAC.

Participant Section

Name _____
DS-2019 number (if known) N000 _____
Residential address in US (if known, **not** a PO Box) _____

Telephone number in US (if known) _____

Employer Section (to be completed by employer)

Name of Company _____
Name of Supervisor _____
Company Physical Address (**not** a PO Box) _____

Telephone number _____ E-mail _____
Dates of employment: (*Max 4 months June - October*) From _____ To _____
Employee's Job Title _____ Wage per hour \$ _____ Hours per week _____
Is housing included? (please provide a brief description) _____

Cost of housing _____

Employer Declaration

I certify that the person named above has been offered a temporary position with our company, and that all the information on this form is true.

Print Name _____

Signature _____ Date _____

Participant Declaration

I understand that this job is not firm and may be revoked for reasons sufficient to the Employer at any time before or after I start working. I agree to work no more than four months in total. I understand that this job can be terminated at any time by myself (with two weeks notice) or by the employer (for any legally permissible reason). I understand my hours of work, duties and responsibilities may change at the sole discretion of the employer.

Print Name _____

Signature _____ Date _____