



## Life Adventures, Inc.

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Phone: 888-896-4953, 813-383-4985, Fax: 267-295-7831  
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# CHECK LIST

## CHANGING YOUR JOB IN THE USA

Dear Participant,

If you are changing jobs, please follow these instructions to change your job properly:

- ✓ Find a new job **within 10 days** since you left your previous work place.
- ✓ Go to the web-site <http://j1visa.state.gov/programs/summer-work-travel> and check if the type of the company you want to work at complies with the SWT program regulations.
- ✓ Make sure that your new employer can provide:
  - a. a copy of Business License (must have valid dates),
  - b. a copy of Worker's Compensation Insurance (must have valid dates),
  - c. J1 Employer Survey (fully and properly filled in and signed by employer).
- ✓ Submit or let the employer submit all the following documents to our e-mail [info@lifeadventures.us](mailto:info@lifeadventures.us) all in one:
  - a. two pages of your new Job Offer (signed by you and employer),
  - b. copy of Business License,
  - c. copy of Worker's Compensation Insurance,
  - d. two pages of the survey.
- ✓ Wait until your new job offer is approved by Life Adventures.
- ✓ After you start working at a new company, you must check-in on the website [www.lifeadventures.us](http://www.lifeadventures.us) to update your work site information.

Please find Job Offer form and Survey form attached.



Dear Employer,

As an employer of a J-1 Summer Work/Travel participant, you have obligations to the participant and Life Adventures, Inc. as the visa sponsor in order to comply with the J-1 visa regulations.

These are:

1. Fully complete the job offer form, provide the endorsement/cover page of your worker's compensation insurance policy, your current business license and answer all questions required during the verification process.
2. Fully intend to employ the participant upon his/her arrival in the United States. You are expected to stand by your employment offer. If you are unable to do so because of work conditions, you must contact Life Adventures, Inc. immediately.
3. Fully intend to give the number of hours indicated on the job offer. Participants need to work enough hours to offset the costs of the program but cannot work so many hours that they are not able to complete the required cultural activities.
4. Provide an efficient and responsive way for Life Adventures, Inc. to communicate with you before and during the program. We prefer a working email or direct line to the person responsible for hiring and/or supervising the participant.
5. Agree to communicate with the participant's sponsor in a timely fashion for:
  - a. The job verification process. We will contact you by email and phone but if do not hear back from you within a week will reject the job offer. Please make sure the contact details we give you are current and active. Give alternatives if your business is not open during specific times of the year.
  - b. Confirming the arrival of the participant within a few days of the scheduled job start date.
  - c. Assisting the sponsor to remind the participant to complete their program validation within the 10 day required time.
  - d. Assisting the sponsor if necessary with each required 30 day check in procedure.
  - e. Informing the sponsor if the participant does not initially show up for the job as scheduled and if the participant should be fired, laid off or quit during the stated job offer dates.
  - f. When possible, provide activities that will qualify as the cultural activities required by the visa.
6. Agree to assist the participant's sponsor and follow through in fulfilling cultural activities as required by the J1 visa.

Life Adventures, Inc. is the J-1 visa sponsor and bears the responsibility of communicating to the US government about the participants' whereabouts and program experiences. However, as the employer, you do play a very important role in the visa process. Please, refer to us any questions concerning Social Security cards, deducting payroll taxes, program rules and regulations. We are ready to assist you.

Please, sign this page of the J-1 Employer and Work Site Eligibility Survey thus indicating that you have read and accepted the above information and conditions.

Company's Name (including dba) \_\_\_\_\_

Manager's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete this form, scan and send to [info@lifeadventures.us](mailto:info@lifeadventures.us)**



## J-1 Employer and Work Site Eligibility Survey

This survey is for the screening purposes only and contains the information for internal use needed to determine the company's eligibility for J-1 students' hiring. Life Adventures, Inc. may share/display this document to the Department of States (Department of Exchange Programs in particular) only after their official written request.

***When filling out the survey, please focus on describing how seasonality affects your business especially in summer. Please give a descriptive evaluation or percentage. It is important that we see your business is seasonal.***

1. Is your company a registered member of US Chamber of Commerce, Council of Better Business or any other business/social/charity association? If yes, please specify.

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2. Please give percentage of turnover and sales contrasting winter and summer seasons. Give specific numbers if possible.

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3. Please describe occupancy and workload of employees in winter and summer. Give specific numbers of permanent and temporary employees in winter and summer. Describe how seasonality affects business hours and employee schedule in winter and summer.

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4. What ways do participants have to interact with U.S. citizens and experience U.S. culture other than at their workplaces? Please enlist any summer cultural events/historic sites/scenic areas/parks/major cities in your area.

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Please, sign this page of the J-1 Employer and Work Site Eligibility Survey thus indicating that you have provided completely true information about your company.

Company's Name (including dba) \_\_\_\_\_

Manager's Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please complete this form, scan and send to [info@lifeadventures.us](mailto:info@lifeadventures.us)***



# Life Adventures, Inc.

## Summer Work Travel Employment Agreement

(Must be completed by the employer. Life Adventures will contact you to verify this Job Offer.)

Position is offered to: \_\_\_\_\_ from: \_\_\_\_\_  
PARTICIPANT'S FIRST AND LAST NAME PARTICIPANT'S COUNTRY

### EMPLOYER INFORMATION

Name & Title: _____ <small>NAME OF THE PERSON AUTHORIZED TO HIRE</small>	Work Phone: _____ <small>BEST NUMBER TO CALL THE PERSON AUTHORIZED TO HIRE</small>
Corporate email: _____ <small>EMAIL OF THE PERSON AUTHORIZED TO HIRE</small>	Cell Phone: _____ <small>IN CASES IF THE WORK PHONE NUMBER DOES NOT RESPOND</small>

### COMPANY INFORMATION

Corporate Name (incl. dba name): \_\_\_\_\_  
AS LISTED ON CORPORATE PAPERS

Corporate Address: _____ <small>STREET</small>	_____ <small>CITY</small>	_____ <small>STATE</small>	_____ <small>ZIP CODE</small>
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Corporate Phone: \_\_\_\_\_ Corporate Fax: \_\_\_\_\_

Corporate Website: \_\_\_\_\_ Federal Tax ID (EIN): \_\_\_\_\_  
9 DIGITS GIVEN TO EMPLOYERS BY THE IRS

Is your business affected by seasonality (mainly summer period)? ☐ Yes ☐ No

Is the company licensed to do business in the state where the participant will be working? ☐ Yes ☐ No

If your company is exempt from carrying Workers' Compensation, please indicate the reason here: \_\_\_\_\_

**As part of the verification process, we must have a copy of the license or certificate that allows you do business in your state or locality and your worker's compensation insurance policy cover page. You can give these to the participant you are hiring or email these directly to Life Adventures at [vetting@lifeadventures.us](mailto:vetting@lifeadventures.us).**

How many international students do you plan to hire for the coming summer? \_\_\_\_\_

Have you hired international students previously? ☐ Yes ☐ No

If yes, specify: years \_\_\_\_\_ number of students \_\_\_\_\_ agency \_\_\_\_\_

### JOB INFORMATION

Position: _____	Duties: _____
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Work Site Address: _____ <small>STREET</small>	_____ <small>CITY</small>	_____ <small>STATE</small>	_____ <small>ZIP CODE</small>
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Name of Supervisor: \_\_\_\_\_  
NAME OF THE PERSON OVERSEEING PARTICIPANTS ON WORK SITE

Supervisor's Phone: _____	Supervisor's email: _____
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Employment starts: _____	ends: _____	Are these dates flexible? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Wage per hour: \$ _____	Pay frequency: _____	Estimated hours per week: _____
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Is the wage paid the same wage paid to an American in an equivalent position? ☐ Yes ☐ No

Overtime available? ☐ Yes ☐ No If yes, specify the hours \_\_\_\_\_ and pay rate per hour \_\_\_\_\_

Will you hire and pay wages without a Social Security number if the participant has proof of application for the card? ☐ Yes ☐ No

IT IS LEGAL TO HIRE AND PAY WORKERS WHO DO NOT HAVE A SOCIAL SECURITY NUMBER BUT HAVE PROOF OF APPLICATION FOR THE CARD. THE DS2019 AND I-94 FORM PROVE WORK AUTHORIZATION. IT IS ILLEGAL TO ALLOW EMPLOYEES TO WORK AND NOT TO PAY ALL ON THE SAME PAYROLL SCHEDULE. SEE 26CFR31.6011(B)-2 OF THE INTERNAL REVENUE LAWS.

Uniform required? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, specify: _____	cost: \$ _____
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Any discounts, meals, bonuses available for participants in your business ☐ Yes ☐ No

If yes, specify: \_\_\_\_\_

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## HOUSING INFORMATION

Is employee housing available? ☐ Yes ☐ No Is employee housing mandatory? ☐ Yes ☐ No

Housing Address:

STREET

CITY

STATE

ZIP CODE

Type of Accommodation: ☐ Hotel ☐ House ☐ Apartment ☐ Dorm ☐ Other If other, specify

Number of rooms: People per room: Number of bathrooms:

Amenities included in housing: ☐ Furniture ☐ Kitchen ☐ Internet access ☐ Laundry ☐ Linen

Rent Amount: \$ per ☐ week ☐ month Deposit amount: \$

Is deposit refundable? ☐ Yes ☐ No Conditions of refund?

Other monthly costs: Are housing costs payroll deducted? ☐ Yes ☐ No

Transportation available for daily use in the area: ☐ Public Buses ☐ Shuttles/Taxis ☐ Bicycles ☐ Subway

If housing provided, what is the approximate cost of to/from transportation? \$

If housing provided, how will participant get to and from work?

If no housing provided, how will the student be assisted in housing search?

## EMPLOYER AGREEMENT

**By completing this Agreement host company agrees to:**

- Inform Life Adventures should there be any change in Participant's job descriptions and/or work location.
- Inform Life Adventures of the participant's arrival named on this agreement at [atvetting@lifeadventures.us](mailto:atvetting@lifeadventures.us)
- Inform Life Adventures should the participant not show for work without cause and/or reason.
- Ensure that Participant's minimum length of employment is 3 weeks and maximum is 4 months.
- Ensure that pay to the participant is in accordance with State and Federal law.
- Contact Life Adventures should any emergency occur regarding the participant.
- Inform Life Adventures of any change of living arrangements as given in this agreement.
- Help the participant in getting involved in cross cultural activities.

**As a part of the J-1 Summer Work Travel, host company understands that:**

- Participants must contact Life Adventures within 10 days of arriving to the USA.
- Participants must validate their program within 10 days of the start date on the DS-2019.
- Participants are ONLY allowed to work from the start date to the end date indicated on the DS-2019.
- Participants are NOT allowed to switch jobs or leave employment without written consent from Life Adventures.
- Participants are NOT allowed to start the second job without written approval from Life Adventures.
- Participants must notify Life Adventures within 10 days of changing housing address.
- Participants (or employers) must notify Life Adventures of the work site address changes.
- Participants must complete monthly check-ins with Life Adventures.
- The Work/Travel program is an exchange program. As such, the above-mentioned company agrees to assist to promoting opportunities for cultural exchange with US citizens.

EMPLOYER'S NAME FIRST AND LAST NAME

SIGNATURE

DATE (mm/dd/yyyy)

## PARTICIPANT AGREEMENT to terms of employment

**By signing this Agreement I understand that:**

- The conditions of my employment may change based on the needs of my employer and any other unavoidable circumstances such as weather or economic state.
- My visa status will be change to "Terminated" in case I do not show up to the above listed work place (unless the serious reason occurs) and I will have to leave the United States immediately.

PARTICIPANT'S FIRST AND LAST NAME

SIGNATURE

DATE (mm/dd/yyyy)

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