

## CCI Greenheart Work & Travel Program: Self-Arranged Job Offer Letter to Host Organizations Regarding Self-Arranged Job Offer

Dear CCI Greenheart Host Organization,

CCI Greenheart is a not for profit organization designated by the **U.S. Department of State** as a sponsor of the J-1 Summer Work Travel (SWT) visa program (designation number P-3-05807). We are responsible for monitoring the whereabouts and wellbeing of all participants under our sponsorship during their time in the United States.

The information provided on the **CCI Greenheart Self-Arranged Job Offer (SAJO)** details aspects of your business and the job details specific to each participant you have agreed to hire. All fields of the SAJO are required to be completed and CCI Greenheart staff will contact you by phone to confirm these details once we receive the SAJO. **Participants are prohibited from starting work prior to CCI Greenheart's approval of the placement.** 

In addition to confirming job details, CCI Greenheart is also required to ask questions regarding your business to ensure your company meets the requirements of the J-1 Summer Work Travel Program (SWT). Companies are considered appropriate if they meet the below criteria:

- Positions are seasonal or temporary and this can be proven with documentation. Seasonality means your business has a "peak season" where your sales/business increases. Temporary would be a one-time occurrence where you have a need for extra employees.
- Positions include significant interaction with Americans, including speaking English while on the job, and are not on the list of prohibited positions: <a href="http://www.cci-exchange.com/work-travel-regulations/">http://www.cci-exchange.com/work-travel-regulations/</a>
- Positions do not displace American workers; the company has not experienced layoffs for the past 120 days, and does not have workers currently on lockout or strike.
- Location of business offers safe, convenient and reasonably priced housing and transportation options, opportunities for cultural
  activities, and community engagement. As a host organization of J-1 SWT participants, you are expected to assist participants in
  engaging in the community and participating in cultural events. This can be anything from arranging trips to local sites to hosting
  dinners/parties for employees.
- Position provides sufficient income for day-to-day living and **does not** require J-1 SWT participants to work hours predominantly between 10pm and 6am.

CCI Greenheart must also receive 2 documents: the information page of your Workers' Compensation rider that proves coverage (must include your business name and address where the participants are working, insurance company name, policy number, and dates the policy is valid) and a copy of your Business License (any kind of official license or permit for your business should do) proving your business is legal to do business in its location (the actual worksite where the participant(s) will be working). Department of State regulations require visa sponsors to collect these documents and they must be current. If you are not required to have any licenses or permits, CCI Greenheart can research your business on the state's Secretary of State website to ensure you are Active or In Good Standing. If you are not required to have Workers' Compensation, CCI Greenheart does not require a document, but would need an explanation and/or proof of the exemption.

Verification of the SAJO and business details ensures that all participants under CCI Greenheart sponsorship are legally employed by a respectable business and receiving adequate wages and employment conditions as described on the contract. The agreement terms of the SAJO can be found in more detail by going to the link above your signature field. Once you are approved by CCI Greenheart, you will receive log-in information to a CCI Online Account. As a host organization for J-1 SWT participants, you are required to notify CCI Greenheart of the following:

- · When each participant arrives to you
- · If any participant fails to arrive, leaves early for any reason (including being fired), or if any job condition changes
- If there is any emergency situation involving the participant(s)

Please note that while J-1 SWT participants are to be treated the same as American employees, they are exempt from paying Social Security, Unemployment, Medicare, and FICA taxes. Feel free to reference the Resources section in your CCI Online account for more details on this.

If you have any questions or concerns regarding the SAJO, other CCI Greenheart program requirements, or about our program in general, please contact CCI Greenheart at 866-684-9675. Thank you for your time and cooperation and best of luck for a successful season!

Best Regards,

CCI Greenheart Work and Travel Department



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All participants finding their own job must complete this job offer, including required signatures, and return the first page to CCI Greenheart. If completed by the employer, this form should be sent directly to the participant. ALL participant jobs must be approved by CCI Greenheart PRIOR to starting work.

| HOST ORGANIZATION INFORMA  | ATION                              |   |   |  |                                   |                                       |                                      |  |
|--|------------------------------------|---|---|--|-----------------------------------|---------------------------------------|--------------------------------------|--|
| Parent Company Name:   |                                    |   |   | "DBA" Business Name:   |                                   |                                       |                                      |  |
| Website:   |                                    |   |   | ,  |                                   | Total number of employees:            | Total number of international staff: |  |
| Primary Business Address:  |                                    |   |   | Worksite Address, if different from Primary Address (no PO Boxes):       |                                   |                                       |                                      |  |
| City:  | State:                             |   | Zip:  | City:  | State:                            |                                       | Zip:                                 |  |
| Name of person extending this job offer:   |                                    |   | Name of supervisor assigned to participant: |  |                                   |                                       |                                      |  |
| Title:   |                                    | Email:                                      |   | Title: Email:  |                                   |                                       |                                      |  |
| Telephone (MUST be worksite #):  |                                    | Mobile/Off-season phone:                    |   | Addresses for <b>additional Sites of Activity</b> :                      |                                   |                                       |                                      |  |
| Company activities:  |                                    |   |   |  |                                   |                                       |                                      |  |
| JOB DESCRIPTION  |                                    |   |   |  |                                   |                                       |                                      |  |
| Job title:   |                                    |   |   | Job is valid FROM:   | ob is valid FROM: Job is valid TO |                                       |                                      |  |
| Description of general job duties:   |                                    |   |   | Identify any uniforms, safety equipment, etc., participant must provide: |                                   |                                       |                                      |  |
| Estimated number of hours/w (min 32 average):  | veek                               | Number of days / week:                      |   | Est. cost of uniforms, equipm  | nent, etc.:                       |                                       |                                      |  |
| Hourly wage (not including tips):  |                                    | Pay frequency (how often paycheck rec'd):   |   | Overtime availability:   |                                   | Overtime wage:                        |                                      |  |
| YES, AS A HOST ORGANIZATION  | NIIWIII DDOV                       | IDE HOHCING                                 |   |  |                                   |                                       |                                      |  |
| Notice: housing must be safe,  |                                    | ordinances                                  |   |  |                                   |                                       |                                      |  |
| Deposit required?:   |                                    | Deposit amou                                | unt:  | Housing cost/month:  |                                   | Are costs ded                         | ducted from paycheck?:               |  |
| Yes □ No □   |                                    |   |   |  |                                   | Yes □ No □                            |                                      |  |
| Number of bedrooms:  |                                    | Number of te                                | nants per room:                             | Total number of tenants in u   | ınit:                             |                                       |                                      |  |
| Distance from housing to job   | Distance from housing to job site: |   | ion available?:                             | Utilities included in rent:  |                                   | Utilities, NOT included in rent:      |                                      |  |
| Kind of transportation from housing to job:  |                                    | COST of transportation from housing to job: |   |  |                                   | Utilities COST, not included in rent: |                                      |  |
| AS A HOST ORGANIZATION I WILL ASSIST WITH SECURING HOUSING (It is best practice for host organizations who do not provide housing to assist with housing & transportation leads.)  |                                    |   |   |  |                                   |                                       |                                      |  |
| Please provide at least one housing lead that participants can use to secure housing:  |                                    |   |   |  |                                   |                                       |                                      |  |
|  |                                    |   |   |  |                                   |                                       |                                      |  |
| IF THE HOST ORGANIZATION DOES NOT PROVIDE HOUSING:   |                                    |   |   |  |                                   |                                       |                                      |  |
| If the host organization does not provide housing, you as a participant, are required to explain your plan for finding suitable housing. What is your housing address in the USA? If not known, please explain your plan to find housing here. Be specific!:   |                                    |   |   |  |                                   |                                       |                                      |  |
| HOST ORGANIZATION AGREEMENT  |                                    |   |   |  |                                   |                                       |                                      |  |
| The CCI Greenheart is a U.S. Department of State designated SWT program sponsor. This document serves as an employment agreement between the business and the WT participant named on the CCI Greenheart job offer. This agreement is not valid until CCI Greenheart has fully screened, vetted, and approved the host organization named in the CCI Greenheart job offer. For purposes of this agreement, "WT participant" refers to the foreign participant entering the U.S. temporarily, under CCI Greenheart S-1 Summer Work Travel visa sponsorship. Continued sponsorship and cooperation is contingent upon adherence to all CCI Greenheart program rules and U.S. Department of State Summer Work Travel regulations (22 C.F.R. Part 62). CCI Greenheart cannot be held responsible for the actions of participants under CCI Greenheart sponsorship, including employment performance and workplace suitability, nor any liabilities created, assumed, or incurred by the participants under CCI Greenheart sponsorship including employment performance and workplace suitability, nor any liabilities created, assumed, or incurred by the participants with the participant of the p |                                    |   |   |  |                                   |                                       |                                      |  |
| Business Representative's Name (Please print):   |                                    |   |   | Title:   |                                   |                                       |                                      |  |
| Business Representative's Signature:   |                                    |   |   | Date:  |                                   |                                       |                                      |  |
| PARTICIPANT AGREEMENT  |                                    |   |   |  |                                   |                                       |                                      |  |
| By signing this agreement, I hereby confirm that I have read and agree to all terms of the PARTICIPANT TERMS AND CONDITIONS submitted with my application. I agree to the Participant Placement/Housing terms of agreement found here: https://docs.cci-exchange.com/work-programs/swt/placement-agreement-participant   |                                    |   |   |  |                                   |                                       |                                      |  |
| First Name (Please print): Last Name:  |                                    |   |   | CCI Greenheart ID#:  |                                   |                                       |                                      |  |
| Participant's Signature of A   |                                    | Date:                                       |   |  |                                   |                                       |                                      |  |