

WORK & TRAVEL USA

Job Placement Application

Please type or print neatly in black ink, and fill out form completely.
Send the completed application to your InterExchange Work & Travel USA Representative.



_____ LAST NAME			_____ FIRST NAME			_____ MIDDLE NAME		
_____ PRESENT STREET ADDRESS								
_____ CITY						_____ POSTAL CODE		
_____ COUNTRY			_____ VALID UNTIL			_____ TELEPHONE NUMBER		
_____ PERMANENT STREET ADDRESS						_____ CITY		_____ POSTAL CODE
_____ COUNTRY			_____ VALID UNTIL			_____ TELEPHONE NUMBER		
_____ CITY OF BIRTH			_____ COUNTRY OF BIRTH			_____ E-MAIL ADDRESS		
_____ COUNTRY OF PERMANENT RESIDENCY			_____ COUNTRY ISSUING PASSPORT			_____ COUNTRY OF CITIZENSHIP		
			<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Single <input type="checkbox"/> Married		
_____ DATE OF BIRTH: (MM/DD/YYYY)			_____ GENDER			_____ MARITAL STATUS		

Work/Leadership/Volunteer Experience: Please list the most recent/current experience first. Please provide at least one supporting reference, translated into English.

Type of Work/Title	Duties	Name of Establishment	Dates

Hobbies and Skills: Please check all the areas that best describe your primary interests.

Cooking
 Gardening
 Theater/Movies
 Do-It-Yourself
 Swimming
 Horseback Riding
 Skiing
 Writing
 Photography
 Artwork
 Dance
 Computers
 Tennis
 Sailing
 Bicycling
 Football
 Singing
 Musical Instruments: _____
 Other: _____

Do you have a national driver's license? Yes No
 Do you have an international driver's license? Yes No
 Do you have a lifeguarding certificate? Yes No
 Do you have coaching experience? Yes No
 University presently attending _____
 Are you a full-time student? Yes No
 Date of initial enrollment _____
 Estimated date of graduation _____
 Years of English Total ____ Secondary School ____ University ____
 Other languages spoken _____
 Have you ever been to the U.S.? Yes No If yes, when? _____
 With which program?/On which visa? _____
 Other travels (not in the United States) _____

Type of job desired: (Please refer to Job Information section of Program Brochure)

1. _____ 2. _____ 3. _____

Location desired: (Please refer to Job Information section of Program Brochure)

1. _____ 2. _____ 3. _____

U.S. arrival date (mm/dd/yyyy) _____ Last day of work (mm/dd/yyyy) _____

Office Use Only

MEDICAL INFORMATION

Do you smoke? Yes No Occasionally If yes, how much? _____

State of Health and Remarks: Include any allergies, special diets, religious obligations or any physical/mental conditions that could affect your participation and placement in a particular area. Please use extra paper if necessary. This information is very important, and failure to report fully on the state of your health may result in inadequate health insurance coverage while in the United States.

Release of Medical Records: In case of medical emergency or hospitalization, I hereby authorize any medical institution or healthcare professional to release my medical records to an InterExchange Representative to ensure that all necessary measures are taken on my behalf.

SIGN DATE

Emergency Contact (Must Speak English)

NAME OF EMERGENCY CONTACT		E-MAIL ADDRESS
EMERGENCY CONTACT'S MAILING ADDRESS		
CITY	POSTAL CODE	COUNTRY
EMERGENCY CONTACT'S TELEPHONE/MOBILE NUMBER		EMERGENCY CONTACT'S RELATIONSHIP TO YOU

Parent Information

FATHER'S NAME		MOTHER'S MAIDEN NAME
TELEPHONE/MOBILE NUMBER		E-MAIL ADDRESS
CITY	POSTAL CODE	COUNTRY

Program Agreement

Thank you for applying to the InterExchange Work & Travel USA Program. By signing below, you accept and agree to be bound by InterExchange, Inc.'s Terms of Use located at www.interexchange.org/termsfuse, Privacy Policy located at www.interexchange.org/privacypolicy, as well as the application above and the terms and conditions set forth below (collectively this "Agreement"). It is important for you to read each of these documents which are incorporated herein by this reference and these additional terms and conditions, as they form a legal agreement between you and InterExchange, Inc. regarding your participation in the program.

- I agree that I will perform my duties to the best of my ability and indemnify, without limitation, InterExchange, its directors, officers, employees, agents and organizations affiliated with it, against any loss or damage suffered by any of them, or any claims made against any of them as a result of any breach or negligence by me during my participation in the program.
- I will attend all orientation sessions in my home country and the city of arrival in the U.S.
- I will carry out the duties and responsibilities of the position of which InterExchange has arranged for me. I acknowledge that InterExchange is primarily a cultural exchange organization rather than an employment agency and only facilitates the arrangements between my employer and me and that any employment relationship is solely between my employer and me. This employment is temporary and runs for the duration of my work authorization documents (J-1 Visa and DS-2019 form). I understand that if my work is not satisfactory to my employer, he/she holds the right to fire me. I agree to work the entire period as stated on the work agreement letter. Not working through the period that I have indicated constitutes a violation of my agreement with my employer and may lead to my visa being cancelled and my termination from the program. In addition, I will not accept any form of employment other than what is permitted by the work authorization documents.
- I understand that taking a second job is allowed as long as it does not interfere with the duties and responsibilities of my primary place of employment.
- I will not terminate my contract with my employer, or change jobs, without the approval of my employer and consent from an InterExchange Program Representative.
- After fulfilling my contract with my employer, I will return to my home country within 30 days of the expiration date of the DS-2019 form.
- I will cooperate fully with those supervising the program on behalf of and in cooperation with InterExchange, and I agree to abide by any reasonable instructions that they may give me.
- I hereby agree that InterExchange, Inc., its officers, employees, affiliates and agents may, without liability, or expense to themselves, take whatever action they deem appropriate with regard to my health and safety and may place me in a hospital or health-related facility for medical services and treatment or, if no hospital or health-related facility is readily available, may place me in the hands of a local medical doctor or health provider for treatment or service.
- I am between the ages of 18 and 28 and a full-time student at a tertiary level of education.
- I will be covered by health and accident insurance for the length of my stay in the U.S.
- I will obtain a valid passport and comply with all vaccinations and immunization requirements.
- I will complete all visa requirements in accordance with instructions.
- I will obey all U.S. federal, state and local laws.
- I understand and agree that any controversy, dispute or claim arising out of, or in connection with this agreement, the relationship of the parties, or its interpretation, performance or non-performance, or any breach thereof shall be determined solely in arbitration conducted in New York City in accordance with the then existing rules of the American Arbitration Association.
- I agree to register in the SEVIS tracking system within 10 days of my program start date, and to notify InterExchange of any change in my address within 10 days of the change.
- I understand that in the event of any conflict between this application and these terms and those of the Terms of Use or Privacy Policy, the Terms of Use and Privacy Policy shall supersede.
- I authorize InterExchange, Inc. to collect, use and disseminate the information (including personal information) that is provided by me or my representing agent or legal guardian in the manner and for the purposes set forth in InterExchange's Privacy Policy located at www.interexchange.org/privacypolicy. I further acknowledge and agree that I am solely responsible for the accuracy and content of any information provided by me or my representing agent or legal guardian and agree to keep it fully accurate and up to date.

I, the undersigned, confirm that I have read, fully understand, accept and agree to be bound by all of terms and conditions set forth in this Agreement and that the information I have provided is true, accurate and complete.

APPLICANT'S SIGNATURE	DATE	PARENT OR GUARDIAN'S SIGNATURE (IF APPLICANT IS UNDER THE AGE OF 21)	DATE
PRINT NAME		PARENT OR GUARDIAN'S PRINTED NAME	