

WORK & TRAVEL USA

Employer Registration Form

Please type or print clearly.

SUMMER PROGRAM WINTER PROGRAM SPRING PROGRAM

Establishment _____ Website _____

Contact Person(s) _____ Email _____
LAST NAME, FIRST NAME

Phone _____ Fax _____

Mailing Address _____
STREET CITY STATE ZIP

STAFFING PREFERENCES

MINIMUM Required Dates of Employment: From: _____ To: _____

Preferences (Please check all that apply): Males Females Both Couples Friends No Preferences

Uniform/Dress Code Requirements (Please be as specific as possible, include hair length and piercing policies):

If a uniform is required, is it provided by the employer? Yes No If no, approximate cost: \$ _____

Staffing Needs (Please indicate the number of staff needed for each position):

_____ Kitchen/Dishwashing	_____ Rentals/Ski Slope	_____ Lift Ticket Sales	Other Positions (include type of position and number of staff needed)
_____ Housekeeping	_____ Waitstaff/Hoststaff	_____ Ride Operator	_____
_____ Sales Help	_____ Maintenance	_____ Where Needed	_____
_____ Bus Person	_____ Lift Operator		Total InterExchange Staff Needed: _____

Wages and Work Hours:

Salary per hour: \$ _____ Estimated working hours per day: _____ Days per week: _____
 Ending bonus: \$ _____ Performance bonus: \$ _____ Overtime rate: \$ _____ after _____ hours per week

ACCOMMODATIONS

Cost of accommodations: \$ _____ per week month Meals provided: Yes No Internet Access: Yes No
 Housing deposit? Yes No Cost: \$ _____ Cost of meals: \$ _____ per day week month

Describe the housing, be as specific as possible. This is all the information the students will have before arriving. Include number of persons per room, cooking facilities, proximity to job site, etc.

Ski Pass Discounts (If applicable):

How did you hear about the InterExchange Work & Travel USA Program?

Resort in my area Mailing Internet Other:

STATEMENT OF INTENT

I, _____, representing _____ by signing this
CONTACT PERSON ESTABLISHMENT
 Statement of Intent, am agreeing to participate in the InterExchange Work & Travel program, contingent upon the receipt and review of my application. I understand that _____ students have been recruited to match the needs outlined in my Employer Job Description Form and
OF STUDENTS
 that if my need for these students should change, it is my obligation to notify InterExchange immediately.

 SIGNATURE

 DATE (MM/DD/YYYY)