

# WORK & TRAVEL USA

## Employer Registration Form

Please type or print clearly.  
 Feel free to Mail,  
 Fax to 212-924-0575, or  
 Email to [worktravel@interexchange.org](mailto:worktravel@interexchange.org)  
 Any Questions? Call 1800-621-1202

SUMMER PROGRAM     WINTER PROGRAM     SPRING PROGRAM

Establishment \_\_\_\_\_ Website \_\_\_\_\_

Contact Person(s) \_\_\_\_\_ Email \_\_\_\_\_  
LAST NAME, FIRST NAME

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Skype \_\_\_\_\_

Mailing Address \_\_\_\_\_  
STREET CITY STATE ZIP

EIN or Federal Tax ID \_\_\_\_\_ Workers' Comp Policy Provider and Number \_\_\_\_\_

### 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		<b>Total InterExchange Staff Needed:</b> _____

### 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 that if my need for these students should change, it is my obligation to notify InterExchange immediately.  
# OF STUDENTS

\_\_\_\_\_  
 SIGNATURE DATE (MM/DD/YYYY)