



Life Adventures, Inc.

14258 Creek Run Drive, Riverview, FL 33579, USA
Phone: 888-896-4953 | Fax: 267-295-7831
info@lifeadventures.us | www.lifeadventures.us

CHECK LIST CHANGE/ADD A JOB

Dear Participant,

If you are requesting a change of job please email us at: info@lifeadventures.us for those steps.

If you are requesting to add a second job please follow the steps below to have it approved properly:

- ☐ Go to the web-site <https://j1visa.state.gov/programs/summer-work-travel> 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 ALL of the following:
 - ☐ Copy of Business License (must have valid dates),
 - ☐ Copy of Worker's Compensation Insurance (must have valid dates),
 - ☐ J1 Employer Survey (fully and properly filled in and signed by employer).
- ☐ Submit or let the employer submit all the following documents to our email info@lifeadventures.us all in one:
 - ☐ LA Agreement and Compliance Seasonal Survey (see below)
 - ☐ Job Offer signed by you and employer (see below)
 - ☐ Copy of Business License as stated above
 - ☐ Copy of Worker's Compensation Insurance as stated above

New and Second Employers must be approved by your sponsor before you start working

After you start working at a new company, you must check-in on the website www.lifeadventures.us to update your work site information.



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LA Agreement and Compliance Seasonal Survey

Dear Employer,

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

These obligations include but are not limited to the following:

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 any participant hired 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 (at a minimum of 32 hours/week). 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 Life Adventures in a timely fashion for:
 - a. The job verification process. We will contact you by email and phone but if we do not hear back from you within a week we 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 5 days of the scheduled job start date.
 - c. Assisting in reminding 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 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. Furthermore, it is agreed that Life Adventures reserves the right to random and unannounced site visits without restrictions.

Please, sign this page of the LA Agreement and Compliance Seasonal Survey thus indicating that you have read and accepted the above information and conditions confirming this agreement.

Company's Name (including dba) _____

Manager's Name _____ Signature _____ Date _____



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As a host employer you understand that there are areas and positions in which a Participant may not be placed. We have listed these program exclusions below.

- In positions that could bring notoriety or disrepute to the Exchange Visitor Program;
- In sales positions that require participants to purchase inventory that they must sell in order to support themselves;
- In domestic help positions in private homes (e.g., child care, elder care, gardener, chauffeur);
- As pedicab or rolling chair drivers or operators;
- As operators or drivers of vehicles or vessels for which drivers' licenses are required regardless of whether they carry passengers or not;
- In positions related to clinical care that involves patient contact;
- In any position in the adult entertainment industry (including, but not limited to jobs with escort services, adult book/video stores, and strip clubs);
- In positions requiring work hours that fall predominantly between 10:00 pm and 6:00 am;
- In positions declared hazardous to youth by the Secretary of Labor at Subpart E of 29 CFR part 570;
- In positions that require sustained physical contact with other people and/or adherence to the Centers for Disease Control and Prevention's Universal Blood and Body Fluid Precautions guidelines (e.g., body piercing, tattooing, massage, manicure);
- In positions that are substantially commission-based and thus do not guarantee that participants will be paid minimum wage in accordance with federal and state standards;
- In positions involved in gaming and gambling that include direct participation in wagering and/or betting;
- In positions in chemical pest control, warehousing, catalogue/online order distribution centers;
- In positions with traveling fairs or itinerant concessionaires;
- In jobs that do not allow participants to work alongside U.S. citizens and interact regularly with U.S. citizens and to experience U.S. culture during the workday portion of their Summer Work Travel programs;
- With employers that fill non-seasonal or non-temporary job openings with exchange visitors with staggered vacation schedules;
- In positions that require licensing;
- In positions for which there is another specific J visa category (e.g., Camp Counselor, Trainee, Intern);
- In positions with staffing agencies, unless the placements meet the following three criteria:
 - Participants must be employees of and paid by the staffing agencies
 - Staffing agencies must provide full-time, primary, on-site supervision of the participants
 - Staffing agencies must effectively control the work sites, e.g., have hands-on management responsibility for the participants
- In positions in the North American Industry Classification System's (NAICS) Goods-Producing Industries occupational categories industry sectors 11, 21, 23, 31-33 numbers (set forth at http://www.bls.gov/iag/tgs/iag_index_naics.htm).
- Extra caution when placing students in positions at employers in lines of business that are frequently associated with trafficking persons (e.g., modeling agencies, housekeeping, janitorial services);
- That host employers will not displace domestic U.S. workers at worksites where they will place program participants
- That host employers have not experienced layoffs in the past 120 days and do not have workers on lockout or on strike

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LA Agreement and Compliance Seasonal 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 State (Department of Exchange Programs in particular) upon their request.

When filling out the survey, please focus on describing how seasonality affects your business. Please give a descriptive evaluation or percentage. It is important that we see how and when your business is seasonal and for which seasons.

1. Is your company a registered member of the US Chamber of Commerce, Council of Better Business or any other business/social/charity association? If yes, please specify.
2. Please give a percentage of turnover and sales contrasting during the year. Give specific numbers if possible.
3. Please describe why you need J1s for this specific season. Give specific numbers of permanent and temporary employees during this season. Describe how seasonality affects business hours and employee schedule.
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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J1 Access to Company Vehicle Memorandum of Understanding / J1 Employer Transportation Form

(To be completed only if employer provides or arranges transportation to/from work site locations for J1s)

Type of transportation provided (check all that apply):

- ☐ Employer shuttle/van
- ☐ Employer arranged carpool
- ☐ Employer owned vehicle
- ☐ Third-party transportation arranged by employer
- ☐ Name of Company _____ Contact Person _____ Number _____
Email _____

If transportation is provided by the employer please provide a list of the potential drivers including names and phone numbers.

Cost of Transportation (if any):

- ☐ Free
- ☐ Payroll deduction (amount: _____ / frequency: _____)
- ☐ If yes, Amount: _____ / How will it be deducted? _____ / How often? _____

Safety and compliance with employer provided transportation - check and complete:

- ☐ All vehicles are insured as required by law (Insurance provider: _____)
- ☐ Driver(s) are legally licensed and carry phone communication for emergencies.
- ☐ Transportation complies with all other state and local laws.

By signing below the employer certifies that the above information is accurate and truthful and that any changes will be reported to the sponsor before implementation.

Company's Name (including dba) _____

Manager's Name _____ Signature _____ Date _____



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J1 Access to Company Vehicle Memorandum of Understanding / J1 Use of Vehicle Form

(To be completed only if employer allows for personal use of Company vehicles for J1 use)

Do you, as employer, allow any J-1 participant that has a valid driver's license to use company vehicles for personal use?

- ☐ No
- ☐ Yes. If yes, what are the steps the J-1 participant needs to take to request the company vehicle for personal use? Also, please provide a copy of the policy covering J1s.

(Further, if any J-1 participant is allowed to drive for personal use, it is required that the employer has and keeps a record of the J-1 participant's driver license and copy of the insurance in case of any incident.)



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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 to 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 info@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: _____

Employment starts: _____ ends: _____ Are these dates flexible? ☐ Yes ☐ No

Wage per hour: \$ _____ Pay frequency: _____ Estimated hours per week: _____

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? ☐ Yes ☐ No If yes, specify: _____ cost: \$ _____

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is employee housing mandatory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Housing Address:			
STREET		CITY	STATE ZIP CODE
Type of Accommodation: <input type="checkbox"/> Hotel <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Dorm <input type="checkbox"/> Other If other, specify			
Number of rooms:		People per room:	Number of bathrooms:
Amenities included in housing: <input type="checkbox"/> Furniture <input type="checkbox"/> Kitchen <input type="checkbox"/> Internet access <input type="checkbox"/> Laundry <input type="checkbox"/> Linen			
Rent Amount: \$		per <input type="checkbox"/> week <input type="checkbox"/> month	Deposit amount: \$
Is deposit refundable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Conditions of refund?	
Other monthly costs:		Are housing costs payroll deducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation available for daily use in the area: <input type="checkbox"/> Public Buses <input type="checkbox"/> Shuttles/Taxis <input type="checkbox"/> Bicycles <input type="checkbox"/> 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 info@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)