

Wegweiser zum Ausfüllen der Bewerbungsunterlagen Work and Travel USA

Bevor du deine Bewerbung einreichst, versichere dich, dass du alle erforderlichen Unterlagen komplett zusammen einreichst. Unvollständige Bewerbungen können nicht angenommen werden. **Bitte vergiss nicht, dass die Daten deines Auslandsaufenthaltes in die Zeit deiner vorlesungsfreien Zeit fallen MUSS (belegt durch deine Einschreibebestätigung).**

Eine Bewerbung für das **FULL PROGRAM** beinhaltet folgende Unterlagen:

- Bewerbungsbogen, vom Bewerber/der Bewerberin ausgefüllt
 - Medizinisches Attest
 - **Participant Agreement** vom Bewerber/der Bewerberin und dem finanziellen Unterstützer unterschrieben (alternativ eine Bescheinigung/Kontoauszug deiner Bank, die belegt, dass du ein Guthaben von mindestens 1000\$ dort hast)
 - Bescheinigung, dass du als StudentIn eingeschrieben bist, von deiner Universität gegengezeichnet und gestempelt (**Proof of University Enrollment**)
 - Bescheinigung über einen abgelegten TOEFL oder SLEP-Test
 - Lebenslauf (getippt, eine Seite)
 - Brief an einen potentiellen Arbeitgeber
 - Kopie des Reisepasses
 - Zwei lächelnde Passfotos
- Bogen zu deinen gewünschten Arbeitsfeldern (Participant Preference Worksheet), vom Bewerber/der Bewerberin mit Hilfe von MultiKultur auszufüllen

Eine Bewerbung für das **SELF-PLACED PROGRAM** beinhaltet folgende Unterlagen:

- Bewerbungsbogen, vom Bewerber/der Bewerberin ausgefüllt
- Medizinisches Attest
- **Participant Agreement** vom Bewerber/der Bewerberin und dem finanziellen Unterstützer unterschrieben (alternativ eine Bescheinigung/Kontoauszug deiner Bank, die belegt, dass du ein Guthaben von mindestens 1000\$ dort hast)
- Bescheinigung, dass du als StudentIn eingeschrieben bist, von deiner Universität gegengezeichnet und gestempelt (**Proof of University Enrollment**)
- Bescheinigung über einen abgelegten TOEFL oder SLEP-Test
- Ein Jobangebot (vom Arbeitgeber und dem Bewerber/der Bewerberin unterschrieben)
- Kopie des Reisepasses
- Zwei lächelnde Passfotos

**Spirit Cultural Exchange
Jobs America Program
Participant Application 2008**

Program Type: Full Program <input type="checkbox"/> Self-Placed Program <input type="checkbox"/>				
Optional 30 days of travel insurance after program end date (recommended): Yes <input type="checkbox"/> No <input type="checkbox"/>				
Orientation Arrival Dates and Program Length				
June 17, 2008 - Chicago <input type="checkbox"/>	2 months (08/16/08) <input type="checkbox"/>	3 months (09/16/08) <input type="checkbox"/>	4 months (10/16/08) <input type="checkbox"/>	+ wks
July 1, 2008 - Chicago <input type="checkbox"/>	2 months (08/31/08) <input type="checkbox"/>	3 months (09/30/08) <input type="checkbox"/>	4 months (10/31/08) <input type="checkbox"/>	+ wks
July 22, 2008 - Chicago <input type="checkbox"/>	2 months (09/21/08) <input type="checkbox"/>	3 months (10/21/08) <input type="checkbox"/>	4 months (11/21/08) <input type="checkbox"/>	+ wks

General Participant Information

Please provide information (AS IT APPEARS ON PASSPORT)

Sending Office:	SLEP/ TOEFL Score: (Full program applicants only)		
First (Given) Name	Last (Family) Name		
Middle Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Home Address			
City	Postal Code	Country	
Home Phone	Mobile Phone		
Date of Birth: Month Day Year	City of Birth	Country of Birth	
Country of Legal Permanent Residency		Citizenship Country	
Passport Number			
Emergency Contact	Phone	Relationship	
Have you been to the USA previously on a Work/Travel visa? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when, where and with what visa sponsor?			
Have you ever been denied a visa by a U.S. Embassy? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how many times? When? What type of visa?			
<p>EMAIL (required): I understand that Spirit requires that I check my email address at least one time per week after arrival in the USA for important updates with regards to my program status.</p> <p>_____ (initial here)</p> <p>The e-mail address that Spirit can use to communicate with me during my program period is:</p>			

**Spirit Cultural Exchange
Jobs America Program
Medical History**

Medical History

Participant Family Name

Participant Given Name

Name of Doctor in Home Country

Doctor's Phone Number

Name of Insurance Company in Home Country

Policy Number

Are you currently taking any medication?

If yes, please list below.

YES NO

Medication

Reason

Medication

Reason

Dosage

Dosage

Are you allergic to any medications? YES NO If yes, what are you allergic to?

In general, how would you rate your health? Excellent Good Fair Poor

Do you have any medical condition that would prevent you from performing a certain type of job or physical activity? YES NO If yes, please explain.

Have you ever been treated for any of the following diseases/ conditions?	Yes	No	If Yes, please explain date and nature of condition
Allergies			
Epileptic seizure			
Head or neck injury			
Back injury or pain			
Other orthopedic injury			
Hernia or rupture			
High blood pressure			
Diabetes			
Lung disease or asthma			
Heart disease or murmur			
Drug or alcohol addiction			
Psychological disorders			
Surgery (in-patient)			

**Spirit Cultural Exchange
Jobs America Program - Program Terms**

Please check the following points below and initial where indicated at the bottom of the page:

- . I confirm that I am currently enrolled as a full-time university student. I confirm that I will return on time to full-time scheduled university classes immediately following program in the USA. I understand that program participation during university class periods is NOT allowed.
- . I understand that I will encounter additional expenses upon arrival in the USA, including but not limited to, housing security deposits, first month's rent, domestic transportation to employer, meals, uniform fees, and other miscellaneous expenses. **I confirm that I will have at least \$1000 available upon arrival in the USA to cover these expenses.** If I am unable to prove that \$1000 is available in a bank account in my name, I confirm that a financial sponsor who is willing to provide financial support is available.
- . I agree to arrange and pay for domestic travel to my employer after arrival in the USA. I understand that Spirit cannot assist in the cost of domestic travel after arrival in the USA. I agree to inform my employer of expected arrival date, time and city no later than two weeks before arrival.
- . I agree to submit all required application documents and program fees to the Spirit cooperating Sending Office by the deadline provided by the Sending Office. I understand that failure to submit required documents and fees on-time will result in delays in job offer issuance, visa application and program start.
- . I agree to obey all national, state and local laws at all times while in the USA. Participants under 21 are not allowed to consume alcoholic beverages. The use of non-prescription drugs is strictly forbidden. Breaking any law can result in dismissal from the program.
- . I understand that Spirit standard medical insurance DOES NOT cover accidents or injuries caused by the Participant driving a vehicle. Participants who drive, rent or purchase a vehicle while in the USA are responsible for providing their own auto and medical insurance. I understand that I have the option of purchasing additional medical insurance for drivers upon request through the Spirit office. After arrival in the USA, all insurance requests must be made in writing.
- . I understand that Spirit medical insurance DOES NOT cover preexisting conditions, self-inflicted (including alcohol-induced) injuries and non-emergency dental care. I understand I am responsible for being aware of Spirit's medical insurance policy coverage and exclusions.
- . I agree to not begin work earlier than the start date or work beyond the end date on my DS2019 form.
- . I understand that I am prohibited to work in the following fields: domestic employee, child or animal care, camp counselor, adult entertainment field, boat crew member, or position that requires me to invest money in inventory for the purpose of door-to-door sales.
- . I understand that I MUST maintain current employment, housing and email addresses with Spirit at all times or face visa termination. Failure to submit an online *Arrival Notification/ Visa Validation* within two weeks after arrival in the USA **WILL RESULT IN VISA TERMINATION.** I agree to inform Spirit of any changes to employment or housing address within one week of the change via the online *Job Change Notification*. Failure to inform Spirit of any changes to employment or housing address within one week **WILL RESULT IN VISA TERMINATION.** Full program participants must have proper authorization to change employment.
- . In the case of visa termination, I agree to return home immediately at my own expense.
- . I agree to attend pre-departure orientation training in home country, attend Spirit orientation in USA, and/or carefully review Spirit online orientation. I understand that I am responsible for following all program rules provided in orientation documents.
- . (Full Program) I understand that by accepting a Spirit full program job offer, **I agree to work the entire program period at my designated employer.** Releases are only granted in very rare circumstances and MUST be approved by Spirit prior to departure from employer. **I understand that quitting without authorization or being fired for due cause from a Spirit full program employer will result in VISA TERMINATION.**
- . (Freestyle Program) I understand that I am responsible for finding my own employment and housing in the USA. I understand that I have access to a list of potential job opportunities from Spirit through my Sending Office. Participants are encouraged to use the provided opportunities to secure employment and housing BEFORE arrival in the USA.
- . (Freestyle Program) I understand that the process to obtain a Social Security Number (SSN) after arrival in the USA can last anywhere from 2 – 16 weeks. I understand that it can be very difficult to find employment after arrival in the USA without a SSN. I understand that it may take several weeks to secure an employer who will allow me to begin working before SSN is received.
- . (Freestyle Program) I agree to contact Spirit within one week of arrival in USA to discuss my employment and housing search until employment and housing is confirmed. Failure to contact Spirit within one week of arrival will result in visa termination. I agree to check email weekly for information regarding visa status and program updates.

Participant Initials _____

**Spirit Cultural Exchange
Jobs America Program
Participation Agreement**

I, the undersigned, confirm that I have read and agree to abide by all Spirit program policies, including those outlined

in this application and in the orientation materials to be provided by Spirit and my sending office. I understand that Freestyle participants are advised to find employment before arrival in the USA, as it can be difficult to find a job before a Social Security Number is issued (up to 12-16 weeks). There is no reason - pre-existing health condition, emotional or behavioral problems, etc. - why I should not be able to participate in the program. I also confirm that I have not been convicted of any felony and that falsifying or withholding of any information on the application could result in program dismissal. By signing below, I also authorize Spirit and its affiliates to use any photographs accompanying this application, taken during program or written evaluations provided by me for promotion or publicity.

Medical Release

I, the undersigned, attest that the Medical History information provided previously is accurate and complete. I also understand that Spirit Cultural Exchange may be required to act as a Good Samaritan in an emergency situation and that Spirit or its agents may need to render medical assistance or consent to certain medical examinations, tests or procedures. I authorize Spirit Cultural Exchange to give consent to any medical examination, test, or procedure which the

attending physician, dentist, or surgeon in the exercise of his or her best judgment, may deem advisable. I further indemnify and hold harmless Spirit Cultural Exchange and its agents from any liability arising out its exercise of this authority.

Financial Support

I, the undersigned, confirm that I will have at least \$1000 available to me upon arrival in the USA to cover „settling in“ expenses, including but not limited to, housing security deposits, first month's rent, domestic transportation to employer, meals, uniform fees, and other miscellaneous expenses. I submit proof along with this application that \$1000 is available in a bank account in my name, or a financial sponsor (signature required below) is available to provide financial support prior to, during and after my Jobs America program when necessary.

Liability Release

As a participant in the Spirit Jobs America program, the undersigned understands the limitations Spirit faces in dealing with outside companies. The undersigned therefore agrees on his or her own behalf not to hold Spirit responsible for any delays, sickness, accidents or other such events and waives and releases any and all claims, actions, causes of action, demands, liabilities, losses, damages, costs, and expenses or suits of any kind that it may ever have or claim to have

against Spirit, its predecessors, successors, assigns, officers, directors, shareholders, employees, agents, contracting parties, partners, affiliates, representatives and all other parties (hereinafter referred to as the "Released Parties") that arise from the undersigned's or the Released Parties' participation in the Spirit Jobs America program, whether such claims arise from the undersigned's or the Released Parties' acts or omissions, are known or unknown, actual or contingent. The undersigned further agrees to indemnify and hold the Released Parties harmless from any and all claims, actions, causes of action, demands, liabilities, losses, damages, costs, and expenses or suits of any kind that may arise out of the Spirit Jobs America program and the Released Parties' acts or omissions in connection therewith, and will promptly reimburse the Released Parties and any other party entitled to be indemnified hereunder for all expenses (including reasonable attorney's fees and costs) in connection with investigating, preparing or defending any such claim,

action, causes of action, demand, liability, loss, damage, cost or expense.

The undersigned fully understands and knowingly intends that this Liability Release is a full, complete and general release of any and all past, present and future claims arising out of or relating in any way whatever to the undersigned's execution of this Participation Agreement and the undersigned's participation in the Spirit Jobs America program. By this Liability Release the undersigned expressly waives any rights he or she has or may have in the future against the

Released Parties for any claims arising out of or relating in any way to his or her execution of this Participation Agreement or the undersigned's participation in the Spirit Jobs America program. The undersigned acknowledges that he or she has read this Liability Release, understands its contents in its entirety and has had ample opportunity to seek and obtain legal advice from an attorney of his or her choice with regard to the execution of this Liability Release. The undersigned further ...

**Spirit Cultural Exchange
Jobs America Program
Participant Preferences Worksheet**

Applicant Preferences

Participant Name	Sending Office	Date / / (MM/DD/YYYY)
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Employer Preferences

Review the list of available jobs provided to you by your sending agent and list at LEAST three preferences below.

(Please list requests by employer ID number and city, state. – e.g. ID 639, Vail, Colorado)

1.	Why?
2.	Why?
3.	Why?
4.	Why?
5.	Why?

Please remember that Spirit DOES NOT GUARANTEE placement at one of the above employers. We will do our best to accommodate your requests, but employers make the final hiring decisions.

General Preferences

If the employers listed above are not available, which of the following types of employers most interests you?

No Preference	Amusement Park	Grocery or Retail Stores
Hotel, Motel or Resort	Restaurant or Food Service	Factory

Participant Work Experience

Please list the areas in which you have work experience, as listed on your attached CV:

Cooking	Waiter/Waitress
Hotel	Office Work
Maintenance	Retail Sales
Housekeeping	Lifeguard
Restaurant Work (please describe)	Additional Skills

Other Information

Please select any applicable skills:

CPR - Red Cross Certified	International Driver's License
Skier/ Snowboarder Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>	Swimmer Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
Do you smoke? Yes <input type="checkbox"/> No <input type="checkbox"/>	What is most important about your experience?

Traveling with Friends

Would you and your friend/s like to be placed at the same employer or in the same community? If so, please list the names of your friends below and we will do our best to accommodate your request. You may request to be placed with up to three friends. If you request a friend who does not request you, your placement together is not guaranteed.

1.
2.
3.

Special Requests

This is the place to list any special requests you have for your program. Please remember, Spirit will do its best to accommodate special requests, but cannot guarantee any type of specific geographic or employment request.

**Spirit Cultural Exchange
Jobs America Program
Proof of University Enrollment**

Participant Information			
Student Name			
Sending Office		Date of Birth: (MM/DD/YYYY) / /	
University Information			
University Name			
Address			
City	Country	Postal Code	
Phone	Fax		
Web site	E-mail		
Proof of University Enrollment			
<p>I certify that Mr./Ms. _____ is registered as a full-time student at the above institution for the current academic year in the field of _____ He/she entered the above university's program in _____ / _____ (Month/Year), has completed at least one semester of degree granting study and has an expected graduation date of _____ / _____ (Month/Year). I also certify that this student has the following summer/main vacation dates: _____ / _____ (Month/Year) through _____ / _____ (Month/Year).</p>			
Signature of School Official _____		Date _____ / _____ / _____	
(MM/DD/Year)			
Printed Name _____		Title of School Official _____	

School Seal:

NOTE TO ALL SENDING OFFICES, STUDENTS AND UNIVERSITIES: All participants in Spirit's Jobs America Program are REQUIRED to have completed at least one semester of degree granting, post-secondary study prior to program participation. In addition, all participants are REQUIRED to return on time to their university studies at the end of their school's summer vacation period. Institutions should NOT allow students to take a leave of absence in order to participate in the Jobs America Program. Spirit can only accept applicants who plan to return on time to full-time studies after the summer break. Therefore, students graduating before the planned departure to the USA are not eligible.

**Spirit Cultural Exchange
Jobs America Program
Self-Placement Job Offer**

Participant Information			
Last Name	First Name	Sending Office	
Job Title	Approx Hours per Week		
Job Description	Starting Pay Rate	Overtime Rate & Terms	
Supervisor's Name	Title		
Phone number ()	Email		
Program Dates (Please indicate your selection)			
Employer Information			
Company Name	Type of Company		
Contact Name	Title		
Phone Number ()	Fax Number: ()		
E-mail	Website		
Street Address	City	State	Zip code
Mailing Address	City	State	Zip code
Housing Information			
If housing is not available through the employer, please list where students can find affordable housing in the area (e.g. newspapers, etc)			
If housing is available, please complete the following information:	Type of Housing (please be as detailed as possible)		
Is a housing deposit required before or upon arrival? Yes <input type="checkbox"/> No <input type="checkbox"/> Deposit Terms	Monthly Cost of Housing		
Signatures of Agreement			
I certify that the above information is accurate and that the wages and compensation offered to the participant are equal to that offered to American counterparts in the same position. I further agree to hold Spirit Cultural Exchange harmless in matters relating to this participant's employment. <i>You will be contacted by a Spirit representative to confirm this information.</i>			
Signature of Employer _____		Date _____	
I have read, understand and accept the employment and housing terms listed above. If housing is not provided, I will identify my own before or upon arrival. I understand that I did not compensate Spirit Cultural Exchange for job or housing placement and that Spirit Cultural Exchange did not arrange the job and/or housing outlined in the above agreement. I understand that I am responsible for contacting Spirit Cultural Exchange if I need any assistance after arrival in the USA or if I leave the above position for any reason. I understand that failure to keep Spirit informed of my employment and housing location at all times will result in visa termination.			
Signature of Participant _____		Date _____	