



UWT Employer Information Form

Please type or print clearly on this form. This form must be completed by an employer in the U.S. and faxed (from a U.S. fax machine) to **(410) 581-7950** or mailed to the UWT office at the address on the bottom of this page or save to your files and attached back to us in email.

I. Employer Information

Contact Name _____

Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____

Website _____

Please provide a brief description of your company.

II. Employment Details

Job title/position _____

Descriptions of job responsibilities _____

Start date _____ End date _____

Starting wage \$ _____ per _____ Approximate # of hours per week _____

How and when will paychecks be delivered? _____

Nearest major/international airport _____

Number of foreign workers requested _____

Type of workers requested (circle one) J-1 H2B *Please leave blank if uncertain*

III. Housing

Is housing available? yes no (check one)

Cost of housing per week (if applicable)

\$ _____

If no, will you assist the student in finding suitable and affordable housing? yes no

Comments: _____

Best way for students to get to you after arrival: _____

Signature of Authorized Employer Representative _____

Date _____

Att: Sue Cushman

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