

SAMPLE EMPLOYMENT CONTRACT FOR /B1/ A3/G5/NATO-7 APPLICANTS

EMPLOYMENT CONTRACT BETWEEN

[Insert name/company] AND [Insert name]

This Employment Contract, made and entered into this ____ day of _____, 20____, by and between the _____ ("EMPLOYER"), and _____ ("EMPLOYEE").

EMPLOYER is a _____

In signing the contract, the EMPLOYER and EMPLOYEE agree to abide by all Federal, State, and local laws in the United States. EMPLOYER agrees that EMPLOYEE's passport and visa will remain in the sole possession of EMPLOYEE at all times. At no time will a copy of this contract, or any other personal property of the EMPLOYEE be withheld by the EMPLOYER for any reason.

EMPLOYER and EMPLOYEE agree as follows:

1. TERM The EMPLOYER employs the EMPLOYEE, and the EMPLOYEE hereby accepts employment as a domestic employee for a _____-YEAR term commencing on _____, 20____ and ending on _____, 20____. During this time EMPLOYEE will work only for EMPLOYER.

2. CONDITIONS OF EMPLOYMENT

A. DESCRIPTION OF DUTIES The Employee is the (Insert Job) for the EMPLOYER as prescribed in the following job description.

The duties of the EMPLOYEE shall include, but are not limited to the following:

(Insert duties)

B. HOURS OF WORK EMPLOYEE will work (insert hours, 35-40 hours) a week, and will not be required to remain at work premises without compensation at any time.

C. COMPENSATION

Amount EMPLOYER will compensate EMPLOYEE more than the Federal or State minimum wage. Specifically, (insert amount).

Frequency and Form of Payment EMPLOYEE will be paid on a (insert time) basis, in (insert form of payment).

Wage Deductions EMPLOYER will not withhold from EMPLOYEE's wages any amount for lodging. EMPLOYER will not make deductions from EMPLOYEE's wages for any other expenses, such as meals, the provision of medical care, medical insurance, or travel.

D. BENEFITS Employee shall receive the following benefits, in addition to a minimum of one full day off each week:

- a. Holidays (insert here)
- b. Sick Days (insert here)
- c. Vacation Days (insert here).

E. OVERTIME EMPLOYER agrees that any hours worked in excess of the normal number of hours worked per week are considered overtime hours, and that hours in which the employee is “on call” count as work hours. Such work must be paid as required by U.S. local laws, at a minimum rate of 150%.

F. TRANSPORTATION EMPLOYER will provide EMPLOYEE with transportation to and from the United States.

12. COMPLETE AGREEMENT By signing this agreement EMPLOYER and EMPLOYEE agree that as of the date below this contract contains the complete agreement concerning the employment arrangement between the parties and will be in effect for the duration stipulated above. All the information contained in this agreement is true to the best of each party’s knowledge, and both parties entered into this agreement of his/her own free will.

EMPLOYER SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE

*PLEASE CHECK THE BELOW WEBSITE FOR MINIMUM WAGES IN EACH STATE:

<https://www.dol.gov/whd/minwage/america.htm>