



H2A PROGRAM DISCLOSURES

The purpose of this H2A Worker Disclosure Form is to confirm pertinent facts with regards to your placement in order to facilitate and streamline successful placement and to ensure you fully understand the program and what is expected of you as well as what you can expect from us as your Agent and what you can expect from your H2A Employer. If there is anything on this document that you do not understand, clarify it before you sign.

Full Name (Last, First, Middle Name and Nick Name) _____ DOB _____

Disclosure Statement	Initial
<input type="checkbox"/> I confirm I have sufficient funds to cover the visa application fee (approx. \$205) and passport delivery (approx. \$25 if applicable), which my US employer will reimburse shortly after my arrival.	
<input type="checkbox"/> I have funds available to cover my airfare to the US, including a one-way ticket to my workplace (ranging from \$1000 to \$1500, depending on the season). I understand my total airfare will be reimbursed as outlined in my job contract (ETA 790 Disclosures).	
<input type="checkbox"/> As a first-year worker with Work Abroad Network, I agree to obtain police and medical clearance before departing South Africa.	
<input type="checkbox"/> I confirm that I have read (or will read) all provided information, including the job offer, contract details, and program information.	
<input type="checkbox"/> Due to H2A Program changes with regards to wages, wages may be less than previous year, checking this box affirms you understand new rules and have discussed and clarified with your employer what your wages will be	
<input type="checkbox"/> I possess ALL the skills & experience listed, I am fully capable of performing the duties & responsibilities of the position I have been offered & hired for. Misrepresentation will result in termination w/o reimbursement.	
<input type="checkbox"/> I declare that I have NEVER been charged with a DUI in the United States. (If you have, disclose this info immediately as additional steps are needed. Approval is not guaranteed. All expenses are yours until approved	
<input type="checkbox"/> I will comply with my employer's drug policy and be terminated for a positive result, returning home at my own expense.	
<input type="checkbox"/> I declare that I am not suffering from any chronic illnesses or disabilities and am physically fit for hard labor.	
<input type="checkbox"/> I have been advised to secure international health insurance before departing, as I am responsible for my own medical expenses. Neither Work Abroad Network nor my employer is liable for non-work-related issues.	
<input type="checkbox"/> I agree to work until the end of my contract, as stated in my employment agreement and visa. Violating this agreement will result in visa cancellation and termination from the program and future placements.	
<input type="checkbox"/> I agree not to use Work Abroad Network Corporation or my US Employer to enter the US and immediately transfer to another company.	
<input type="checkbox"/> I declare that I am fully responsible for all expenses related to illegal behavior and understand that violating U.S. laws may result in deportation, with arrest or legal violations leading to termination of my job and visa.	
<input type="checkbox"/> I understand that violation of U.S. Laws may result in deportation proceedings and if I am arrested or violate any laws, this will lead to termination of my job and my visa.	
<input type="checkbox"/> I agree to return home when my contract ends and my visa expires, unless legally transferred to another job.	
<input type="checkbox"/> I will send a copy of my visa to Work Abroad Network immediately after receiving my passport from the Consulate.	
<input type="checkbox"/> I agree not to book travel without approval from my employer and Work Abroad Network. Unauthorized tickets may require cancellation at my expense. Travel costs must be approved by my employer, and the employer will only reimburse the cheapest option.	
<input type="checkbox"/> I have thoroughly considered all my options and affirm my commitment to this contract. If my circumstances change or I receive another job offer through a different agency, making me unable to fulfill my job contract, I will immediately notify Work Abroad Network and my Employer directly.	

Name: _____ Signature: _____ Date: _____