



COUNCIL OF INTERNATIONAL PROGRAMS USA

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**Application For International Trainees
 GLOBAL PARTNERS PROGRAM**

FOR OFFICE USE ONLY

ARRIVAL DATE: _____

APP FEE INCLUDED: Y N

ATTACH
 PHOTO
 HERE

I. CONTACT INFORMATION

Please Type or Print

Family (Last) Name:	First Name:	Middle Name:

Current Mailing Address and Contact Information where CIPUSA Documents should be sent:

Street & Number	City and State/Province	Postal Code	Country

Telephone (please include country and city codes)	Fax	E-mail

Permanent Mailing Address and Contact Information for CIPUSA Files:

Street & Number	City and State/Province	Postal Code	Country

Telephone (please include country and city codes)	Fax	E-mail

II. BIOGRAPHICAL DATA

Date of Birth (Month/Date/Year)	Birth City/State	Birth Country
Country of Citizenship	Country of Residency	
Gender	Marital Status (list date of marriage)	Number of Children (if applicable list ages)
Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	

III. CURRENT STATUS

Most Recent Position Held	Company Where You Worked
Dates of Employment	Job Responsibilities

IV. LANGUAGE ABILITY

English Proficiency Fluent <input type="checkbox"/> Above Average <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Languages Other than English If applicable: TOEFEL Score: _____ TOEC Score: _____
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V. EDUCATION (applicant must have a college degree or professional certificate from a non-U.S. institution and at least one year of related work experience outside of the U.S. OR five years of relevant work experience outside of the U.S. in order to qualify for the J-1 training visa**)**

Dates of Attendance	Institutions Attended & City, COUNTRY	Areas of Study	Degrees/Certificates Received

Other Relevant Training, Awards or Honors

VI. EMPLOYMENT EXPERIENCE (applicant must have a college degree or professional certificate from a non-U.S. institution and at least one year of related work experience outside of the U.S. OR five years of relevant work experience outside of the U.S. in order to qualify for the J-1 training visa**)**

Number of Years of Professional Experience		Number of Years of Experience in your related field of training outside of the U.S.	
Dates of Employment	Position Title	Organization Name & Location	Job Responsibilities

VII. PREVIOUS TRAVEL TO THE UNITED STATES

A. Do you have a passport? Yes No
 Have you ever been granted a J-1 visa prior to applying to CIPUSA? Yes No
 If yes: How long was your visa? Where was your training program located? Which organization sponsored you?

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B. Please list all visas granted to you for use in the United States:

Type of Visa Issued	Dates of Visa	Sponsored By	Reason for Issuance	Location while in U.S.

C. Have you ever been refused a visa to the U.S.? Yes No

If yes please explain reason for refusal, type of visa requested and the date of refusal:

VIII. GLOBAL PARTNERS PROGRAM INFORMATION (Pre-Arranged Placements secured by the Trainee or the Training Site) Global Partners applicants are responsible for arranging their own training program, roundtrip airfare, administrative fees, living arrangements, health insurance, and negotiating any compensation. ***Application will not be accepted unless all questions are completed!***

Length of Training Program Desired (minimum 1 month)

Training Program Dates	Training Field
Beginning Date:	
Ending Date:	

Desired Training Field	Years of Experience in this Field

Please list the specific training skills you would like to learn related to your desired field of training

Relevant Experience in this field

If you have less than three years of experience in this field please explain why your experience is limited and why this type of training is important for you to learn

Upon completion of your CIPUSA training program will you return to your present position? Yes No

IX. Training Site Information (Organization you have secured and will be training at while in the U.S.)

Name of Training Company	Training Program Supervisor Name & Title

Training Company Mailing Address (Please include Street Number, City, State and Postal Code)

Training Supervisor's Telephone Number	Training Supervisor's Fax Number	Training Supervisor's E-mail

Company Description (Please feel free to attach brochures, etc about the company):

Year founded:	Name of President/CEO:	

Dun & Bradstreet ID Number (Required for all host training sites)	Employer ID Number (Required for all host training sites)

Annual Revenue (company wide) < \$999,999 USD \$1,000,000 - \$2,999,999 USD \$3,000,000 - \$4,999,999 USD > \$5,000,000 USD

Workers Compensation provided for employees? (All training sites must maintain a Worker's Compensation insurance policy) Yes No	Company Website:

Number of employees in department(s) in which Trainee/Intern will be placed:	Number of employees companywide:

Has the training site hosted an Intern/Trainee through CIPUSA in the past three years? Yes No	Will the training site be providing the trainee with health insurance? Yes No

X. FINANCIAL INFORMATION

For purposes of sponsoring your J-1 training visa please complete the following:

Will your Training Company be providing you with any type of compensation? **Yes** **No**

List TOTAL financial compensation provided by training company	List non-monetary compensation provided by training company (including airfare, living accommodations, insurance, etc.)

List TOTAL financial support you will provide during your program	List any scholarships or stipends received for this program

List ANY financial support you will receive (from employer, relative, other sources) and list who will be providing this	Will your salary from your current job be paid in your absence? Please list amount per month
List TOTAL Amount:	

Your Travel fees will be paid by?	Your CIPUSA Administrative fee will be paid by?	Required Health Insurance (available through CIPUSA for \$72/month) will be paid by?
List Amount:	List Amount:	List Amount:

XI. LIVING ARRANGEMENTS

Please list the Mailing Address (include Street Number, City, State and Postal Code) of where you will be living during your training program in the U.S.	
List telephone number of where you will be living	List email address

XII. DEPENDENTS

CIPUSA will sponsor J-2 visas only for Global Partners Program Trainee Dependents at this time (fee required per dependent and health insurance). Please provide the following information if your spouse or child will be accompanying you while in the U.S.

Full Name of Dependent	Relationship to You	Date of Birth (Month/Date/Year)	
Birth City/State	Birth Country	Country of Citizenship	Country of Residency
Reason for bringing dependent:			

XIII. EMERGENCY CONTACT INFORMATION

In case of an emergency please provide us with information on who to contact:

Name	Telephone	Address	Relationship to You

XIV. REFLECTIVE ESSAY (THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS)

What career objectives do you expect to accomplish through a training program in the United States?

What skills and expertise do you wish to share with your colleagues in a U.S. based organization training in your field?

What new professional skills do you want to achieve in the U.S? How would this training be relevant to your profession in your home country?

What benefits will your home country receive through your participation in this program? What benefits will the American training company receive by hosting you?

XV. HEALTH HISTORY

Have you had or do you have any serious illnesses or disabilities that CIPUSA should be aware of?

Are you currently taking any medication? If so please explain what type of medication and what for:

Have you ever had mental health counseling? If yes, please provide reason and dates:

XVI. CRIMINAL HISTORY

Have you ever been convicted of a crime? **Yes** **No**

If yes, please explain:

XVII. GENERAL INFORMATION

How did you learn about CIPUSA? Recruiter Alumni Attorney CIPUSA Web Site Brochure
 Training Site Other: (please explain):

Have you ever applied before? **Yes** **No** If so, when:

Why are you reapplying?

Have you been a CIPUSA participant? **Yes** **No** If so, what year and with what affiliate office?

If you have already contacted an affiliate office and would like to be placed in the affiliate city please indicate the office:

XVIII. ATTACHMENTS

Please attach:

1. An American Style Resume
2. Copies of Degrees/Certificates received
3. Copies of Previous visas
4. Two Professional References with contact information
5. Trainee agreement form

I have read and fully understand the questions asked in this application. I certify that the information in this application and the enclosures is true and complete to the best of my knowledge and beliefs. I understand that if any information is found to be false it will not be considered.

Printed Name

Signature

Date

TRAINEE AGREEMENT FORM

In order for CIPUSA to provide you with J-1 trainee sponsorship you must agree to the following statements:

- I am aware that the Council of International Programs is my program sponsor designated by the U.S. Department of State and that CIPUSA works through nine affiliate offices located throughout the U.S.
- CIPUSA or its affiliate office has designed a program based on my application to the best of its ability. The program is designed to provide me training so that I may use my new skills in my home country. I understand that the use of this program for ordinary employment or work purposes is prohibited. Any employment outside my training site is in direct violation of the J-1 visa, and I agree to abide by this regulation.
- My training will only take place at the training company listed on my training plan. I agree to the terms of my training plan and the hours established for training. I am aware that it is my responsibility to negotiate any type of compensation with the training site on my own including but not limited to housing, monthly compensation, and transportation.
- I am aware that I am required to complete a midterm and a final evaluation. **Negative evaluations or failure to submit these forms to CIPUSA or its affiliate office can result in termination of my program.**
- I am aware that I must contact CIPUSA within one week of my arrival to the U.S. and submit my contact information (address while in the U.S., home and training site telephone numbers, and email address). **Failure to do so will result in termination of my program.**
- I agree to abide by the CIPUSA policies listed in the Trainee Policy Handbook as well as the policies set forth by the U.S. Department of State.
- I am not suffering from any serious disease and am not hindered in the performance of my duties by any illness or disability. In the case of pregnancy I will abide by the policies set forth in the CIPUSA Trainee Handbook.
- I am aware that I am required to have health insurance that meets the U.S. Department of State requirements. **Failure to do so will result in termination of my program.**
- I am aware that prior to or upon my arrival to the U.S. I must pay CIPUSA or its affiliate office an administrative fee and health insurance fee if I am purchasing health coverage through CIPUSA. **Failure to do so will result in termination of my program.**
- I am aware that I must abide by the policies of CIPUSA which are based on the U.S. Department of State regulations for J-1 sponsorship. I realize that I am under the direction of the CIPUSA office.
- As a J-1 trainee I agree to take advantage of learning and cultural opportunities while in the U.S. These opportunities may be found on my own, through an affiliate office or through CIPUSA.
- I agree to voluntarily accept all risks (such as bodily injury or property damage), that may result from any accident in which I am involved during my stay as a participant and I give up the right to make any legal claims against the Council of International Programs USA and any of its affiliate offices, their employees, agents, officers, trustees, directors, of representatives for any such injury or damage that may result, for any expense or damages I may suffer as a result of sickness or accident and hereby release and discharge the Council of International Programs USA, its affiliate office, my training site, and any agencies, persons, firms, corporations, organizations, officers, trustees, directors, employees, agents, and their heirs, executors, administrators, and anyone to whom they legally assign contractual rights, from any claim, liability, or demand of any kind, whether caused by the negligence of any of these parties or otherwise.
- I agree to serve as a positive ambassador for both my country and CIPUSA affiliate office, providing information and interpreting CIPUSA and its affiliate office in ways that will enhance the growth and development of the program.

I agree to the conditions stated in this **Trainee Agreement**. I realize that if I do not fulfill my obligations and responsibilities as stated, CIPUSA will not continue sponsorship for me.

Signature

Printed Name

Date