



COUNCIL OF
INTERNATIONAL
PROGRAMS USA

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Application for International Trainees

ATTACH
PHOTO
HERE

I. CONTACT INFORMATION as it appears on your passport

Family (Last) Name	First Name	Middle Name

Current Mailing Address in Home Country

and Contact Information for shipment of CIPUSA documents:

Street and Number	City and State/Province	Postal Code	Country

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

Permanent Mailing Address and Contact Information for CIPUSA Files:

Street and 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/Day/Year)	Birth City/State	Birth Country

Country of Citizenship	Country of Permanent Legal Residency

Gender	Marital Status (list date of marriage)	Number of Children (list ages if applicable)
Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	

III. LANGUAGE ABILITY

English Proficiency	Languages Other Than English
Fluent <input type="checkbox"/> Above Average <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	If applicable: TOEFEL Score: TOEC Score:

Do you have plans to enroll in ESL classes during your time in the U.S.?
Yes <input type="checkbox"/> No <input type="checkbox"/>
*Please Note: applicants that do not meet spoken language requirement at time of CIPUSA screening interview will be required to submit proof of enrollment in an ESL course upon arrival in the U.S. in order to begin J-1 training program.

IV. 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

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V. CURRENT EMPLOYMENT STATUS

Most Recent Position Held	Company Where You Worked

Dates of Employment	Job Responsibilities

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 (City, Country)	Job Responsibilities

VII. PREVIOUS TRAVEL TO THE UNITED STATES

Do You Have A Passport? (*Please attach a copy of your passport to the application*)	If yes, when does it expire? (Month/Day/Year)
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you ever been granted a J-1 training visa prior to applying to CIPUSA?
Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes,

How long was your visa? (program / visa dates)	Where was your training program located? (training site name / location)	Which organization sponsored you? (J-1 sponsor name)

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

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

Have you ever been refused a visa to the U.S.?

Yes No

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

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VIII. EMERGENCY CONTACT INFORMATION

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

Name	Telephone	Address

Email Address	Relationship to You

IX. HEALTH HISTORY

Have you had or do you have any serious illnesses or disabilities that CIPUSA should be aware of?
If yes, please list your illnesses / disabilities:

Yes No

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

Yes No

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

Yes No

X. CRIMINAL HISTORY

Have you ever been convicted of a crime?

Yes No

If yes, please explain:

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XI. GENERAL INFORMATION

How did you learn about CIPUSA?	
Recruiter <input type="checkbox"/> Alumni <input type="checkbox"/> Attorney <input type="checkbox"/> CIPUSA Website <input type="checkbox"/> Brochure <input type="checkbox"/> Training Site <input type="checkbox"/>	
Other (please explain):	
Have you ever applied to a CIPUSA program before?	If yes, when?
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been a CIPUSA participant?	If yes, list program dates and affiliate office you worked with:
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you are working with one of our affiliate offices, please indicate the office:	

XII. ATTACHMENTS

Please attach:

1. An American style resume
2. Copies of Degrees/Certificates received
3. Copy of passport (biographical page) and previous visas
4. Copy of passports (biographical page), and marriage or birth certificates for dependents you are bringing with you to the U.S. (Global Partner program applicants only)
5. Two professional references (contact information only)
6. Trainee agreement form
7. Copy of a recent bank statement (CORE program applicants only)

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 belief. I understand that if any information is found to be false, my application will be denied.

Printed Name

Signature

Date

XIII. 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?

REFLECTIVE ESSAY CONTINUED

THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS

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?

ONLY COMPLETE IF YOU HAVE A TRAINING OPPORTUNITY ALREADY ARRANGED IN THE U.S.

XIV. GLOBAL PARTNERS PROGRAM INFORMATION

Pre-arranged placements secured by the Trainee or the Training Site.

If you need CIPUSA to secure a training program, please skip to section XV. CORE PROGRAM INFORMATION

Global Partners applicants are responsible for arrange their own training program, round-trip airfare, administrative fees, living arrangements, health insurance, and negotiating any compensation.

Length of Training Program Desired (Minimum 1 month. Maximum 18 months.)

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 <input type="checkbox"/> No <input type="checkbox"/>

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 and Title

Training Company Mailing Address

Street and Number	City	State	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)
<input type="checkbox"/> \$0 - \$3 Million USD <input type="checkbox"/> \$3 Million - \$10 Million USD <input type="checkbox"/> \$10 Million - \$25 Million USD <input type="checkbox"/> \$25 Million or more USD

Worker's Compensation provided for employees? (All training sites must maintain a Worker's Compensation insurance policy unless exempt by law)	Company Website
Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt by Law <input type="checkbox"/>	

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

Has the training site hosted a trainee/intern through CIPUSA in the past three years?	Will the training site be providing the trainee with health insurance?	Is the training site currently hosting trainees/interns through another sponsor?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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 <input type="checkbox"/> No <input type="checkbox"/>

List TOTAL financial compensation provided by Training Company	List non-monetary compensation provided by Training Company

List ANY financial support you will receive (from home employer, relative, other sources) and list who will be providing this	Will your salary from your current job be paid in your absence? If yes, please list amount per month
Name of Provider:	Yes <input type="checkbox"/> No <input type="checkbox"/> 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) will be paid by?

LIVING ARRANGEMENTS

Residential Address of where you will be living during your training program in the U.S.

(Please do NOT list training site address)

Street and Number	City	State	Postal Code

Telephone number of where you will be staying	List email address

If you leave the above information blank, you **MUST** notify CIPUSA of your residential address in the U.S. UPON ARRIVAL. A temporary address is acceptable until a permanent address has been established.

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. Attach a copy of dependent's passport, and marriage or birth certificate.

Full Name of Dependent	Relationship to You	Date of Birth (Month/Day/Year)	Email Address (if applicable)

Birth City/State	Birth Country	Country of Citizenship	Country of Legal Permanent Residency

Reason for bringing dependent

TRAINEE AGREEMENT FORM – GLOBAL PARTNERS APPLICANTS

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 USA 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's affiliate office has designated a program based on my application to the best of its ability. The program is designed to provide me training so that I can use my new skills in my home country. I understand 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 report. **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 or its affiliate office within one week of my arrival to the U.S. and submit my contact information (address while in the U.S., home telephone number, 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 office, their employees, agents, officers, trustees, directors, or 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, Columbus International Program, my field placement 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 way 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

ONLY COMPLETE IF YOU DO NOT YET HAVE A TRAINING OPPORTUNITY ARRANGED
IN THE U.S.

XV. CORE PROGRAM INFORMATION

Placements secured by a CIPUSA affiliate office.

**If you already have a training site and are applying to the Global Partners Program,
please skip this section.**

*Core Applicants are responsible for arranging their own round-trip airfare, program administrative fee,
health insurance, and money for their personal expenses (approximately \$200 - \$400 per month.)*

Length of Training Program Desired (minimum 1 month)

Training Program Dates Desired	Training Field Desired
Beginning Date:	
Ending Date:	

Upon completion of your CIPUSA training program, will you return to your present position?
Yes <input type="checkbox"/> No <input type="checkbox"/>

DESIRED TRAINING PROGRAM

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

Please provide additional training skills you would like to learn in case your initial training preference cannot be found

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FINANCIAL INFORMATION

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

Your travel fees will be paid by?	Your CIPUSA administrative fee will be paid by?	Required health insurance (available through CIPUSA—contact CIPUSA for cost amount) will be paid by?
Name:	Name:	Name:
List Amount:	List Amount:	List Amount:

List ANY financial support you will receive (from home employer, relative, other sources) and list who will be providing this support	Will your salary from your current job be paid in your absence? If yes, please list amount per month
Name of Provider:	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount per month:
List TOTAL Amount:	

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

I, _____ hereby guarantee that I will take full responsibility paying the required program fees and health insurance costs, as well as provide any additional funding to support myself while training in the United States.

This affidavit of support is made for the purpose of assisting the U.S. government in being assured the abovementioned trainee will not become a public charge while staying in the United States.

A bank statement showing supporting funds available for at least a month preceding completion of this document must be included with this application. The bank statement is required to indicate the validity and financial stability for the full duration of stay in the United States of the trainee and the fiscal responsibilities of the person signing this form.

I further swear that the above statement is true and correct in all accounts.

Applicant Signature

Date

PROGRAM INFORMATION FOR LIVING ACCOMODATIONS

Core Applicants must complete all the information below in order for a CIPUSA affiliate office to secure proper living accommodations. Host family living will be provided up to four months and an apartment with a roommate will be provided for the remaining months of your training program. A monthly transportation stipend (bus pass) will be provided. In some cases, an affiliate office may provide a small stipend.

PERSONAL INFORMATION

Living abroad exposes you to a lifestyle that you may not be familiar with and you may find you will need to depend on yourself in many situations.

What type of personality would you consider yourself?		
<input type="checkbox"/> Independent	<input type="checkbox"/> Somewhat Independent	<input type="checkbox"/> Dependent
<input type="checkbox"/> Adventurous	<input type="checkbox"/> Willing to try new things	<input type="checkbox"/> Conservative
<input type="checkbox"/> Extroverted	<input type="checkbox"/> Introverted	

Do you have fears or allergies to animals (pets)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:		
Do you object to host families having pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Do you have allergies to any foods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please list foods:		

What is your religion?		
Do you have any dietary restrictions because of your religion that your host family should be aware of?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please list dietary restrictions:		

Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you confine your smoking if needed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have objections to others smoking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Can you drive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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What are your hobbies and leisure interests?

Have you lived abroad? If yes, please describe where and when you were there. Also include what the main purpose was for living abroad.

TRAINEE AGREEMENT FORM – CORE APPLICANTS

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- CIPUSA's affiliate office has designated 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 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.
- I understand that my training program at the training site may not be exactly the same as the work I do at home. I understand that I may be on the level of an assistant or an intern.
- 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 by the training site and CIPUSA program. Trainees will perform duties at their placement site a maximum of 40 hours per week. If additional time is required, it will be compensated through additional time off. With being released from the placement for training programs, educational and cultural activities and vacations, the average week will be 35 hours. I also agree to complete written assignments regarding the placement as required.
- I am aware that a CIPUSA affiliate office may provide me with room/board, local transportation stipend, and in some cases, a small monthly stipend depending on arrangements made with the affiliate office.
- I accept living with various host families. If my program allows, following the host family period I accept apartment living shared with other participants for the remainder of the program. Housing accommodations will be equivalent to housing provided for university graduate students in the United States. The housing may or may not be below the standard to which I am accustomed in my home country. I agree to abide by CIPUSA's visitor policy with regard to limitations on sharing my housing accommodations with persons who may come to visit me.
- I agree to attend orientation/educational activities, including those scheduled at the beginning of the program and those continuing throughout my stay.
- I agree to prepare presentations about my work and country that may be given to agency staff, school children, and to community groups.
- I agree to take part in CIPUSA affiliate office sponsored events such as Country Presentations, Dinners and other activities.
- I agree to take advantage of learning opportunities provided by CIP, including (but not limited to): weekend trips to visit different U.S. sub-cultures, conference and seminars, cultural exchange discussion groups, Country Presentations, English language enhancement (when needed).
- I am aware that I am required to complete a midterm and a final report. **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 or its affiliate office within one week of my arrival to the U.S. and submit my contact information (address while in the U.S., home telephone number, and email address). **Failure to do so will result in termination of my program.**
- 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 for the duration of my training program 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 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 office, their employees, agents, officers, trustees, directors, or 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, Columbus International Program, my field placement 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 way 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