



**COUNCIL OF INTERNATIONAL PROGRAMS USA**

1700 East 13th Street, Suite 4ME  
 Cleveland, Ohio 44114-3213 U.S.A.  
 Telephone: 216.566.1088 Fax: 216.566.1490  
 E-Mail: info@cipusa.org  
 www.cipusa.org

**Application For International Trainees  
 CORE PROGRAM**

FOR OFFICE USE ONLY  
 ARRIVAL DATE: \_\_\_\_\_  
 APP FEE INCLUDED: Y N

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**I. CONTACT INFORMATION**

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	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: _____

**V. EDUCATION**

Dates of Attendance	Institutions Attended & Locations	Areas of Study	Degrees/Certificates Received

**Other Relevant Training, Awards or Honors**


**VI. EMPLOYMENT EXPERIENCE**

Number of Years of Professional Experience		Number of Years of Experience in your related field of training	
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:

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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	Relationship to You

**IX. CORE PROGRAM INFORMATION (Placements secured by a CIPUSA affiliate office)** Core Applicants are responsible for arranging their own roundtrip airfare, program administrative fee, health insurance, and money for their personal expenses (approximately \$200 - \$400 per month). **Application will not be accepted unless all questions are answered!**

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** **No**

**Desired Training Program (Experience in your desired training field is necessary for a successful 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 the case your initial training preference cannot be found

**X. 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 for \$90/month) will be paid by?
List Amount:	List Amount:	List Amount:

List <b>ANY</b> 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:	

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

**XI. CORE PROGRAM INFORMATION FOR LIVING ACCOMMODATIONS** Core Applicants must complete 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 training6 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:	Independent	Somewhat Independent	Dependent
	Adventurous	Willing to try new things	Conservative
	Extroverted	Introverted	

Do you have any fears or allergies to animals (pets)? If yes please explain:	<b>Yes</b>	<b>No</b>
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Do you object to host families having pets?	<b>Yes</b>	<b>No</b>
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Do you have allergies to any foods? Please list foods:	<b>Yes</b>	<b>No</b>
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What is your religion?  
Do you have any dietary restrictions because of your religion that your host family should be aware of?

Do you smoke?	<b>Yes</b>	<b>No</b>
Can you confine your smoking if needed?	<b>Yes</b>	<b>No</b>
Do you have objections to others smoking?	<b>Yes</b>	<b>No</b>

Are you able to cook?	<b>Yes</b>	<b>No</b>
Are you able to do laundry?	<b>Yes</b>	<b>No</b>

Can you drive?	<b>Yes</b>	<b>No</b>
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What are your hobbies and leisure interests?

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

**XII. 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?

**XII. 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:

**XIV. CRIMINAL HISTORY**

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

If yes, please explain:

**XV. 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:

**XVI. 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 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 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.
- 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 will provide me with room/board, local transportation stipend, and in some cases a small monthly stipend.
- I accept living with various host families. If my program allows, following the host family period, I accept apartment living shared with another 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, to 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 US sub-cultures, conferences 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 agree to abide by the CIPUSA, affiliate, and U.S. Department of State policies as well as the policies listed in the Trainee Policy Handbook. I realize that I am under the direction of the affiliate director.
- 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 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, 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 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.

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Signature

Printed Name

Date