

J-1 Intern/Trainee Program Application Form

> The following information is for the applicant who selected the <u>Self-Arranged Placement Program</u> option on Page 1.

U.S. Employer (Prospective Host Organization) Information							
Company Name			Website				
Address							
City		State			Zip code		
Business Hours:			Year Founded:				
Employer Identification Number (Tax ID)			Worker's Compensation Insurance Number				
Annual Revenue			Number of J-1 Interns/Trainees at hiring location				
Number of employees at hiring location	Full Time:		Number of employees US nationwide:	Full Time:			
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Internship/Training Program Information							
Training Position Name							
Training Location (If different from above)							
Program Length			Desired Start Date				
Stipend (Wage)	\$ per hour (weekly bi-weekly monthly)		Overtime	Is overtime exp		YES NO	
Primary Contact Information (Person signing Program Terms & Conditions, and Agreement)							
Contact Name			Position Title				
Email			Phone				
Fax			Mobile				
Direct Supervisor Information (Person signing DS-7002, the Training/Internship Placement Plan)							
Supervisor Name			Position Title				
Email			Phone				
Year of experience							
Training Details							
Position Summary							
Training Phases	Each Internship/Training Program must be divided into several phases and described in a Training Placement Plan (DS-7002). Each phase should include a different set of goals for participant to achieve and should be no more than 4 months long. The number of phases may vary depending on the total length of the program. Please specify the different program phases.						
	1# Phase - Phase Title: Training Details:						
	2 nd Phase - Phase Title: Training Details:						
	3rd Phase - Phase Title: Training Details:						
	4th Phase - Phase Title: _ Training Details:						
	5th Phase - Phase Title: Training Details:						