

To be completed by the Host Company.

Introduction to CIEE's Trainee Programs (Internship USA and Professional Career Training USA)

Thank you for your interest in offering to host an overseas trainee through CIEE's Trainee Programs, which allow professionals and students to undertake up to 18 months of practical training with a US company in specialty and skilled non-specialty positions.

CIEE is authorized by the US State Department under section 101 (A)(15)(J) of the Immigration and Nationality Act to provide the necessary legal sponsorship that allows eligible foreign nationals to obtain the J-1 "Exchange Visitor" visa. All participants in CIEE's Internship USA or Professional Career Training USA programs are able to produce the full documentary evidence of their authorization to train in the US.

The following pages should be completed by a Human Resources officer or the main point of contact for the trainee at the Host Company. The information that you provide on this form will indicate the overall characteristics of the proposed placement. Our aim is to understand the specific educational objectives that you envision for the trainee, and the substance of the training plan you will implement to achieve these objectives. Of particular importance will be the information given on the exact tasks, duties, and responsibilities that the trainee will perform, as well as the departments in which he or she will train and the type of supervision he or she will receive.

As a US State Department designated legal sponsor for the trainee program, CIEE is required to ensure that each placement meets the strict requirements of a training program. Each training position must relate to the participant's career path and not merely fill a labor need. The training should be appropriate, given the trainee's previous work experience and level of study. CIEE conducts Host Company verification checks to confirm all elements of the proposed training.

For CIEE program rules and US Department of State regulations [22 CFR 62.22], please visit www.ciee-trainee.net. On this website you will also find examples of acceptable and unacceptable training plans, instructions on filling out this form, the list of training positions and tasks that are prohibited, and the Department of State's list of "unskilled occupations" that are not elegible for training programs.

Host Company Acknowledgement and Agreement

In order for CIEE to agree to sponsor a trainee with your organization you must read and agree to the following program regulations and Host Company obligations and responsibilities:

1. I acknowledge the general goals and objectives of the Internship USA/Professional Career Training USA program as an authorized exchange visitor program allowing qualified foreign applicants to undertake a period of training in the US in American business practices and to promote the general interests of international educational exchange.

2. I acknowledge that the maximum duration of this program is limited to 18 months and that the position offered must be at least 30 hours per week.

3. I affirm that the completed and attached Training Plan accurately reflects the nature of the program being offered, and I agree to provide the trainee with the appropriate activities, trained supervision, and equipment needed in order to fulfill the stated objectives on the Training Agreement Form.

4. I certify that any on-the-job training of this participant will in no way displace an American employee or be used to fill labor shortages and that this program is not being used to recruit and train foreigners for employment in the US.

Please initial

5. To the best of my knowledge, the trainee intends to enter the US for purposes of a training program and does not intend to abandon his/her non-immigrant status. I will not encourage, or ask CIEE to support, any change of visa category which would keep the trainee in the country beyond the date shown on the DS-2019, the document governing the participant's admission and legal stay in the US.

6. I acknowledge that CIEE is the legal sponsor of the trainee as required by the State Department regulations governing this exchange visitor program, and I agree to inform CIEE and obtain prior approval of any changes to the Training Plan that I have submitted, including, but not limited to, changes in the location, content, or length of training.

7. I agree to contact CIEE in the event of any emergency involving a trainee.

8. If a participant leaves the Host Company for any reason, I will inform CIEE promptly, and in any event, within 5 days.

9. I understand that the trainee is exempt from Federal Unemployment, Medicare and Social Security taxes but must pay all Federal, State and City Income taxes. (See Dept of Treasury, IRS Publication 15, Circular E, Employer's Tax Guide, p. 31 revised Jan. 2001).

10. I understand that the trainee must apply for a Social Security Number Card even if the position is unpaid.

11. I understand that CIEE will not sponsor any trainee involved with patient care of any kind, flight personnel or performing artists. (Please contact CIEE if you have any questions about the eligibility of particular training positions.)

12. I understand that in addition to the training proposal, any documents that are required by a Host Company and binding on a trainee must be provided to the trainee, including any contracts, offer letters, agreements and similar documents, as well as company policies such as drug testing.

13. I agree to abide by all local and Federal health & safety and employment laws designed to protect the participant both in the workplace and in any Host Company arranged accommodations.

14. I understand that CIEE, as the legal sponsor, is available to give support and guidance to Host Companies and trainees, including, but not limited to, tax and social security set-up and emergency support.

15. I understand that CIEE reserves the right to withdraw sponsorship from any participant who does not, or whose Host Company does not, comply with CIEE program rules and regulations, including this Agreement. I further understand that such withdrawal of sponsorship requires the trainee to leave the US.

16. I agree to complete a check-in verification to CIEE within one business week of trainee's arrival. I agree to promptly complete and return to CIEE the midpoint and final evaluations provided by CIEE for the trainee. (Training programs less than 3 months will only be provided with a final evaluation from CIEE.)

17. I understand that CIEE will contact me to verify this Training Plan.

18. I understand that CIEE may visit the Host Company training site.

In signing below, I am indicating that I understand and agree to the conditions above CIEE may withdraw sponsorship of my company's trainee.	e. I realize that if I do not fulfill my obligations and responsibilities as an employer,	
Signature		
Name	Date Day Month Year	
Title	Host Company contact OR Human Resource officer	
Name of Host Company	City State	
E-mail		T
	PE //010100	



Trainee	name
mainee	name

To be filled out by US Host Company contact person or Human Resources the trainee. Please attach additional sheets if necessary.	s officer only. This is not to be filled out by
Training dates: from	Total months of training
IMPORTANT: EXACT DATES must be indicated BY THE HOST COMPANY in order for a Approximate dates and/or dates indicated by any other individual cannot be accepted.	the trainee to be able to apply for a visa.
Name of staff member completing this form	
E-mail mandatory	
Title Host Company conta	act person Human Resources officer
Telephone	
Name of alternate contact at Host Company	
E-mail mandatory	
Title Host Company conta	act person Human Resources officer
Telephone	
Company Information	
Company name	
Parent Company or DBA (if applicable)	
Street address of training site	Suite
City State	Zip Code
Telephone Fax	
Website	No website
Company activities (You are encouraged also to include additional materials, such as a one-page company	v summary or brochures, to describe the company.)
Year founded	
Tax ID number Dun and Bradstreet (D&B)	number
Total number of employees at the training site Total number of employees	s companywide
Number of trainees who will be at the training site at the time this training will take place	e
Trainee's supervisor	
E-mail mandatory	
Title	
Telephone	
Salary per month in US \$ Hours per week (minimum	30)
If the host company will provide any of the following, indicate approximate value in US	\$ of each per month:
Housing US \$ Board US \$	· · · · · · · · · · · · · · · · · · ·
Transportation US \$ Other US \$	
Will the trainee be involved in teaching or be responsible for children?	Yes No
Will the trainee be involved with providing one-on-one care/treatment to human or anim	nal patients?
Will the trainee be involved with clients in a medical, psychological or social services se	
Is the training plan duplicative of prior experience as listed on trainee's resume/CV?	N/A open position Yes No
Is the traineeship for "ordinary employment"/ just for work experience?	
Is the training in an "unskilled occupation"? (Refer to www.ciee-trainee.net for list of unskilled occup	
Is continuous supervision provided?	
Is training related to the applicant's university studies/recent work experience?	N/A open position Yes No
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Trainee	name

Trainee's title	Field of training (industry or function)
Brief description of trainee's role	
Why have you selected this applicant for training at	your company?
Why do you feel that on-the-job training is necessa	ry for the trainee to achieve his/her academic or professional objectives in the field?
with do you reel that on-the job training is necessa	
What skills and/or knowledge do you aim to acquire	e from this trainee while hosting him/her at your company? How will you achieve this?
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Host Company	
Name of staff member completing this form	
Host Company contact person Human Resources officer	
Trainee name	N/A open position

Training Plan

Please submit an additional page for each phase of the Training Plan. Please refer to www.ciee-trainee.net for instructions and examples. Any addenda must be submitted on company letterhead.

Phase 1	Name of phase	Name of phase Department				
Trainee supervisor		Title			Phone	
Start date for this phase	se Day Month	Year E	nd date for this phase	Day	Month	Year
Briefly describe trainer's background (you may submit resume)						
Specific objectives/skills to be imparted in this phase of training						
Specific tasks to be completed by the trainee						
Describe the methods of training						
Frequency of supervision						
Method of evaluating the trainee for this phase						
Training Dronoca	1 Agroomont					

Training Proposal Agreement Must be signed by each party below.			
Signature of Host Company (HR officer/contact person)	Date Date	Month	Year
Signature of Trainee applicant	Date Day	Month	Year
Signature of CIEE RO/ARO	Date Day	Month	Year
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