

J-1 Intern/Trainee Program Application Form

Program Information

Application Type	Individual Application Group Application	Program Option*	Full Placement Self-Arranged Placement	Desired Positions	
Desired Start Date	Between and	Program Length	Months		

***Self-arranged Placement:** for prospective participants who have already found a U.S. based employer and have a Training Plan (DS-7002, T/IPP) information ready (See Page 3)
Full Placement: for prospective participants who need ICCE's assistance with searching for an employer that is eligible to become a host organization and is ready to provide training in their academic or professional field

Personal Information

First Name			Middle Name		
Last Name					
Date of Birth			Gender		
Home Phone			Mobile Phone		
Email 1			Email 2		
Residence Country		Citizenship		Birth Country	Birth City
Permanent Address					
Address 1			Address 2		
City		State		Zip code	Country
Current Address (if different from your Permanent Address)					
Address 1			Address 2		
City		State		Zip code	Country
Emergency Contact					
Name			Relationship		Phone

Passport Information & US Visa History

Passport Number		Issue Country		Expiration Date		
US Visa Type 1		Approval Status		Issue Date	If denied, why?	
US Visa Type 2		Approval Status		Issue Date	If denied, why?	
US Visa Type 3		Approval Status		Issue Date	If denied, why?	

Education (College)

School Name		(Expected) Graduation Date		Degree Type	Associate	Bachelor	Master
Major 1				Major 2			
School Name		(Expected) Graduation Date		Degree Type	Associate	Bachelor	Master
Major 1				Major 2			
School Name		(Expected) Graduation Date		Degree Type	Associate	Bachelor	Master
Major 1				Major 2			

Eligibility Questions

Are you able to fully support yourself financially for the length of the program? YES NO

Have you ever been deported from the U.S.? YES NO

If yes, when was it?

What was the reason?

Have you stayed in the U.S. beyond a visa expiration date before? YES NO

If yes, when and how long have you stayed in the U.S. beyond the expiration date?

Have you ever been convicted of a crime or felony? YES NO

If yes, when was it?

What was the reason?

Do you have any medical or psychological condition(s) that you are currently receiving treatment for? YES NO

If yes, please describe the condition and the treatment:

Do you have any allergies? YES NO

If yes, please describe what they are:

Acknowledgement

Please confirm your understanding and acknowledgement of the following statements by marking each check box.

I hereby certify that the statements and information I provided are true and correct. Furthermore, I understand that any false or misleading information may void my application and eligibility. If my circumstances change between now and my scheduled departure for the United States, I will notify ICCE representatives immediately.

I have reviewed the [Program Information](#) and the [Frequently Asked Questions](#) provided on the ICCE website.

I fully understand the program purpose, objectives, and the rules and regulations that I should comply with as a program participant.

I acknowledge that any visa status changes during or immediately after the program that are intended for participants to stay in the U.S. past their program end dates are in violation with the program purpose described above. I hereby certify that I understand the program purpose and agree not to pursue visa status changes during or immediately after my Internship program. In the event I decide to pursue such change, I understand that I may be expelled from the program and my visa status will be at risk. I will be required to return to my home country at a short notice and my own expense, otherwise I may be in the U.S. illegally.

I agree to and authorize ICCE to use, for promotional, marketing, job placement and other program related business purposes, any photos, videos and any other information accompanying my application as well as any of my photos, videos, testimonials, reports, evaluations or other materials provided to ICCE, its agents, representatives, or my Host Organization via any medium (including social media) during the program in the U.S.

I understand that ICCE's acceptance into the program, sponsorship and issuance of DS-2019 form does not in any way guarantee I will be granted a J-1 visa by the U.S. Embassy or Consulate and/or admitted to the U.S. by the Customs and Border Protection.

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➤ The following information is for the applicant who selected the Self-Arranged Placement Program 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: Part Time:			Number of employees US nationwide:	Full Time: Part Time:		

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 expected? YES NO If yes, how frequently?

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	<p>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.</p> <p>1st Phase - Phase Title: _____ Training Details: _____</p> <p>2nd Phase - Phase Title: _____ Training Details: _____</p> <p>3rd Phase - Phase Title: _____ Training Details: _____</p> <p>4th Phase - Phase Title: _____ Training Details: _____</p> <p>5th Phase - Phase Title: _____ Training Details: _____</p>						