



Training Experience Program Application

INTERNATIONAL STUDENT EXCHANGE
119 Cooper Street
Babylon, NY, 11702

Application Form

Please type or print in black ink and check (✓) box, where appropriate. All information must be completed. Do not leave any blanks. Incomplete information will result in process delays.

International Agent's Name: _____

I - Trainee Applicant Information

ATTACH PHOTO HERE Smiling Picture Professional Attire	Program: <input type="checkbox"/> Full Placement Program <input type="checkbox"/> Self-Placement Program		Program Length <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 months	
	Last Name (Your name as it appears on your passport)		First Name	Middle Name
	Address		City	Country ZIP
Passport Number	Telephone (country code + phone)		E-mail	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	City of Birth	Country of Birth	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Country of Legal Permanent Residence	Country of Citizenship	Other Citizenship (if applicable)	
In Emergency Contact:	Last Name First Name		Telephone (country code + phone)	

II - Dependent Information (Required if trainee intends to bring dependent(s) on J-2 visa)

Passport Number	Last Name (Dependent's name as it appears on the passport) First Name Middle		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (mm/dd/yyyy)	City of Birth	Country of Birth
Relationship to trainee <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Country of Legal Permanent Residence	Country of Citizenship	Other Citizenship (if apply)

If you plan to bring additional dependents on the J-2 visa, please provide the above information for each dependent on a separate sheet of paper. Please note that accident and sickness insurance must be provided for each dependent accompanying you to the United States.

III - Records Information

Have you ever been to the United States ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates, visa type, and name of program/sponsor for each trip and attach copy(ies) of visa(s).			
DATES	VISA TYPE	PROGRAM/SPONSOR	
Have you ever been refused a visa to the United States ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates, visa type, and reason.			
DATES	VISA TYPE	REASON	
Do you have any relatives in the United States ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the fields below			
NAME	RELATIONSHIP	ADDRESS/PHONE	TYPE OF VISA



Application Form

IV - University Educational Background

Are you currently a full-time student?	<input type="checkbox"/> Yes (Provide a copy of your diploma or a letter from your school confirming your full-time student status)
	<input type="checkbox"/> No (Include 2 letters of reference from your current employer and/or last university)

Name of educational institution attended or currently attending	Field/major studied or currently studying	Dates attended (mm/dd/yyyy) / / to / /
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Name of educational institution attended or currently attending	Field/major studied or currently studying	Dates attended (mm/dd/yyyy) / / to / /
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V - Work Experience

Company	Position	Dates employed (mm/dd/yyyy) / / to / /
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Company	Position	Dates employed (mm/dd/yyyy) / / to / /
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VI - Language Ability

English (TOEFL, TOEIC, MICHIGAN SCORE: _____) <input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Other: _____ <input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Other: _____ <input type="checkbox"/> Fluent <input type="checkbox"/> Fair <input type="checkbox"/> Poor
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VII - Training information

Fields of qualification for a training program:		
<input type="checkbox"/> Business Administration/Management	<input type="checkbox"/> Hospitality/Tourism Management	<input type="checkbox"/> Restaurant/Food Services Management
<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Marketing/Sales	<input type="checkbox"/> Other: _____

Self Placement trainee candidates, please complete the information below:

HOST COMPANY NAME	ADDRESS	TELEPHONE NUMBER	CONTACT PERSON
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VIII - Questionnaire (Answer all of the questions below on a separate sheet of paper)

- 1) What specifically attracted you to the ISE Training Experience Program?
- 2) Describe in detail the skills you hope to develop and the experience you hope to gain during this program.
- 3) How will you benefit from this experience and what do you hope to gain during this program? Include information on your future career plans.
- 4) Describe your experience in detail, specific to the occupational field you will be training in.
- 5) Please attach a typed letter addressed to a potential host company indicating your interests. Please describe your academic achievements and long-term career goals.

I hereby certify that all information herein is true and accurate to the best of my knowledge.

Applicant's Signature _____

Date _____



In-person Interview Report

Applicant: Do not write on this page
This page is to be completed by the interviewer

Participant's name: _____

In my estimation, this participant understands and speaks English at the following level:

Excellent Advanced Intermediate Advanced Beginner Beginner

Additional Comments:

Interview conducted by:

Name: _____ Date: _____

Signed: _____



Application For Accident and Sickness Insurance

ISE provides insurance through Global Secutive. Global Secutive provides health and accident insurance for international travelers. For more information, access: www.secutive.com

Medical Coverage	USD
Maximum per Illness / Injury	100,000 (Overall Maximum USD 1,000,000)
Coinurance Percentages	Plan pays 100% of eligible charges
Outpatient Copayment	50
Hospital Services	
Inpatient Room & Board	100% (URC) ¹
Intensive Care	100% (URC) ¹
Emergency Room Deductible (applies only in the US)	For injury: USD 0 For illness resulting in direct hospitalization: USD 0 For illness which does not result in direct hospitalization: USD 250
Outpatient Services	
Physical Therapy	1 visit per day to a maximum of USD 2,500 per Period of Insurance
Physician Visit	100% (URC) ¹
Prescription Drugs	100% (URC) ¹
Other Services	
Eligible Medical Expenses	100% (URC) ¹
Durable Medical Equipment	100% (URC) ¹
Local Ambulance	Per Injury: 100% (URC) ¹ Per Illness (only if admitted Inpatient): 100% (URC) ¹
Dental	Sudden & Unexpected Pain: USD 200 per Occurrence (limited to 3 x per Period of Insurance) Accident exclusively involving dental treatment: USD 500 per Period of Insurance Major medical injury that also affects teeth: Medical benefits up to the Policy Limit
Emergency Medical Evacuation	Up to Maximum Limit
Emergency Reunion	USD 15,000 lifetime maximum benefit
Urgent Travel Expense (Compassionate Home Visit)	Up to USD 1,000 payable for transportation to Home Country in the event of death of a close Family Member
Return of Mortal Remains	Up to USD 25,000
Sports Coverage	100% (URC) ¹ for eligible expenses incurred while participating in organized interscholastic or club sporting activities (non professional) (Refer to Insurance Conditions for exclusions)
Accidental Death & Dismemberment	Up to USD 25,000

¹ URC = Usual, Reasonable and Customary charges: The amount that will be covered for a particular procedure through this plan is defined through the fee charged for a certain specified procedure by a particular type of health care provider practicing within a specified geographic area.

Please complete the form below and return it with the completed application

Last Name (Your name as it appears on your passport)		First Name	Date of Birth (mm/dd/yyyy)
Address		City	Country ZIP
Country of Citizenship	Length: <input type="checkbox"/> 6 <input type="checkbox"/> 12 <input type="checkbox"/> 18 months		Program Start Date (mm/dd/yyyy)

Please enclose payment of \$35 per month for insurance for the period you are applying for. Insurance must be paid in full at the time of application. Fees should be payable to "International Student Exchange".

CANCELLATION POLICY: If a participant needs to cancel his/her insurance coverage, a refund will be issued if the participant returns the Form DS-2019 to ISE as proof that he/she is no longer participating in the program.

**All insurance refunds will be for full months only, starting with the calendar month following the cancellation date.*

*** A \$25USD administrative fee may be deducted from all refunds.*

Applicant's Signature _____

Date _____



Application Form

Host Employer Company Information

Exact Name of Company:		Name of Company CEO / President Or Department President/Director:	
Type of Company:		Exact Title of Company CEO/President Or Department President/Director:	
Telephone:		Fax:	
Company Web Site:		Company CEO/President Or Department President/Director E-Mail:	
Company Street Address:		City, State, Zip:	
Federal Employer Identification Number:	Dun & Bradstreet Number:	Workman's Compensation Policy Number:	
Total Number of Employees:	Is this an International Company?	If Yes, Where are the International Operations Located:	

Site of Training Activity (Please complete if different from above)

Name of Trainee's Direct Supervisor:		Supervisor's Title:	
Department:		Number of Employees In Department:	
Telephone:		Fax:	
Company Web Site:		Supervisor E-Mail:	
Company Street Address:		City, State, Zip:	

Statement of Purpose And Agreement

The purpose of the ISE International Practical Training Program is to enhance the skills and expertise of foreign nationals in their academic or occupational fields through participation in a structured and guided work-based training program. The program strives to improve the participants' knowledge of American techniques, methodologies, and expertise. The Training Experience Program is also intended to increase participants' understanding of American culture and society and to enhance Americans' knowledge of foreign cultures and skills through an open interchange of ideas between participants and their American associates. This program may be for 6 , 12 or 18 months. The **trainee** agrees to abide by all U.S. laws and regulations governing exchange visitors while residing in the United States, and to abide by the rules and regulations of the ISE Training Experience Program. The trainee will abide by the terms of the stated Training Placement Plan (DS-7002) established by the trainee and the host company cited above, and will only remain in the U. S. for the agreed upon period of time, not to exceed 18 months. The **host employer** agrees to follow the Training Placement Plan (DS-7002), which has been developed prior to the trainee's arrival in the U. S., and to ensure that the trainee will have access to adequate resources and trained personnel in order to fulfill the objectives of the training. Furthermore, the host company agrees to continually provide evaluation and feedback to the trainee regarding her/ his progress. The host company will not place an exchange visitor in a position that would otherwise be filled by a part-time or full-time U. S. employee. In order to ensure the quality of the program, the trainee and the employer will be required to complete interim and final evaluation reports and submit them to ISE. As program sponsor, **ISE** is bound to uphold the program requirements as indicated by the regulations governing the Exchange Visitor Trainee Program. ISE will ensure that trainees receive complete program and orientation information in their home country prior to their arrival in the United States . Trainees and host companies will receive appropriate Guides and Manuals from ISE as well as ongoing support from ISE staff for the duration of the program. ISE will ensure that all trainees are covered by sufficient health insurance as required, for the entire duration of their stay in the United States .

Trainee Name & Date:	Employer Name & Date:	ISE Name & Date:
Trainee Signature & Date:	Employer Signature & Date:	ISE Signature & Date:



Home Sponsor Letter

The final requirement of this program is to show that you will have adequate additional funds to support yourself while in the United States. Requirements state you must show an additional available allowance of at least US\$750 per month. Accordingly, kindly have a family member, friend, or associate sign the Home Sponsor Support affidavit below.

To who it may concern:

Date: _____
(mm/dd/yyyy)

My name is _____ and I am the _____ of the applicant

Mr./Ms. _____ I have been advised that he/she is applying for a J-1 visa for a Training Program in the United States. I have also been informed that he/she needs to verify a minimum of \$750USD per month is available for the duration of his/her stay in the United States. I hereby state that I am ready, willing and able to supplement his/her trainee stipend by sending him/her a check each month in the amount of US\$ _____ per month if necessary.

Signed: _____

Print Name: _____

Address: _____

APPLICATION CHECKLIST

The Application Form must include:

- ☐ A complete, accurate application form
- ☐ 2 passport photos– in color with one of them attached to the application
- ☐ Answers to ISE Questionnaire
- ☐ A resume or C.V. (*American Style*)
- ☐ 2 letters of reference (*These should be from a past employer or professor, not from family members or friends*)
- ☐ A photocopy of the applicant's passport (*photo and biographical information page*)
- ☐ Copy(ies) of all previous U.S. visa(s) (*if applicable*)
- ☐ Copy of degree(s) or professional certificate(s) with English translation



Applicant's Agreement

Participant agrees to the following:

1. To understand that International Student Exchange (ISE) is a sponsor of the training program and that the trainee is responsible for reporting to ISE while in the United States. Any changes in the Training Placement Plan (DS-7002) or any problems should be reported in a timely manner. Should the trainee leave the program early, the trainee should notify International Student Exchange prior to departure.
2. To leave the United States within 7 days of unemployment if voluntarily leaving the ISE program, and to inform ISE of this decision prior to departure.
3. To provide accurate information in the application form and to understand that any false or misleading information may cause immediate dismissal from the program.
4. To report to ISE not more than 7 days after arrival to the United States and to acknowledge that failure to do so may result in a full program termination.
5. To leave the United States within 7 days at your own expense if the host company terminates employment. If the Host Organization is not satisfied with the trainee, they reserve the right to terminate him/her after consulting with ISE.
6. To not take part in any illegal activities.
7. To accept the placement arrangements provided by the host company and to carry out assigned responsibilities to the best of his/her ability.
8. To follow and obey all laws of the United States.
9. To accept the terms of the Exchange Visitor Visa, to train only at the designated training site, and to leave the United States on/or before the expiration of the visa. The participant may not train outside of activities specified in the Training Placement Plan (DS-7002).
10. To participate in all aspects of the training program, including orientations and evaluations.
11. To provide evidence of possession of round-trip transportation to and from the United States, or sufficient funds to purchase return trip upon entry into the United States.
12. To understand that the Training Experience Program is limited to a maximum of 18 months (12 months for Hospitality and Tourism participants) and that the Form DS-2019 reflects the dates of the participant's training.
13. To understand that trainee positions in the United States are often entry-level management/hospitality positions. This means that the trainee begins with very operational activities and progresses throughout the organization in order to acquire more responsibilities, as stated in the Training Placement Plan (DS-7002). The pace of this progress may depend on the candidate's performance and commitment within the organization.
14. Full placement participants only: to understand that a deposit fee of \$500 will be paid at the time of acceptance.
15. To accept that once an application is reviewed and accepted, an administrative cancellation fee of \$100 will be imposed if an applicant withdraws from the program. This also applies if a trainee is refused his/her visa.
16. Full placement participants only: to understand that ISE requires a minimum period of three months to find the candidate a placement in the Placement Assistance Program. Once this period is reached, the candidate can choose if he/she wants to remain on the program for another 3 months or withdraw from the program. ISE recommends the candidate to remain on the program and review the placement progress after the next 3 months. However, if a placement is not confirmed in three months and the candidate prefers to cancel at that time, ISE will provide a total refund.
17. To accept that if the candidate declines a placement offer, a fee of \$300 will be charged and the candidate will be canceled from the program. This fee is inclusive of the \$100 administrative cancellation fee.
18. To accept that if the candidate requests from ISE a replacement of host companies during the program, a \$200USD replacement fee will be charged after the replacement is arranged. However, the candidate must present a legitimate reason for this request such as: fewer hours than stated in the Training Placement Plan (DS-7002), responsibilities not included in the Training Placement Plan (DS-7002), etc. The time needed to locate a replacement host company may vary according to each individual request.
19. To accept that a \$200 fee will be charged for any such Form DS-2019 that must be replaced or reissued due to information incorrectly entered on an application and/or not verified correctly by the agent or candidate.
20. To accept that a \$400 extension fee will be charged if all parties agree to a program extension and it is granted. An appropriate insurance fee will also be charged. The maximum duration of the program is 18 months.

I have read and agree to the terms and conditions and attest to the accuracy of all information provided.

Participant's Signature: _____

Date: _____

(mm/dd/yyyy)