CSB International

119 Cooper Street, Babylon, New York 11702 (866) 822-1095 * FAX (631) 669-1252

TRAINEE PROGRAM – HOST COMPANY QUESTIONNAIRE **Host Company Name: Brief description: Contact Person:** Address: E-Mail: Telephone #: Fax #: Website: TRAINEE INFORMATION Number of positions: (approximately) Positions available: Dates of Trainee Program:_____ Approximate Salary: Pay frequency: Schedule: _____ Other benefits: ____ HOUSING AND TRANSPORTATION INFORMATION Is there housing available? Yes No Brief description: Cost of housing: _____ Cost of housing deposit: ____ Transportation: HOST COMPANY NEEDS Gender:_____ Age:____ Country :____ Level of English: Skills required: ADDITIONAL INFORMATION Would you be able to provide pick-up? _____ Brief description of the community area: Any specific comments you would like the international staff to know:

Signature _____ Date ____

Part I: TRAINEE OFFER BY HOST COMPANY

(This form must be completed by the host organization as a basis for issuing the DS 2019 form. Please note that the trainee will receive a copy of this form.)

1. Name of Host Company:	2. Type of Business:
3. Address of Organization:	
4. Location of Trainee Program (if different):	
5. Title of Trainee Position:	_ 6. Starting Date:
7. Supervisor of Trainee:	8. Email:
9. Number of Employees at the Host Company Site:	
10. Are There Any Preconditions (i.e. medical tests)) for the Trainee? ()Yes ()No
If yes, please list:	
11. Other Items You Wish To Share with Trainee:	
Part II: TRAINEE PROGRAM PLAN (Place record to the	
Part II: TRAINEE PROGRAM PLAN (Please respond to the	e questions below on your company letterhe

- 1. List the departments or sections of the company to which the participant will be exposed (length of time in each area).
- 2. Describe the trainee activities and responsibilities in each department in which the intern will be involved.
- 3. What guidelines/procedures/policies will your company use to educate the trainee?
- 4. What skills and knowledge will the trainee acquire during the program?
- 5. Orientation and Supervision:
 - a. Describe in detail the orientation program for the trainee (formal/informal).
 - b. How will the participant will be oriented to the corporation in which he/she is training?
 - c. How will the trainee be supervised?
- 6. Hours:

How many hours per week will the participant be required to train?

7. Home stay Issues:

If necessary, can you assist the trainee in finding a place to live? ()Yes ()No