



**Host Employer Profile**

Organization/Company Name Location (city, state)

Date of Application Type of Business or Product Number of Employees at Training Site

Web Site

**Exchange Visitor Participant Information**

First Name Last Name Citizenship

E-mail Sex:  Male  Female

**Work Site Information**

Location/Worksite Name Department

Work Site Street Address Suite or Floor

City State

Telephone Fax Postal Code

**Company Representative**  
(responsible for completing application)

Same as applicant contact.

First Name Last Name Title

Street Address

Contact information and address if different from training site location:

City State Postal Code

Telephone Fax E-mail

**Direct Supervisor of Program**

First Name Last Name Title

Supervisor's Street Address

City State Postal Code

Telephone Fax Supervisor's E-mail

**Attorney Information**  
*(if applicable)*

Is an attorney representing you in presenting this application?  Yes  No  
If yes:

Attorney Name

Firm Name

Address

City

State

Postal Code

Telephone

Fax

E-mail

**Program Details**

*(Non-expedited processing takes 4–6 weeks from receipt of completed Employer Job Offer, Student Application, and applicable program fee(s). Please plan the start date accordingly.)*

Position Title

Desired Duration of Training *(maximum of 4 months)*

Proposed Start Date *(month/day/year)*

Proposed End Date *(month/day/year)*

Nearest Airport

- Will a contract or agreement be signed between the host organization and the exchange visitor participant? *(If so, attach a copy of the document signed by both parties.)*  Yes  No
- Will the participant be subject to a medical exam upon arrival?  Yes  No
- Will the participant be subject to drug testing?  Yes  No
- Is successful completion of medical exam required for training to begin?  Yes  No
- Will an orientation be required?  Yes  No
- Is employer willing to host social events during the program?  Yes  No

• How did you and the exchange visitor locate each other? \_\_\_\_\_

• How did AIPT's program come to the attention of your organization?

- |                                                                   |                                                |
|-------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> I am a previous host employer with AIPT. | <input type="checkbox"/> Conference: _____     |
| <input type="checkbox"/> Participant                              | <input type="checkbox"/> Friend _____          |
| <input type="checkbox"/> AIPT Exchange Explorer                   | <input type="checkbox"/> AIPT Web site _____   |
| <input type="checkbox"/> Attorney: _____                          | <input type="checkbox"/> Other Web site: _____ |
| <input type="checkbox"/> Advertisement: _____                     | <input type="checkbox"/> Other: _____          |

**Summary of Responsibilities**

Please provide some information about the task and duties the participant will perform with your company during this program.

**Financial Arrangements**

Hours Worked Per Week \_\_\_\_\_ \$ \_\_\_\_\_ per  hour  week  month  
 Maintenance Wages (salary)

- Participant will be paid:  weekly  biweekly  monthly  other (please explain): \_\_\_\_\_
- Overtime—If applicable, estimated number of overtime hours: \_\_\_\_\_ hours per \_\_\_\_\_

**PLEASE answer all questions. Blank responses will cause delay in processing.**

Overtime rate of: \$ \_\_\_\_\_ per hour

*At least the prevailing minimum wage as determined by the U.S. Department of Labor must be paid to the participant by the employer. Payment in kind (housing, meals, etc.) may be used to supplement the prevailing minimum wage, but may not be used in lieu of the minimum wage.*

- Please state any other benefit(s) that the host organization will provide at no cost to the participant (such as use of an organization-owned vehicle, housing, tools, uniforms, etc.) and list the estimated monthly value of each:

How much financial support do students need to have access to initially in order to set up their living arrangements?

**Personal Expenses**

*(Gives the participant an idea of the costs and conditions of living in the U.S.)*

**PLEASE answer all questions. Blank responses will cause delay in processing.**

- Transportation available for the participant's commute to place of employment:
  - Employer provided (company car or shuttle bus)  Public (bus, subway, rail, ferry)
  - Walk  Other: \_\_\_\_\_
- Estimated monthly transportation expenses: \_\_\_\_\_
- Estimated monthly housing expenses: \_\_\_\_\_ /month
- Please describe the housing assistance the employer will provide:

**Additional Services**

Would you like AIPT to recruit for your other summer staffing needs?  Yes  No

Would you like to receive e-news updates on governmental J-1 visa policies from AIPT?  Yes

If yes, please provide your e-mail: \_\_\_\_\_

**Organizational Advancement**

AIPT is a nonprofit 501(c)(3) organization. Its operational costs are not entirely covered by fees. If you are interested in supporting AIPT's purpose to enhance global competencies and increase mutual understanding, please consider supporting AIPT today. You may include a check payable to AIPT Organizational Advancement with your application. Donations to AIPT are tax-deductible as charitable contributions. Thank you for your support.

Please check a box to indicate your contribution level:

- \$1,000  \$500  \$250  \$100  other: \_\_\_\_\_

**Program Terms and Conditions**

*(AIPT Experience USA is a program of AIPT.*

*In order for AIPT to approve for a participant to work at your organization under AIPT sponsorship, you must accept the responsibilities and obligations listed below. Your signature means that you understand and agree to the conditions as stated. **This is considered a binding agreement between AIPT and your organization.**)*

**HOST EMPLOYER OBLIGATIONS AND RESPONSIBILITIES**

Read and initial or check the statements below to indicate acceptance and agreement. Please also sign the application before sending to AIPT.

*I agree to the following conditions:*

- I affirm that the *Employer Job Offer* truly reflects the content of the work experience being extended to the applicant.
- I agree to assist students in obtaining housing during duration of employment.
- I understand that the Association for International Practical Training (AIPT) is the applicant's sponsor and not the company/firm/organization I represent.
- All changes that affect the applicant are to be submitted to AIPT in advance for approval. I agree to communicate immediately by phone and then by written correspondence any circumstances that differ in any way from this Employer Job Offer submitted to AIPT
- If a participant leaves employment for any reason, I will inform AIPT immediately.
- To the best of my knowledge, the applicant intends to enter the United States for the purpose of work experience and does not intend to abandon his/her non-immigrant status. Therefore, I will not encourage nor render any assistance, including helping an applicant change visa categories, which would keep an applicant in the United States beyond the end date shown on the Certificate Of Eligibility, the document governing the applicant's admission and stay in the United States. I further understand that four months is the maximum time allowed for work experience.
- I agree to respond to any requests by AIPT concerning my company's application in a timely manner and complete and follow through on any paperwork required by AIPT.
- I understand that AIPT has the right to withdraw sponsorship from any applicant whose employer does not comply with AIPT's program, compelling that applicant to leave the country, and to deny all future applications from that employer.
- The Parties [persons or entities named in this application] agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between them. I affirm that I have read the entire arbitration agreement statement and my signature on this application verifies my agreement to this provision. [Read the entire arbitration agreement on our Web site at <http://www.aipt.org/programs/legal-and-evaluation/Arbitration-Agreement.html> or request a copy be sent to you by contacting us at 410.997.2200.]

*I understand and agree to the conditions above as set forth in this Host Employer Application. I realize that if I do not fulfill my obligations and responsibilities as stated, AIPT will end its sponsorship of my organization's exchange visitor program participant(s).*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature required for processing.)*

Full Name *(please print)*: \_\_\_\_\_

Title: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*If you have any questions about the above-stated program conditions or other program details, it is important you contact AIPT.*

**Please submit this completed and signed form to AIPT:**

10400 Little Patuxent Parkway, Suite 250  
 Columbia, MD 21044-3519 USA

Fax: 410.997.7813 or 5186  
 Email: [swt@aipt.org](mailto:swt@aipt.org)