



WEST (Work, English Study, Travel) Information

We would first like to thank you for your interest in hosting a WEST intern. This is a groundbreaking program created between the governments of the United States and the Republic of Korea. We are excited and pleased at the progress and future success of WEST!

The intention of this program is to provide currently enrolled or recently graduated university students from the Republic of Korea the opportunity to study English, transition into an internship and provide time for travel in the U. S. before returning home. Before choosing to host one of our Korean interns, please consider the following:

- » If you are interested in supplementing your current staff with additional workers, this program is not for you! The goal of this program is to provide cultural exchange between our two countries and is not meant to fill a labor gap for your employment needs.
- » You will need to offer a training plan that falls in line with the Intern's academic and/or career background.

AIPT Information

AIPT will uphold its obligations as follows:

- » AIPT has the responsibility to ensure that the third-party host organization complies with all Exchange Visitor Regulations, including assuring adherence to the training plan and periodic evaluation.
- » AIPT has the responsibility to respond to any inquiries from the U.S. Department of State regarding the Exchange Visitor.
- » AIPT has the responsibility to report any incidents that would bring notoriety to the Exchange Visitor Program.
- » AIPT has the responsibility to report all changes of address to the Student & Exchange Visitor Information System (SEVIS).

Host Organization Information

Please review the items below. By signing the DS-7002 form on page 3 you are agreeing to the terms and conditions of the program and this application. If you do not fulfill your obligations and responsibilities as stated, AIPT will end its sponsorship of your organization's exchange visitor program participant (s).

- » I affirm that this application and Training/Internship Placement Plan truly reflect the content of the on-the-job training being extended to the international exchange visitor participant.
- » I understand that AIPT, and not the company or organization that you represent, is the legal sponsor of this program and of this exchange visitor.
- » I certify that: sufficient physical plant, equipment, and trained personnel will be dedicated to providing the specified on-the-job training; the training/internship program is not designed to recruit and train aliens for employment in the United States; and the participant will not displace a full-time or part-time employee of the business.
- » As a host employer, I understand that compliance with federal, state, and local labor and wage regulations with respect to the international exchange visitor is my responsibility.
- » I agree to immediately notify AIPT by phone or e-mail, and then by signed letter, of any circumstances that differ from the statements made in this application. Any changes that affect the participant and accompanying dependents will be submitted to AIPT in advance for approval. Such changes include, but are not limited to, location or program, content of program, length of program, and maintenance wages paid.
- » To the best of my knowledge, the participant intends to enter the United States for practical training and does not intend to abandon his/her non-immigrant status. I will not encourage nor assist the exchange visitor participant to stay in the United States beyond his/her program end date, which is the end date shown on the Certificate of Eligibility document governing the participant's admission and stay in the United States. I certify that I will not assist in any way to help a participant change visa categories.
- » I agree to respond to any requests by AIPT concerning my organization's participant(s) in a timely manner and to complete any paperwork, including program evaluations within 30 days of end of program, as required by AIPT.
- » I understand that AIPT has the right to withdraw sponsorship from any exchange visitor participant whose host organization does not comply with the AIPT-sponsored program requirements, compelling that participant to leave the country, and to deny all future applications from that employer.
- » The Parties [persons or entity names in this application] agree that arbitration is the required and exclusive forum for the resolution of any and all disputes between them. 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](tel:410.997.2200). I am indicating that I have read the entire arbitration agreement statement and my signature on this application verifies my agreement to this provision.



AIPT Korea WEST Host Employer Application

10400 LITTLE PATUXENT PARKWAY, SUITE 250, COLUMBIA, MD 21044-3519 (T) 410.997.2200 (F) 410.992.3924 KOREAWEST@AIPT.ORG

The supervisor listed on the DS-7002 form which follows must be on location at the worksite. Based on the answers to the items listed below, your organization may require a site visit.

Host Employer Profile

Company/Organization name		Parent Company/Organization name	
Website		Department	
		Was prior's year annual revenue three million dollars or more? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Identification Number EIN			
Total number of employees	Number of employees at program site	Number of J-1 trainees at program site	
Worker's compensation insurance carrier	Policy start date	Policy end date	Policy number

Company Representative responsible for completing this application
 Mr.
 Ms.
 Dr.

Please provide contact information if different from program site location

First name	Last name	Title
Street Address		
City	ST	Postal code
Telephone	Fax	E-mail

Position Offer Details

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 a medical exam required for program to begin? Yes No

\$ _____ per hour week month
 Maintenance wage (salary) _____ Training hour worked per week (min. 32) _____

Participant will be paid:
 weekly biweekly monthly other (explain): _____

Party responsible for paying salary _____

Overtime (if applicable, estimated overtime hours per week): _____ Overtime rate/hr _____

Estimated monthly cost of : _____

Transportation	Rent	Food	Other
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if other, explain: _____

Will you provide assistance in finding housing? Yes No If yes, explain: _____



TRAINING/INTERNSHIP PLACEMENT PLAN

Check one: <input type="checkbox"/> Trainee <input type="checkbox"/> Intern	Occupational Field		Number of Years of Experience
	Level of Degree	Date Awarded (<i>mm-dd-yyyy</i>)	Field of Study

PARTICIPANT INFORMATION

Trainee/Intern Name (<i>Last, First, MI</i>)		U.S. Residence Address	
U.S. Telephone Number	FAX Number	Email Address	

SITE OF ACTIVITY INFORMATION

Host Organization		Address	
Supervisor's Name (<i>Last, First, MI</i>)		Email Address	
Phone Number	FAX Number	Supervisor's Title	
Dates of Program (<i>mm-dd-yyyy</i>) From _____ To _____		Hours Per Week	Will Trainee/Intern receive a stipend? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how much? \$ _____ per _____

CONTRACT AGREEMENT

NOTE- Sponsors will not approve any contracts, and Trainees/Interns may not begin their programs until both a Training/Internship Placement Plan (*page 2*) and proof of required insurance that meets 22 CFR 62.14 is on file with the sponsor.

Trainee/Intern- I hereby acknowledge, understand and agree to the attached Training/Internship Placement Plan.

Trainee/Intern Signature	Date (<i>mm-dd-yyyy</i>)
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Supervisor- I certify that I will provide on-site supervision and that this training/internship is known and approved by this company/business or organization (*site of activity*). I will ensure that the required insurance is in place that meets 22 CFR 62.14 and provide the sponsor with written evaluations of the trainee/intern's performance, including the number of hours performed, the type of training, and the quality of the performance. At minimum, I will submit the evaluation at the mid-point and end of the program.

Supervisor's Signature	Date (<i>mm-dd-yyyy</i>)
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Sponsor- I approve the attached Training/Internship Placement Plan. I certify the following:

1. Sufficient planning, equipment, and trained personnel will be dedicated to provide the training/internship specified;
2. The training/internship program is not designed to recruit and train aliens for employment in the United States;
3. Trainees/Interns will not displace full-time or part-time U.S. employees; and
4. That training and internship programs in the field of agriculture meet all requirements of the Employment Relationship under the Fair Labor Standards Act and the Migrant and Seasonal Agricultural Worker Protection Act (*29 CFR Part 500*).

I understand that false certification may subject me to criminal prosecution under 18 U.S.C. 1001, which reads: "Except as otherwise provided in this section, whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes any materially false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry; shall be fined under this title or imprisoned not more than 5 years, or both."

Sponsor's Signature (<i>RO/ARO</i>)	Date (<i>mm-dd-yyyy</i>)
Program Sponsor Name	Program Number

Program Sponsor Name		Program Number	
TRAINING/INTERNSHIP PLACEMENT PLAN			
<p>An acceptable Training/Internship Placement Plan should cover a definite period of time and should consist of definite phases of training or tasks performed with a specific objective for each phase. The plan must also contain information on how the trainees/interns will accomplish those objectives (<i>i.e. classes, individual instruction, shadowing, etc.</i>). Each phase must build upon the previous phase to show a progression in the training/internship. A separate copy of page 2 must be completed for each phase if applicable (<i>i.e., if the trainee/intern is rotating through different departments</i>).</p>			
Name of Trainee/Intern (<i>Last, First, MI</i>)		Field of Training/Internship	
Name of Phase	Start Date for this Phase _____ (<i>mm-dd-yyyy</i>)	End Date for this Phase _____ (<i>mm-dd-yyyy</i>)	Phase _____ of _____
Specific Objective for This Phase			
Skills to be Imparted for This Phase			
Justification for On-The-Job Training			
Chronology or Syllabus of Training or Tasks Performed During This Phase			
Method of Evaluation and the Frequency of Supervision During This Phase			