

Exact Name of Company

Type of Company

State of Business Registration

Date

Date

Trainee

Signature

**Business License Number** 

## International Student Exchange Trainee Program APPLICATION FORM

**Expiration Date** 

Employer Identification Number (EIN)/ Federal Tax ID

International Student Exchange 119 Cooper St. Babylon NY 11702 1.800.766.4656 www.isetraining.org

Year Founded

**Dun& Bradstreet Number** 

**Host Company Information** 

Worker's Compensation Information (carrier/policy/expiration date)

old your Company	y Host J-1 Participants before	Yes 🗖 No	If Ye	s, how many and w	hich sponsor							
ompany Main Ac	ddress		City				State				Zip	
lame of Compan	y CEO/President/Director			Exact Title					Email			
Office Phone Num	nber		Mob	le Phone Number					Fax Nun	nber		
ompany Website	e		Is thi	s an International C	Company	Yes 🗖 No		here are th		ated?		
Total Number of Employees Company-wide			Total	Number of Trainee	es Company-wide	e						
Site of Trai	ining Activity											
Company Main Ac	ining Activity			City			State				Zip	
Name of Supervise	or		Supe	rvisor's Title					Email		-	
Office Phone Num		Mobile	Phone Number			Fax Number			Com	pany Web	osite	
otal Number of E			Total Numbe	r of Trainees at			An	nual Revenu				
	(e.g. business hospitality)		5.10 51 11		Duration (in	months)			Departn	nent(s) of	Training	
Stimated Start Da	ate					nd Date						
Stipend Amount		Per (please mark	one)	Hour 🗖 Month	Pay Frequen	су			Perquisi	ites (if app	olicable)	
Note: Form DC 70	02 (Training Placement Plan) r					DS-7002 cores	e as the off	cial outline				
lousing Provided	ransportation and	Pick-up  Cost per week		ther with the applic	Specify utilit	ies included		cui outine (	sy the pro	oposeu tre	y.	
Housing Provided	ransportation and	Pick-up	\$	ther with the applic	Specify utilit			cui outime (		ed Distanc		
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Date

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Employer

Signature

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