

Host Employer Application Form

PLEASE NOTE: An application is considered complete once the program fee is paid, both the host employer and participant applications have been received, and an outline for the training/internship plan is received. Application processing can take up to 6-8 weeks from the receipt of the completed Host Employer Application, Exchange Visitor Application, and applicable program fees. Please plan your exchange visitor's start date accordingly.

** Please answer all questions on this form, as blank responses may cause delays in processing **

Exchange Visitor Participant Information

First: _____ Last: _____

Email address: _____ Citizenship: _____

Date of Application: _____

Host Employer Profile

Organization/Company: _____

Parent Company (if applicable): _____

Type of Company: _____ Number of Employees: _____

Company Web site: _____

Employer Identification Number (EIN): _____

Dun & Bradstreet Number: _____

(To find out what your number is, use the link on the J-1 Host Employer section of the IIC website)

Was your prior year's annual review greater than or equal to 3 million US dollars? Yes No

Workman's Compensation Insurance Carrier: _____

Policy Number: _____ Policy Start Date: _____ Policy End Date: _____

Company Representative

Company Representative (responsible for completing the application):

Ms. Mr. First: _____ Last: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

Internship/Training Program Site Information

Worksite name/ Program Location: _____
(Specify Department, if applicable)

Program Site Address: _____
(Street, City, State,
and Postal Code) _____

Telephone Number: _____ Fax Number: _____

Number of Employees at Program Site: _____

Supervisor Information

Direct Supervisor of Training/Internship Program:

Ms. Mr. First: _____ Last: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

Position Offer Details

General Information

Training/Internship Position Title: _____

Desired Length of Training/Internship (in months): _____

Proposed Start Date: _____ Proposed End Date: _____
(month/day/year) (month/day/year)

Will a contract or agreement be signed between the host organizer and the exchange
visitor participant? (If so, attach a copy of the document signed by both parties) Yes No

Is the successful completion of a medical exam required for program to begin? Yes No

Will the participant be subject to drug testing? Yes No

Does the host organization have a valid workman's compensation policy under which the
participant will be covered? Yes No

Did the host organization representative interview the participant and was it documented? Yes No

Interview

Interview performed by: _____

Interview method: _____ Interview Date: _____

How did you and the exchange visitor locate one another? _____

(Position Offer Details continued)

Benefits & Pay

Wages/Salary: \$ _____ per Hour Week Month

Training Hours worked per week (minimum of 32 hours required): _____

Participant will be paid: Weekly Biweekly Monthly Other (please explain): _____

Estimated number of overtime hours per week, if applicable: _____ Overtime rate: \$ _____ per hour

Please state any other benefits that the host organization will provide at no cost to the participant (such as use of an organization-owned vehicle, housing, tools, uniforms, etc.):

Transportation available:

Employer Provided (company car or shuttle bus) Public (bus, subway, rail, ferry)

Walk Other: _____

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I certify that the information I have provided on this form is accurate and complete.

Signature: _____ Date: _____

Full Name (please print): _____

Title: _____

Company Name: _____

Please review the application checklist to make sure that your application is complete.
This application should be submitted, along with the Application Checklist, to:

Irish Immigration Center
International Programs
59 Temple Place, Suite 1010
Boston, MA 02111

Fax: 617-338-6979

If you have any questions about the application form or the application process,
please contact Peggy Comfrey, Director of International Programs, at pcomfrey@iicenter.org
or by phone at 617-542-1900 ext 14