



Arbeitsgemeinschaft für
Kinder- und Jugendhilfe **AGJ**

**Arbeitsgemeinschaft für Kinder-
und Jugendhilfe - AGJ**
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Application for International Trainees-Core Program

FOR OFFICE USE ONLY

ARRIVAL DATE: _____
APP FEE INCLUDED: Y
N

**ATTACH
PHOTO
HERE**

I. CONTACT INFORMATION

Family (Last) Name:	First Name:	Middle Name:

Current Mailing Address and Contact Information where CIPUSA Documents should be sent:

Street & Number	City and State/Province	Postal Code	Country

Telephone (please include country and city codes)	Fax	E-mail

Permanent Mailing Address and Contact Information for CIPUSA Files:

Street & Number	City and State/Province	Postal Code	Country

Telephone (please include country and city codes)	Fax	E-mail

II. BIOGRAPHICAL DATA

Date of Birth (Month/Date/Year)	Birth City/State	Birth Country
Country of Citizenship	Country of Residency	
Gender	Marital Status (list date of marriage)	Number of Children (if applicable list ages)
Male <input type="checkbox"/> Female <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/>	

III. CURRENT STATUS

Most Recent Position Held	Company Where You Work
Dates of Employment	Job Responsibilities

IV. LANGUAGE ABILITY

English Proficiency Fluent <input type="checkbox"/> Above Average <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Languages Other than English If applicable: TOEFL Score: _____ TOEIC Score: _____
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V. EDUCATION

Dates of Attendance	Institutions Attended & Locations	Areas of Study	Degrees/Certificates Received

Other Relevant Training, Awards or Honors

VI. EMPLOYMENT EXPERIENCE

Number of Years of Professional Experience		Number of Years of Experience in your related field of training	
Dates of Employment	Position Title	Organization Name & Location	Job Responsibilities

VII. PREVIOUS TRAVEL TO THE UNITED STATES

A. Have you ever been granted a J-1 visa prior to applying to CIPUSA? **Yes** **No**
 If yes: How long was your visa? Where was your training program located? Which organization sponsored you?

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B. Please list all visas granted to you for use in the United States:

Type of Visa Issued	Dates of Visa	Sponsored By	Reason for Issuance	Location while in U.S.

C. Have you ever been refused a visa to the U.S.? **Yes** **No**

If yes please explain reason for refusal, type of visa requested and the date of refusal:

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VIII. EMERGENCY CONTACT INFORMATION

In case of an emergency please provide us with information on who to contact:

Name	Telephone	Address	Relationship to You

IX. CORE PROGRAM INFORMATION (Placements secured by a CIPUSA affiliate office) Core Applicants are responsible for their own health insurance and money for their personal expenses (approximately \$200 - \$400 per month).

Length of Training Program Desired: 4 months

Upon completion of your CIPUSA training program will you return to your present position? **Yes** **No**

Desired Training Program (Experience in your desired training field is necessary for a successful training program)

Desired Training Field	Years of Experience in this Field

Please list the specific training skills you would like to learn related to your desired field of training

Relevant Experience in this field

If you have less than three years of experience in this field please explain why your experience is limited and why this type of training is important for you to learn

Please provide additional training skills you would like to learn in the case your initial training preference cannot be found

X. FINANCIAL INFORMATION

Will your employer continue to pay your salary during your training in the U.S.? **Yes** **No**

XI. CORE PROGRAM INFORMATION FOR LIVING ACCOMMODATIONS Core Applicants must complete the information below in order for a CIPUSA affiliate office to secure proper living accommodations. Host family living will be provided up to four months of your training program. A monthly transportation stipend (bus pass) will be provided.

Living abroad exposes you to a lifestyle that you may not be familiar with and you may find you will need to depend on yourself in many situations.

PERSONAL INFORMATION

Do you have any fears or allergies to animals (pets)? **Yes** **No**
If yes please explain:

Do you object to host families having pets? **Yes** **No**

Do you have allergies to any foods? **Yes** **No**
Please list foods:

What is your religion?

Do you have any dietary restrictions because of your religion that your host family should be aware of?

Do you smoke? **Yes** **No**

Can you confine your smoking if needed? **Yes** **No**

Do you have objections to others smoking? **Yes** **No**

Can you drive? **Yes** **No**

What are your hobbies and leisure interests?

Have you lived in foreign countries? If so, please describe where and when you were there. Also include what the main purpose was for living there.

XII. REFLECTIVE ESSAY

What career objectives do you expect to accomplish through a training program in the United States?

What are your long term goals?

What skills and expertise do you wish to share with your colleagues in a U.S. based organization training in your field?

What new professional skills do you want to achieve in the U.S? How would this training be relevant to your profession in your home country?

What benefits will your home country receive through your participation in this program? What benefits will the American training company receive by hosting you?

Describe a professional problem which you solved by using your skills. Also give an example of a problem you did not solve successfully:

XIII. HEALTH HISTORY

Have you had or do you have any serious illnesses or disabilities that CIPUSA should be aware of?

Are you currently taking any medication? If so, please explain what type of medication and what for:

XIV. GENERAL INFORMATION

How did you learn about CIPUSA? Recruiter Alumni CIPUSA Web Site Brochure
Training Site Other: (please explain):

Have you ever applied before? Yes No If so, when:
Why are you reapplying?

Have you been a CIPUSA participant? Yes No If so, what year and with what affiliate office?

XV. ATTACHMENTS

Please attach:

1. An American Style Resume
2. Copies of Previous visas
3. Tabellarischer Lebenslauf auf deutsch
4. Zwei Referenzen/Zeugnisse

Please use additional pages for any observations or remarks considered necessary beyond the spaces provided in this form. All application material should be sent to AGJ.

I have read and fully understand the questions asked in this application. I certify that the information in this application and the enclosures is true and complete to the best of my knowledge and beliefs.

Printed Name

Signature

Date