

British American Business Incorporated

Exchange Visitor Program

For Business Trainees

Application For

Certificate of Eligibility

Section I – to be completed by the Member Company

Section II – to be completed by the Trainee

Section I

A. Company Information

1. Name of Organization:

2. Employer Identification Number (EIN): _____

3. UK Tax Identification Number: _____

4. Address:

5. Training Location(s) if different from above:

6. Official responsible for trainee (name and title):

7. Telephone number of official:

8. Fax number of official:

9. E-mail Address of official:

10. Has your company used our Exchange Visitor Program before: Yes ____ No ____
11. Do you have fewer than 25 employers: Yes ____ No ____
12. Do you have less than 3 million dollars in annual revenue: Yes ____ No ____
13. Has your firm ever filed a nonimmigrant or immigrant visa petition with the U.S. Citizenship and Immigration Naturalization Service on behalf of the trainee? If yes, when, where, which nonimmigrant visa and outcome.
14. Has your firm ever filed an application for permanent labor certification or an Immigrant visa petition on behalf of the trainee? If yes, when and where?

B. **Financial Arrangements**

BritishAmerican Business member will pay for:

Travel Costs Amount: \$_____

Financial Support (salary) Amount: \$_____per annum

Board & Lodging Amount: \$_____per annum

Other benefits (please state):

Workman's Compensation Insurance: (please send proof of insurance)

Policy Number: _____

Effective Dates: _____

Company Issuing the Insurance: _____

Contact information for issuing company: _____

C. Training Program

(please provide comprehensive details on separate sheets and summarize the training program below)

i) Dates of training (including all phases if relevant):

start mth___/day___/yr___

end mth___/day___/yr___

ii) Trainee's Qualifications for Training:

iii) Occupational Field of Training - please indicate appropriate category:

Management, Business, Commerce and Finance _____

The Sciences, Engineering, Architecture,
Mathematics, and Industrial Occupations _____

Information Media & Communication _____

The Law _____

iv) Related Activities to Provide Interchange of Ideas with American Counterparts and Participation in American life:

v) Position and Location Abroad for which the Training is Designed to Prepare the Trainee:

D. Pre-Arrival Information & Orientation of Trainee:
Please give details, and attach examples, of information which will be made available to facilitate trainee's stay in the U.S.

E. Reciprocity:
Does your organization send its U.S. staff overseas for training or work experience? If yes, please give details as follows:

Names of Staff Members:

Location Abroad:

Duration of Stay:

Type of Training/
Work Experience:
(if insufficient space, please list on separate sheet)

COMPANY:

By: _____
(signature of Official responsible for Trainee)

Name and title: _____

Date: _____

Section II

Trainee Information

(please attach a copy of resume to this application).

- a) Name: first:
 middle:
 last:
- b) Present Address:
- c) Present Telephone Number:
- d) Work E-mail:
- e) Personal E-mail:
- f) U.S. Address (if known):
- g) Date of Birth: mth____ day ____ year ____
- h) City of Birth:
- i) Country of Birth:
- j) Country of Citizenship:
- k) A Legal Permanent Resident of:
(principal dwelling place)
- l) If a non UK resident, please indicate English language skills
(please enclose a copy of a letter from your academic
institution or an English language school verifying your English
language skills with this application):

m) Education:

Secondary: Name:

Address:

Dates:

University or Post Secondary Academic Institution:
Name:

Address:

Dates:

Degree/Certificate:

(please enclose a copy of your completed degree or post-secondary certificate)

n) Current Employment:

Employer Name:

Address:

Dates:

Position:

o) Prior Employment:

Employer Name:

Address:

Dates:

Position:

p) Have you ever held non immigration visa status in the following categories (A, E, F, G, H, I, J, K, L, M or O)? If yes, provide as much information as possible such as name of employer, dates and content of training.

q) Information on Dependents (spouse and children under 21 who will accompany Trainee:)

<u>Name:</u>	<u>Relationship</u>	<u>Date of Birth:</u> m/d/yr.	<u>City/Country of Birth</u>	<u>Country of Citizenship</u>
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Spouse:

Children:

