



## CAEP

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Telephone within the USA: 1-800-432-3276  
<http://www.caepinc.org>

Oct-07

# Trainee Application

1. Name as it appears in your passport:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Middle Last Name

2.  Male  Female

3. Current occupation: \_\_\_\_\_

4. Present address: \_\_\_\_\_/\_\_\_\_\_  
Street and/or P. O. Box Box or Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Postal Code City State/Province Country

5. Phone: \_\_\_\_\_/\_\_\_\_\_  
Area Code Phone Number Mobile Phone: \_\_\_\_\_/\_\_\_\_\_  
Area Code Phone Number

E-mail: \_\_\_\_\_@\_\_\_\_\_

6. Legal Citizen of \_\_\_\_\_ and a legal permanent resident of: \_\_\_\_\_  
Country Country

Passport number and expiration date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

7. Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year Place of Birth \_\_\_\_\_/\_\_\_\_\_  
City Country

8. Permanent /Parents Address/Emergency Contact:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name Address Box

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Postal Code City State/Province Country

Phone: \_\_\_\_\_/\_\_\_\_\_  
Area Code Phone Number E-mail: \_\_\_\_\_@\_\_\_\_\_

## PROGRAM INFORMATION

9. Placement Category: (rank 1 to 3, 1 being the highest)

- Agriculture (Fill out section A)  
 Horticulture (Fill out section C)  
 Turf Grass-Management (Fill out section E)  
 Agri Business (Fill out section G)

- Apiary (Fill out section B)  
 Equine (Fill out section D)  
 CAEP College (Fill out section F)

Length of program requested: 3 4 5 6 7 8 9 10 11 12 Months

Starting Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

Ending Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

10. EDUCATIONAL INFORMATION (check all that apply):

a)  I have completed an educational/apprentice program in \_\_\_\_\_  
Occupational field

I certify that I have graduated. A copy of my diploma is attached. I graduated on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

level of diploma/degree: \_\_\_\_\_ major/field of study: \_\_\_\_\_

I have \_\_\_\_\_ years of practical experience in \_\_\_\_\_  
Must relate to your training choice

b) Will this traineeship be evaluated by the academic institution?  Yes  No  
If yes, how will your academic institution evaluate the traineeship?  Report written/oral  Other \_\_\_\_\_

- This traineeship is required for the applicant to graduate, OR
- this traineeship is an integral part of the curriculum, OR
- this traineeship is optional, but supported by the academic institution.

11. ENGLISH LANGUAGE ABILITY:

- Native English speaker (if "yes" go to question 12), or please choose one of the following:
  - Attach a copy of an official score that you received on a recent English exam. (TOEFL, TOEC, etc) OR
  - Attach a copy of grades (translated to English) for English classes taken at University, OR
  - Attach a letter from your English teacher, certifying your level of English, OR
  - Country Partner please complete the following:

Oral English ability:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Written English:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Listening comprehension:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced

Additional comments about the applicant's knowledge of English and his/her ability to function in an English speaking workplace.

\_\_\_\_\_  
\_\_\_\_\_

Country Partner staff name: \_\_\_\_\_ and signature: \_\_\_\_\_

12. CAREER and CULTURAL GOALS (please use additional pages if necessary):

Why do you need international work experience? \_\_\_\_\_  
\_\_\_\_\_

What are the three major goals you would like to accomplish while on a J-1 Visa? \_\_\_\_\_  
\_\_\_\_\_

What cultural activities would you like to participate in while in the USA? \_\_\_\_\_  
\_\_\_\_\_

13. IMPORTANT INFORMATION

a) Does your family operate a farm, apiary, equine, golf course or horticulture business?

No  Yes, \_\_\_\_\_  
Business type

b) Have you ever received a J-1 visa to enter the USA?  No  Yes. If yes, attach copies of previous visas OR IAP66 / DS-2019.

What type of program  Summer work/travel,  Au Pair,  Camp counselor,  Trainee,  
 \_\_\_\_\_  
other

Have you been denied any type of visa to the USA?  No  Yes, type of visa \_\_\_\_\_

c) Previous international or domestic exchange experience:

<u>Types of exchange</u>	<u>Country</u>	<u>Length of program</u>
_____	_____	_____ / _____ to _____
_____	_____	_____ / _____ to _____

d) Your choice of living arrangements? (choice can not be guaranteed).

Live in the family home with own room.  Live outside of the family home,  No Preference.

e) Do you have a valid driver's license?  Yes  No (You must have driver's license at time of arrival in the USA)

Car  Tractor  Commercial truck license  Other \_\_\_\_\_

f) Do you Smoke?  Yes  No Drink alcohol?  Yes  No

g) I am:  Single  Married  have child/ren

14. PASSPORT PHOTOS and COPY of PASSPORT:

Please enclose 1, 2x2 passport photographs, for sending with your application to perspective host.  
Enclose a copy of your passport with your name and birth date showing.

15. REFERENCES:

Please enclose two letters of references from non-relatives that have known you for more than two years. Letters should include information about your work habits, communication and social skills, etc. (CAEP prefers from past employers or university instructors).

16. AUTOBIOGRAPHY:

Please enclose an autobiography, three pages typed maximum, which must include: personal details and background, family background, special customs or beliefs, diet, work experience, practical and special skills, additional qualifications, personal maturity and hobbies, sporting interests, and weaknesses, likes and dislikes, hopes and plans for the future, and expectations for the program.

17. HEALTH INSURANCE COVERAGE:

It is required by the U.S. Department of State (22CFR 62.14, see below), that J-1 trainees be covered by medical and accident insurance. The policy must cover from the date of arrival in the USA and the entire length of the DS-2019 including travel time.

- 1. Medical benefits of at least USD\$50,000 per accident or illness
- 2. Repatriation of remains in the amount of \$7,500;
- 3. Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$10,000;
- 4. A deductible not to exceed \$500 per accident or illness.

FOR COUNTRY PARTNER USE ONLY: (Direct applicant also complete)

Applicant will order:

**CAEP health Insurance.** Covers and exceeds the U.S. Dept. of State requirements. At a cost of USD \$85.00 per month (fee is subject to change). If the Trainee fails to pay CAEP program for insurance premium within a reasonable amount of time, CAEP will charge amount to credit card information below.

**Country partner health insurance.** Country Partner collects all premiums and submits dates of coverage prior to arrival of the trainee. Failure to submit this information prior to the arrival, CAEP will order insurance for the trainee and charge to credit card information below.

**Other health insurance.** Country Partner provides CAEP with dates of coverage and a copy of the policy wording as well as a statement from the insurance company that this policy will meet the requirements listed above. If the policy does not meet the requirements stated above or failure to submit, CAEP will order CAEP insurance and collect all premiums from the credit card information below. All correspondence must be in English.

Sec. 62.14 Insurance. An exchange visitor who willfully fails to maintain the insurance coverage set forth above while a participant in an exchange visitor program or who makes a material misrepresentation to the sponsor concerning such coverage shall be deemed to be in violation of these regulations and shall be subject to termination as a participant.(i) A sponsor shall terminate an exchange visitor's participation in its program if the sponsor determines that the exchange visitor willfully fails to remain in compliance with this section.

Make sure you as our Country Partner, have the credit card information from the trainee. If the trainee does not have a credit card, please supply us with Country Partner credit card information. CAEP will not process the application without credit card information.

Credit Cardholder Name: \_\_\_\_\_

VISA  MasterCard

Credit Card number: \_\_\_\_\_ Expiration date: \_\_\_\_ / \_\_\_\_  
Mo Yr

Signature of credit card holder: \_\_\_\_\_

Country Partner Representative Signature / Stamp

Date (mo/day/year)

18. CAEP PROGRAM DECLARATION:

Please read the following declaration and keep a copy for your records. Please initial after each section and sign on the bottom of this page.

- I agree to pay all CAEP program fees and insurance cost (if applicable).
- I understand that U.S. \$250.00 is due if I cancel my program or if I am denied the J-1 visa at a US Consulate/Embassy.

*Please initial that you have read and understand the above responsibility.*

- 
- I have never been arrested or convicted of a crime in my home or any other country.
  - Abusive use of alcohol will result in my dismissal from the program.
  - Possession and/or use of drugs, other than those prescribed by a doctor will result in my dismissal from the program.
  - Sexual involvement with a minor (person under age 18) is considered a criminal offense and is punishable by law.
  - All travel before, during and after the program is the participants responsibility. Any participant who chooses to operate motorized vehicles is responsible for obtaining the necessary license, permission and insurance, and does so at his/her own risk.

*Please initial that you have read and understand the above responsibility.*

- 
- Trainee must only train at the hosting organization listed on their DS-2019 and DS-7002. If for any reason a change of hosting organization becomes necessary trainee must contact CAEP prior to departure from host.
  - Trainee agrees to complete an evaluation at the mid-term and end of the training program
  - Trainee agrees to maintain adequate health insurance coverage, as defined by Department of State regulations during his/her entire J-1 status, this includes travel before and after the program.
  - Trainee agrees to depart the United States upon completion/termination of the CAEP program

*Please initial that you have read and understand the above responsibility.*

- 
- I have listed all physical and/or mental disabilities (i.e. eye or ear trouble, back pain, allergies, or eating disorders) below, OR  No medical condition

***I declare that I have read and understood the conditions listed above, and that I will comply with them accordingly. I declare that the information given in this entire application is accurate and complete.***

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**BEFORE SUBMITTING THIS APPLICATION MAKE SURE YOU HAVE VISITED OUR WEBSITE AT [www.caepinc.org](http://www.caepinc.org) FOR MORE INFORMATION ABOUT THE CAEP PROGRAM**

CAEP is sponsored by the CA Foundation



## **EQUINE (Section D)**

### **Rank your choice of training type, 1 being the highest**

a)  **COMPETITION/PLEASURE**

If Competition is you 1<sup>st</sup> choice; please rate your interest in training (Rank 1 to 3, one being first choice):

- |   |                                      |   |
|---|--------------------------------------|---|
| <input type="checkbox"/> Hunter/Jumper            | <input type="checkbox"/> Eventing    | <input type="checkbox"/> Show Jumping       |
| <input type="checkbox"/> Riding School Trainee    | <input type="checkbox"/> Fox Hunting | <input type="checkbox"/> Breaking/Schooling |
| <input type="checkbox"/> Riding School Instructor | <input type="checkbox"/> Dressage    | <input type="checkbox"/> Other _____        |
- 

b)  **BREEDING**

If Breeding is you 1<sup>st</sup> choice; please rate your interest in training (Rank 1 to 3, one being first choice):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Thoroughbreds     | <input type="checkbox"/> Quarter horses          | <input type="checkbox"/> Other Breed _____  |
| <input type="checkbox"/> Sales Preparation | <input type="checkbox"/> Embryo Transfer         | <input type="checkbox"/> Stallions handling |
| <input type="checkbox"/> Mares and Foals   | <input type="checkbox"/> Artificial Insemination |   |
| <input type="checkbox"/> Other _____       |  |   |
- 

c)  **RACING**

If Racing is you 1<sup>st</sup> choice; please rate your interest in training (Rank 1 to 3, one being first choice):

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Flat        | <input type="checkbox"/> Steeplechase | <input type="checkbox"/> Trotters/Pacers |
| <input type="checkbox"/> Track Rider | <input type="checkbox"/> Breaking     | <input type="checkbox"/> Stable Hand     |
| <input type="checkbox"/> Other _____ |                                       |  |
- 

d)  **VETERINARY**

If Veterinary is you 1<sup>st</sup> choice; please rate your interest in training (Rank 1 to 3, one being first choice):

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Veterinary Assistant | <input type="checkbox"/> Veterinary Hospital | <input type="checkbox"/> General Practitioner |
| <input type="checkbox"/> Other _____          |  |   |
- 

e)  **DRIVING**

If Driving is you 1<sup>st</sup> choice; please rate your interest in training (Rank 1 to 3, one being first choice):

- |   |                                       |                                      |
|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Carriage Driving | <input type="checkbox"/> Draft Horses | <input type="checkbox"/> Other _____ |
|---|---------------------------------------|--------------------------------------|
- 

f)  **WESTERN**       **RANCH**

If Ranch or Western is you 1<sup>st</sup> choice; please rate your interest in training (Rank 1 to 3, one being first choice):

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Guest/Dude Ranch                                     | <input type="checkbox"/> Quarter Horse Ranch | <input type="checkbox"/> Reining     |
| <input type="checkbox"/> Western pleasure                                     | <input type="checkbox"/> Cutting             | <input type="checkbox"/> Halter      |
| <input type="checkbox"/> Cattle Ranch (Please complete agriculture section A) |  | <input type="checkbox"/> Other _____ |



g) Practical experience in the area you request:

Type of work

Length of experience, year/months

\_\_\_\_\_  
/

\_\_\_\_\_  
/

h) List specific machinery and equipment you have operated that relate to your choice:

\_\_\_\_\_  
\_\_\_\_\_

i) Other qualifications or practical skills that should be considered when finding a placement:

\_\_\_\_\_  
\_\_\_\_\_

k) Please tell us about your Experience: Check Yes or No

Can you plait manes and tails?  Yes  No      Drive Tractor  Yes  No      Clip/Trim?  Yes  No

Muck out straw and shaving boxes?  Yes  No      Boot Legs?  Yes  No      Lunge?  Yes  No

Bandage Legs?  Yes  No      Understand signs of colic?  Yes  No

Inject IM?  Yes  No

Handle a Stallion?  Yes  No      Ride Track Work?  Yes  No      Clean tack?  Yes  No

l) Your current riding level:

Unable to ride       very basic riding skills       Able to exercise only

Able to ride & school flat work only       Able to ride & school any work       Able to ride & bring on young Horses

Able to break in and retrain       Able to compete at a high level dressage

Able to compete at a high level jumping/eventing

m) Your Height: \_\_\_\_\_ Feet and \_\_\_\_\_ inches, your weight: \_\_\_\_\_ Pounds

