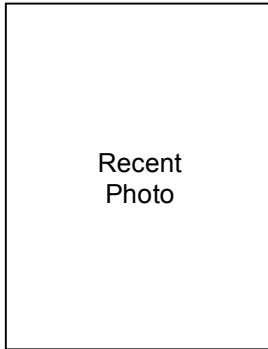


Teacher Application Form



Name: _____

Current Address: _____

Phone: _____ Fax: _____

Email Address: _____

Position sought: _____ Available Date: _____

You learned of our school / this position through: _____

Other grade levels/subjects you would like to be considered for should an opening occur: _____

Please list all undergraduate and postgraduate degrees held (beginning with the most recent).

Degree: _____ Univ: _____ Major: _____ Date: _____

Degree: _____ Univ: _____ Major: _____ Date: _____

Degree: _____ Univ: _____ Major: _____ Date: _____

Degree: _____ Univ: _____ Major: _____ Date: _____

State or Province issuing teaching certificate (license): _____ Date of expiration: _____

List all grades and / or subjects in which you are certified: _____

Do you have an ESL / TESOL certificate? YES NO

Type of certificate: _____ Institution: _____ Date: _____

Citizenship: _____ Date of Birth: (Year/Month/Day) _____

Name as it appears on passport: _____ Passport Number: _____

Do you currently have a Japanese visa? YES NO Visa Status: _____ Expiration Date: _____

Age: _____ Marital Status (circle one): Single Married Divorced Marriage Pending

List all dependants who would accompany you to Japan: Partner's Name: _____

Children: _____ Age: _____ Age: _____ Age: _____

Partner's Nationality: _____ Partner's area of teacher certification, if any: _____

Emergency Contact (someone who will always know your whereabouts): _____

Contact Address: _____

Contact Phone / Fax: _____

Total number of years living in Japan: _____ years _____ months Dates: _____

International travel experience: _____

Foreign Languages Spoken Fluently: _____ Well: _____ Fair: _____

Japanese Language Proficiency: ___ None

- ___ Understands simple questions and commands. Can respond in short, simple sentences. (Beginner)
- ___ Understands social conversation on personal topics. Able to take care of daily living needs independently. (Low Intermediate)
- ___ Understands social conversation and educational topics. Able to express ideas without much difficulty. (High Intermediate)
- ___ Understands educational lectures and meetings. Able to follow and discuss abstract ideas freely. (Advanced)

Do you generally believe you could conference with parents regarding their child's needs and academic progress and conduct most parent meetings in Japanese with little or no help from a translator? (circle one) YES NO

Have you taken the Japanese Proficiency Test? YES NO Level Passed: _____

Health Status: _____ Do you smoke?: YES NO

Allergies: _____ Currently taking any medication? YES NO

Describe any medication or health problems you have experienced during the past three years: _____

To help us calculate your starting salary the following information is needed:

TOTAL number of years of paid, full-time teaching experience: _____

TOTAL years of part-time teaching AND/OR non-teaching experience after completing your undergraduate degree.

(Do NOT include in this total any work done concurrently w/ the above full-time work): _____

List most recent teaching experience (beginning with current or most recent position):

Position/Title	Level/Subject	Dates	School / Location	Full or Part-time (circle one)
_____	_____	~	_____	F PT
_____	_____	~	_____	F PT
_____	_____	~	_____	F PT
_____	_____	~	_____	F PT
_____	_____	~	_____	F PT
_____	_____	~	_____	F PT
_____	_____	~	_____	F PT

Current Employer: _____ Current Salary: _____

Immediate Supervisor: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Please list two other people that we may contact for a confidential reference on behalf of your application. Appropriate references include previous supervisors, principals, or others that have served in a supervisory role.

Name: _____ Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Name: _____ Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

I understand that all information provided in this application shall be used only by Katoh Gakuen for employment decisions and visa applications. Only authorized personnel shall have access to this information. I also affirm that the information given in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification may result in disqualification for the position or immediate termination.

Signature: _____ Date: _____