

Teacher Application Form

Photo

(Attach photo separately if you are unable to insert here)

Name: _____
Email: _____ Skype: _____
Current Address: _____
Citizenship: _____ Date of Birth: _____ Age: _____
You learned of our school / this position through: _____
Position sought: _____ Date Available: _____
Other grade levels/subjects you would like to be considered for should an opening occur: _____

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

List all grades & subjects in which you are certified to teach: _____

TOTAL number of years of paid, full-time teaching experience after receiving your teacher certification: _____

Do you have any ESL / TESOL certificate or endorsement? YES ___ NO ___

Do you have a criminal record in any country? YES ___ NO ___

Marital Status: Single ___ Married ___ Engaged ___ Partner ___

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

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

Children's Name: _____ DOB: _____ Children's Name: _____ DOB: _____

Japanese Language Proficiency: None: ___ Beginning: ___ Intermediate: ___ Advanced ___ Native ___

Current 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: _____

Current School/Employer: _____ Approx. Current Salary (optional): _____

Immediate Supervisor: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Does Katoh Gakuen have permission to contact this person for a reference? YES ___ NO ___

Please list two other people that we may contact for a confidential reference on behalf of your application. Appropriate references include previous principals, vice principals, supervisors, or others that have served in a supervisory role in your recent past. NOTE: "I understand that Katoh Gakuen may investigate my work history. I hereby authorize the persons and schools listed below to provide any information requested about me."

Name: _____

School: _____ Position or Title of Reference: _____

Phone: _____ Fax: _____ Email: _____

Name: _____

School: _____ Position or Title of Reference: _____

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.

Type or Sign Name: _____ Date: _____