## Kurashiki NET Program Application Package

Please print out this page and use as a checklist when preparing your application package.

## $\Box$ Application Form (4 pages)

Print all information neatly in English, unless otherwise specified. Do not type. Enter information in all spaces provided (enter N/A where not applicable); do not leave blank spaces. Include additional information, if necessary, on supplementary pages. <u>Please staple application pages together in the upper, left-hand side.</u>

## **Supplementary Documentation**

The following items are necessary in addition to the application form. Write or print your name in full on all supplementary items.

- □ Photographs: Four 3-cm x 4-cm identical color photographs taken within three months of the submission date. Do not wear a hat, cap, or sunglasses. Write your name on the back of each photograph; paste one in the space provided on page 1 of the application form, and place the remaining three photographs in a small envelope with your name written on it.
- □ Reference Letters: Two reference letters from a current or former employer or co-worker, professor, teacher, or other qualified professional who has known you for at least six months. The two letters should be from different employment sources (i.e., referees should not work at the same school or company). Friends and family members may not be used as references. At least one reference letter must be from within Japan. Letters may be written in either English or Japanese; however, letters written by Japanese nationals should be written in Japanese. All letters must be written specifically for this application and must be submitted in a sealed, signed / stamped envelope (do not open reference letters). Copies of letters are not acceptable. Letters may be submitted directly from the referee to the Teachers' Guidance Section at the Kurashiki Municipal Board of Education (address below) or included in your application package. Please indicate on pages 1 (Document Self-Check box) and 3 (Reference Information section) how your letters will be arriving.
- Degree / Diploma: A certified / official copy of your post-secondary degree or diploma. Certified copies must be affixed with the certifying person's signature and seal / stamp. Certified copies of your degree / diploma may be sent directly from the issuing institution. For application purposes only, you may send a color copy with your application package and present the original document at the Initial Interview. Please indicate on page 1 in the Document Checklist section how your degree / diploma will be submitted. If you are requesting an official / certified copy or a replacement document, please do so early, as some universities require several months to process requests.
- □ **Transcripts:** Original transcripts or certified copies of transcripts. Certified copies must be affixed with the certifying person's signature and seal / stamp. Transcripts may be sent directly from the issuing institution or included in your application package. Transcripts must be sent in the original, sealed envelope (do not open). Please indicate on page 1 in the Document Checklist section how your transcripts will be submitted. Please request transcripts early, as some universities require several months to process requests.
- **Essay:** An essay of not more than two pages, typed or handwritten. You may include information on relevant experience, professional and personal skills that qualify you for the Kurashiki NET Program, your motivation for becoming an English teacher, and why you feel you would make a good addition to the Kurashiki NET Program. Please include your name and the date the essay was written.
- **Passport Copy:** Color photocopies of the <u>cover</u>, signature / photo page, page bearing your original entry date into Japan, and page bearing your current visa (if applicable). Staple all pages together in order.

## **Submissions**

Place all application materials in an A4 (11"x14") sized envelope; do not bend or fold application materials. Send to the following address. Incomplete application packages will be disqualified. All items submitted become the property of the Kurashiki Municipal Board of Education and will not be returned for any reason.

Kurashiki Municipal Board of Education Attention: Teachers' Guidance Section 640 Nishinakashinden Kurashiki, Okayama 710-8565

〒710-8565 岡山県倉敷市西中新田 640 番地 倉敷市教育委員会 指導課 宛

This area for office use		<b>Document Checklist</b>	(self-check)			
		•Reference Letter 1	included in	package	Photo	
Application Form			arriving sep	parately	Write your name on the back and affix below.	
Photos (3	)	•Reference Letter 2	included in	package		
Reference	e Letter 1		arriving sep	parately		
Reference	e Letter 2	•Degree / Diploma	will bring to	o interview		
Degree /	Diploma		included in	package	4cm	
Transcript	ts		arriving sep	parately		
Essay		<ul> <li>Transcripts</li> </ul>	included in	package		
Passport	Сору		arriving sep	parately	<b>↓</b> 3cm →	
Personal Info	ormation					
	フリガラ	F		フリガナ		
ka	atakana					
Full Name						
	(first; n	niddle-optional)		(last)		
Nationality		Age	Date of Birt	h		
			_	(month / date	e / year)	
Place of Birth			Hometown			
Current Address	,					
(please write in <i>romaji</i> )	) (postal	code, prefecture, city, town, ward)				
	(apartm	ment name, apartment number)				
Phone Number	(	) Mobile Phone Number				
Temporary Addr		e area code)				
r emperary raar		are planning to move or travel after subn	nitting application)			
Permanent Address						
					_	
E-Mail Address		@				
Present Occupation		Dat	es of Employment		~	
				(month / day / ye	ar) (month / day / year)	
Date available to begin employment			t date of current bloyment contract			
· · · · · · · · · · · · · · · · · · ·		/ day / year)		(month / day / ye	ar)	
Do you own a Japanese driver's license? Yes No						
Passport Inf	ormation					
Visa Status			Visa Expiry Date			
			N	(month / day / ye	ar)	
Date of entry into Japan			Number of months/years	yea	ars months	
	(month / day / yea	ar)	lived in Japan			

Emergency Contact Information Please provide name and contact information for one person who may be contacted in case of an emergency.						
Name	Relationship					
Phone Number ()	Address					
(include country and area co	les)					
Current or Most Recent Employ	/ment					
Company Name	Your Position					
Description of Duties						
Supervisor's /	Phone Number	( )				
Manager's Name	(includ	e country / area codes)				
Address						
If given consideration for employment, ma	ay we contact your present / most recent e	employer? Yes No				
If not, please explain:						
Employment History *Pla	ease list only full-time / relevant work expe	prience.				
1 Employer Contact Information Company name	Your Position / Title	Dates (beginning m / yr ~ ending m / yr)				
Company phone number (include country and area codes	)	Reason for Leaving				
2 Employer Contact Information Company name	Your Position / Title	Dates (beginning m / yr ~ ending m / yr)				
Company phone number (include country and area codes	)	Reason for Leaving				
3 Employer Contact Information		Dates				
Company name	Your Position / Title	(beginning m / yr ~ ending m / yr)				
Company phone number (include country and area codes	)	Reason for Leaving				
Employer Contact Information     Company name	Your Position / Title	Dates (beginning m / yr ~ ending m / yr)				
Company phone number (include country and area codes	)	Reason for Leaving				

Reference N <u>ame a</u>	me and Contact Information This Area for Office Use				
① Name		Occupatior	ı		Completed Method
Company / Organization		Relationshi	q		phone e-mail
Address				_	fax
company personal					Notes
Phone Number			Years Known		
company	()				
E-mail Address	(include country and		Verified by		
	@ cluded in Package Letter Arriving Separately				Date
② Name		Occupatior	n		Completed Method
Company /		Relationshi	n		phone e-mail
Organization		Relationshi	۶ 		fax
Address					Notes
personal					
Ph <u>one</u> Number	( )		Years Known	_	
company	(include country and	area codes)	L		
E-mail Address		@			Verified by
Letter Inclue	led in Package	Letter A	rriving Separately		Date
Post-Secondary I					
Please include TEFL / ① Institution Name	TESUL / CELTA tr	City / Country	cation, if applicable.		
Major / Area of Study		Dates (beginning m	/ yr – finishing m /yr)	Degree / Ce	ertification (BA, BS, MA, etc.)
② Institution Name		City / Country			
Major / Area of Study		Dates (beginning m	/ yr – finishing m / yr)	Degree / Ce	ertification (BA, BS, MA, etc.)
③ Institution Name		City / Country			
Major / Area of Study		Dates (beginning m /yr - finishing m / yr)		Degree / Ce	ertification (BA, BS, MA, etc.)

Study of Japanese Language / Culture         ① Institution Name       City / Country
Course of Study     Dates (beginning m / yr - finishing m / yr)     Certification
② Institution Name       City / Country         Course of Study       Dates (beginning m / yr - finishing m / yr)    Certification
Japanese Language Proficiency
Japanese Language Proficiency Test       Please self-rate your ability in the following areas:         (check highest test level that you have passed, if applicable)       Listening         N1       N2       N3       N4       N5         1級       2級       3級       4級       Writing       Image: Comparison of the provided in the provi
Medical Information       *Please attach a separate sheet if more space is required.         Please describe your current state of health:
Are you currently being treated for a medical condition or using any prescription medications? If yes, please describe:
History of surgery / major illnesses:
Legal Background         Have you ever been arrested or charged with a criminal activity?         Image: No (If yes, please explain on a separate sheet. A confidential report may be requested from the appropriate authority.)
Declaration of Accurate and Truthful Information
I declare that the statements and information contained in this document and accompanying documentation concerning my background and personal information are true and accurate to the best of my knowledge. I understand that any misrepresentation, intentional or otherwise, will disquality me from employment.
Signature of Applicant Date (month / day / year)