

## 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: \_\_\_\_\_