

Application for the SISTER CITY EXCHANGE AND TEACHING PROGRAM

1) Full name: _____

last first middle

2) Sex: M / F

3) Date of Birth: _____

Day / Month / year

PHOTO

4 cm long

3 cm broad

4) Place of Birth: _____

5) Nationality: _____

6) Marital Status: Single / Engaged / Married

7) Present Occupation or institution where presently enrolled: _____

8) Permanent Address: _____

(Zip code:)

Telephone number: _____

9) Temporary Address: _____

(Zip code:)

Telephone number: _____

E-mail address: _____

10) Indicate Dates when temporary is applicable: _____

11) Higher Educational Institutions Attended:

Name and Place

Period of Enrollment

Specialization

Degree/Diploma

12) Please provide an official transcript or a certified record of all your college courses and any relevant certifications.

13) Teaching Background:

Institution

Courses and Contents

Dates

Training in

TEFL / TESL

Training

Experience in

teaching other

subjects

14) Teaching Certificate: Yes / No

Type: _____

Date Acquired: _____

15) Proposed direction of current or future profession and its relationship to this program:

16) Please list:

a. Any honors, scholarships and achievements of merit:

b. Any extra-curricular and volunteer activities and other interests which you would consider helpful or useful to this program:

17)

Japan Related Experience

Institution and Course

Date

Grade

Study of Japanese

History,Culture,etc.

Study of Japanese

Language

Self-evaluation of Reading: very good, good, fair, poor, none

Japanese proficiency Writing: very good, good, fair, poor, none

Speaking: very good, good, fair, poor, none

Listening: very good, good, fair, poor, none

18) Present or most recent occupational experience:

Name and Place

of Employer

Job Description

Dates

19) Overseas Experience:

Place

Purpose

Dates

20) Are you a resident of Springfield: Yes No

If yes, for how long: _____

21) How did you hear about the Sister City Exchange and Teaching Program:

_____ Newspaper _____ College Advisor

_____ Former participant _____ Mayor's Office

_____ TV / Radio _____ Sister Cities Committee

_____ Poster _____ Other _____

22) Emergency Contact: List name and addresses, telephone numbers and relationships of two people who can be contacted in emergency:

23) Please fill out the "Self-Assessment Medical Report". If you suffer, or have suffered from any serious physical or mental illness, please attach an explanation/physician's report.

I, the undersigned, certify that the above statements concerning myself and my background are true and accurate to the best of my knowledge. Further, if I am selected as a Sister City Exchange participant, I agree to abide by Japanese laws and regulations and the regulations of the host institution and to carry out my duties to the best of my ability, as well as not to engage in any other activities except those allowed on my entrance to Japan. I understand that during my stay in Japan I must not participate in any political activities nor do anything to disturb the public peace.

Signature of Candidate: _____

Date: _____

STATEMENT:

Include an essay (not more than two pages typewritten, and double-spaced with margins) which express your reasons for wishing to participate in this Program. Please include in what ways you feel your particular skills, experience, and personal qualities will be useful to your position, as well as what you hope to gain from this experience. In addition, please provide details of any teaching or overseas experience which you have had.

REFERENCES:

Each applicant should arrange for a confidential written reference from his or her college professor or current employer, which addresses the applicant's

personal and professional suitability for this program, and send it to

Ashikaga ALT Selection Committee

SCAS

P.O Box 1474

Springfield, IL 62705-1474

by Feb. 23, with the other application materials.

Give below the name of this reference, together with that of another academic reference who has known you well for at least three years and who may be approached for a further reference.

1) Name: _____

Title or Occupation: _____

Address: _____

Day Telephone: _____

2) Name: _____

Title or Occupation: _____

Address: _____

Day Telephone: _____

PHOTO

4 cm long

3 cm broad

PHOTO

4 cm long

3 cm broad

PHOTO

4 cm long

3 cm broad

Applicant's Self-Assessment Medical Report

-Please Type (attach a separate sheet if necessary)-

Applicant's name:

Last First Middle

Height: cm Weight: kg Blood type:

When and for what reason did you last contact a physician?

Have you been hospitalized in the past 2 years? Why?

Have you ever been treated for any mental or nervous disorder? If "Yes", explain on a separate sheet.

What allergies do you have, if any? Are you currently being treated?

If you are currently on any prescription medication(s), please give details.

Are you on a restricted diet? If so, please give details.

Signature of Candidate:

Date: