**2021-2022 Chiba-Wisconsin ALT Program Application**

**Personal**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name:** |  |  | | *Last, First Middle* |
| **Phonetic name:** |  |  | | *In KATAKANA and/or phonetics* |
|  | | | | |
| **Age:** |  |  | |  |
|  | | | | |
| **Date of birth:** |  |  | | *YYYY/MM/DD* |
|  | | | | |
| **Marital status:** |  | **□ Single □ Engaged □ Married** |  |  |
|  | | | | |
| **Gender:** |  | **□ Male □ Female** |  |  |

**Academic**

|  |  |  |  |
| --- | --- | --- | --- |
| **University name:** |  |  | *Full name of your university* |
|  | | | |
| **University location:** |  |  | *City, State, & Country* |
|  | | | |
| **Degree & Major(s):** |  |  | *List major & degree (B.A. / B.S.)* |
| **Minor(s):** |  |  | *List minor(s)* |
|  | | | |
| **Graduation date:** |  |  | *Either anticipated or actual* |
|  | | | |
| **Teaching certification(s):** |  |  | *List TEFL/TESOL or other teaching certifications/licenses* |
| **Other**  **certification(s):** |  |  | *List certifications/licenses* |
|  | | | |
| **Other teaching experience:** |  |  | *List any additional relevant teaching/tutoring experience* |
| **Further work**  **experience:** |  |  | *List all other work experience. Include dates of employment.* |

**Japan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Study of Japanese culture:** | |  |  | *List any classes & experiences related to Japanese culture* |
|  | | | | |
| **Study of Japanese language:** | |  |  | *List any classes & experiences related to Japanese language* |
|  | | | | |
| **Japanese**  **certifications:** | | |  | *JLPT, BJT, J-Test, etc.*  *List the highest level passed* |
| **Study in / travel to Japan:** |  | |  | *List location and exact dates of prior studies/trips in/to Japan*  *Preferred living site* |
| **Site preference:** | **□ Urban □ Suburban □ Rural** |

**Contact**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **E-mail address:** |  |  | | ***★ For definite contact*** |
|  | | | | |
| **Current phone:** |  |  | | *If possible, list your mobile here* |
|  | | | | |
| **Permanent phone:** |  |  | | *Phone at permanent residence* |
|  | | | | |
| **Current postal**  **address:** |  |  | | *Please specify the dates during which this address is valid* |
|  | | | | |
| **Permanent postal address:** |  |  | |  |
|  | | | | |
| **Emergency contacts:** |  | **Name: Address: Phone:**  **E-mail:** | **Name: Address: Phone:**  **E-mail:** | *List names, addresses, phone numbers & e-mail for 2 emergency contacts* |

**Other**

|  |  |  |  |
| --- | --- | --- | --- |
| **Spoken languages:** |  |  |  |
|  | | | |
| **Other overseas experience:** |  |  | *List locations and dates of other studies/travel abroad* |
|  | | | |
| **Honors:** |  |  | *Be specific* |
| **Hobbies &**  **interests:** |  |  |

**Goals & References**

|  |  |  |  |
| --- | --- | --- | --- |
| **Future goals and**  **their relationship**  **to this program:** |  |  | *Proposed direction of future profession and its relationship to the Chiba-WI ALT Program* |
|  | | | |
|  |  | **★Each applicant must submit two sealed letters of reference either from professors or current employers.**  **★Letters should address the applicant’s personal & professional suitability for this program.** |  |
|  | | | |
| **Reference #1:** |  | **Name:**  **Occupation: Phone Number: Address:**  **E-mail Address:** | *Name, Occupation, Address, E-mail Address & Phone number of Reference* |
|  | | | |
| **Reference #2:** |  | **Name:**  **Occupation: Phone number: Address:**  **E-mail Address:** | *Name, Occupation, Address, E-mail Address & Phone number of Reference* |

**Medical Assessment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Please fill out in the data below to the best of your knowledge. ★Applications cannot be processed without this section. (Selectees may be required to submit a separate medical report from their physician.)** | |  |
|  | | | | |
| **Height / Weight:** |  |  | |  |
|  | | | | |
| **Blood type:** |  |  | | *For Emergency treatment* |
|  | | | | |
| **Allergies:** |  |  | | *List any allergies you have* |
|  | | | | |
| **Medications &**  **reasons:** |  |  | | *List any medications you take and why you take them* |
|  | | | | |
| **Dietary**  **restrictions:** |  |  | | *Detail any special dietary needs* |
|  | | | | |
| **Date & reason for**  **last doctor’s visit:** |  |  | | *List the date & reason for your last consultation with a doctor* |
|  | | | | |
| **Diseases/ailments**  **or injuries:** |  |  | | *List any injuries/ailments or diseases during the last 5 years* |
|  | | | | |
| **Recent**  **hospitalizations:** |  |  | | *Dates & reasons for any recent (past 2 years) hospitalizations* |
|  | | | | |
| **Ever received psychiatric care:** |  | **□Yes □No** | *Indicate if you have ever been treated by a psychiatrist or psychologist.*  *★ If you answer “Yes”, please explain on a separate sheet.* | |

**Statement of Purpose**

Include a clear Statement of Purpose in which you:

1. reiterate the relationship between your future goals and the Chiba-Wisconsin ALT Program
2. state the reasons why you desire to participate in this particular program
3. express what you hope to gain from this teaching and overseas experience
4. support with concrete and pertinent examples why you yourself would be beneficial to this Sister State program and ALT position
5. relate in detail any other experiences relevant to this overseas program and teaching position

★Essays should be no more than 2 pages in length, typewritten and double-spaced with margins.

**Signature**

I, the undersigned, certify that the above statements concerning myself and my background are true and accurate to the best of my knowledge. Furthermore, if I am selected as an Assistant Language Teacher, I agree to adhere to my response of “Yes, I would like to accept the position of Assistant Language Teacher.” or “No, I would like to decline the position of Assistant Language Teacher” on the official Reply Form, abide by Japanese laws and regulations and the regulations of the host institution, and carry out my duties to the best of my ability. Moreover, I will not engage in any other activities except those allowed upon my entrance into Japan. Final and foremost, 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

★Signature and date must be handwritten.

**Completing Your Application**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **★Note that a completed application is comprised of the following 7 pieces of documentation.** | |  |
|  |  | **①　□** 1 completed application form (with handwritten signature)  **②　□** 1 completed statement of purpose essay (two pages, double spaced)  **③　□** Sealed letters of reference from two mentors  **④　□** 1 certified, official record/transcript of all university courses  **⑤　□** A) 1 copy of your graduation certificate/diploma  **OR**  **□** B) 1 letter from your university certifying your graduation  **⑥　□** 1 FBI Identity History Summary Check (for applicants living in U.S. only)  **⑦　□** 2 color passport-style photographs★ (**4 cm H x 3 cm** **W**)  **OR**  1 copy of Residence Card (for applicants already living in Japan) *★Note measurements! Standard US-sized passport photographs are the wrong size, so you will need to carefully trim them!* |  |
|  |  | |  |
|  | **★Please send all documentation to the following address.**  **★All applications must be shipped by and dated December 11th, 2020** | |  |
|  |  | |  |
|  |  | **千 葉 県 教 育 庁 教 育 振 興 部 学 習 指 導 課**  **Chiba Prefectural Board of Education**  **Educational Supervisors Division**  **ATTN: Mr. SHIMOMURA Akira & Mr. Patrick GRIMES**  **Chiba-Wisconsin ALT Sister-State Program 1-1 Ichiba-cho, Chuo-ku Chiba-shi, Chiba-ken 260-8662　JAPAN Tel:**  (+81)43-223-4058 **Fax:** (+81)43-221-6580 |  |
| **★In addition to the above materials, successful applicants may be required to submit an official medical report signed by a licensed practicing physician. ★No document submitted can be returned.** | | | |