



SISTER CITIES

West Covina, California & Ohtawara, Japan

EMPLOYMENT APPLICATION

Position applying for

ASSISTANT LANGUAGE TEACHER
Ohtawara Board of Education

Please print clearly or type all information requested.

Name	Last	First	Middle	Date
Address	Number	Street	Apt/Unit	Home Phone
	City	State	Zip Code	Work Phone
Email Address				Cellular Phone

EMPLOYMENT HISTORY: Please include all employment experience, listing the most recent position first.

Dates	Duties	Employers
From To	Title	Employer
Hours/week	Responsibilities	Supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Address
Salary		City, State, Zip
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving	Telephone
From To	Title	Employer
Hours/week	Responsibilities	Supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Address
Salary		City, State, Zip
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving	Telephone
From To	Title	Employer
Hours/week	Responsibilities	Supervisor
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Address
Salary		City, State, Zip
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving	Telephone

Note: A "Yes" answer on the following question does not automatically disqualify you from receiving consideration for employment:

Have you ever been dismissed from employment or resigned in lieu of being dismissed for inefficiency, delinquency or misconduct? ☐ Yes ☐ No If yes, please explain:_____

REFERENCES: Please list at least three current references that are familiar with your work-related ability and background. Do not include relatives.

Name_____ Position_____ Company_____

Address_____ City_____ State_____ Zip_____

Day Time Phone_____ Evening Phone_____ E-mail_____

Name_____ Position_____ Company_____

Address_____ City_____ State_____ Zip_____

Day Time Phone_____ Evening Phone_____ E-mail_____

Name_____ Position_____ Company_____

Address_____ City_____ State_____ Zip_____

Day Time Phone_____ Evening Phone_____ E-mail_____

EDUCATION

Names and locations of accredited institutions	Major(s)	Minor(s)	Units earned	Degree conferred	Degree in progress	Date anticipated

APPLICANT RELEASE

I authorize agents of the City of Ohtawara, City of West Covina, and East San Gabriel Valley Japanese Community Center (ESGVJCC) to investigate and verify all statements made on this application to include contacting my previous employers and references provided by me. I further authorize my previous and current employers, as well as all educational institutions that I attended, personal references, and public or private agencies that have issued me either a professional or vocational license to release to ESGVJCC, any and all records and other information maintained in their custody and control and which regard any all aspects of my employment relationship, history and educational background with said employers, educational institutions, personal references and public or private agencies. I understand and acknowledge that this authorization may permit positive as well as negative information to be released to ESGVJCC from individuals listed as references herein and the agents or employees of my former employers to answer any inquiry relevant to my application, and I hereby release the foregoing individuals from liability for responding to such inquires.

Applicants Signature_____

Date_____

Statement of Purpose

Please ATTACH a brief statement, written in English, answers the following questions:

- Why do you want to work in the City of Ohtawara as an Assistant Language Teacher?
- What kind of contributions do you plan to make as an Assistant Language Teacher that will enhance the learning experience for the students of Ohtawara?
- What experience, if any, do you have teaching English as a second language, working with adolescents, or in a classroom environment?

Additional Required Documents

Please include the following documents with your application.

- Official transcript from university/college courses.
- Two letters of recommendation. Letters may be academic or professional and may not be from a family member or relative.

I certify that the information contained in this application is correct to the best of my knowledge and understand that deliberate falsification or any misstatements or omissions of material facts may be cause for refusal of employment; or if employed, cause for dismissal.

Signature (Application is considered incomplete without a signature)

Date

Completed application and required documents are due no later than April 1, 2016 and should be sent to:

East San Gabriel Valley Japanese Community Center
Attn: Ohtawara Assistant Language Teacher
1203 West Puente Avenue
West Covina, CA 91790