

2017 JET Programme Application

For Canadian Applicants Only

1. **Position Type** (ALT or CIR)

2. **Interview Location** (city code)

3. **First (given) Name(s)**

Last (family) Name(s)

Middle Name(s)

4. **Sex** (M / F) 5. **Date of Birth** (Year, Month, Day) 6a. **Nationality**

 1 9 C N

6b. **Do you have dual citizenship with Japan and Canada?**

7a. **Hometown**

7b. **Home state / province / county / department / district / prefecture**

8a. **Permanent Address**

Street address: _____

City: _____ Prov. / State: _____

Postal / ZIP code: _____ Country: _____

Telephone (Home): _____

Telephone (Work): _____ Telephone (Mobile): _____

E-mail Address: _____

8b. **Mailing Address** (effective _____ to _____)

Street address: _____

City: _____ Prov. / State: _____

Postal / ZIP code: _____ Country: _____

Telephone: _____

E-mail Address: _____

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DO NOT STAPLE

9. Have you ever been arrested, charged and/or convicted of any crime other than a minor traffic offense (i.e. speeding or parking ticket), including juvenile offences?

If yes, please explain in detail below, providing information regarding the nature and date of the crime.

10. Indicate your present status for each of the following:

University Status: _____ University or Employer: _____

Employment Status: _____ Position or Occupation: _____

11a. Education level as of November 18, 2016 Education level as of April 1, 2017 Education level as of July 15, 2017

11b. Academic Specialization

Major

Major / Minor

11c. Secondary Institution (High School) Graduation Date: _____

11d. Post-Secondary Institutions Attended (University / College) list most recent first:

Institution Name City / Prov. / State (Country)	Dates (yyyy - yyyy)	Specialization (including major and minor)	Degree	GPA

Please provide an official transcript of all courses taken to date at your undergraduate college/university and post-graduate school if applicable.

DO NOT STAPLE

12. **Employment Experience:** include your most recent and / or relevant work. Do not include your volunteer work in this section.

Position / Title		Employer Contact Information
Dates Worked (mm / yy - mm / yy)	Full / Part Time	
	FT <input type="checkbox"/> PT <input type="checkbox"/>	
Position / Title		Employer Contact Information
Dates Worked (mm / yy - mm / yy)	Full / Part Time	
	FT <input type="checkbox"/> PT <input type="checkbox"/>	
Position / Title		Employer Contact Information
Dates Worked (mm / yy - mm / yy)	Full / Part Time	
	FT <input type="checkbox"/> PT <input type="checkbox"/>	

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13a. Teaching Experience: Classroom Teaching and / or Student Teaching (practicum)

School Name & Location (City / Province)	Job Title	Job Description	Dates Taught	Hours per Week	Total Hours

13b. Other Teaching Experience (including volunteer)

Institution / Organization (City / Province)	Job Title	Job Description	Dates Taught	Hours per Week	Total Hours

13c. Teacher Training and/or Education Courses

Institution / Organization (City / Province)	Subject / Course	Dates Taught

13d. Do you now have, or will you have earned by July 15, 2017 a certificate to teach in primary (elementary) or secondary schools?

13e. Do you have a TEFL / TESL certification?

DO NOT STAPLE

14. Proposed Direction of Career and its Relation to the JET Program

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15. Japanese Related Studies

Name of Institution and Course Title	Dates (mm/yyyy - mm/yyyy)	Course Description
Study of Japanese Language		
University studies of Japanese History, Culture, etc.		

16a. Japanese Language Proficiency:

0 = None 1 = Introductory 2 = Elementary 3 = Intermediate 4 = Semi-advanced 5 = Advanced

Please give an honest evaluation of your Japanese Language Proficiency.	Reading:	Writing:	Speaking:	Listening:
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16b. Do you have any Certification of Japanese language proficiency (such as JLPT or JETRO test)? YES NO

If yes, please list the name(s) of the certificate(s) and also the applicable dates. Please also include a copy of the certificate(s).

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17. International / Intercultural Experience (at home or abroad): please be explicit.

Location	Brief description of Intercultural Experience (organisation/ activities/ purpose)	Dates and Duration

DO NOT STAPLE

18. Please evaluate any abilities you have in other languages according to the criteria below:

1 = Introductory 2 = Intermediate 3 = Semi-advanced 4 = Advanced 5 = Native

1) Language:	Ability Level:
2) Language:	Ability Level:
3) Language:	Ability Level:
4) Language:	Ability Level:

19a. **Honours, Awards & Achievements:** List any honours, awards and scholarships, offices held and / or achievement gained and the date you received them from High School until now.

Please List (avoid acronyms & abbreviations)	Dates (mm/yyyy - mm/yyyy)
Honours, Awards, Scholarships	

19b. **Extra-curricular / volunteer activities, interests / hobbies / sports:** List any extra-curricular / volunteer activities, interests, hobbies and sports and the dates of involvement in each activity, club or team

Please List (avoid acronyms & abbreviations)	Dates (mm / yyyy - mm / yyyy)
Extra-curricular/ Volunteer Activities	
Interests, Hobbies, Sports (Japan-related, non-academic studies; martial arts, ikebana etc. may be indicated here)	

DO NOT STAPLE

20. Are you presently an applicant, or do you intend to apply for any other international exchange programmes or scholarships? YES NO

If yes, please give details (your answers will not affect your qualification for participation on the JET Programme).

21a. Have you already participated on the JET Programme?

Starting Year: Ending Year:

Contracting Organisation: _____

21b. Have you previously applied for a position on the JET Programme?

Please give the year(s) you previously applied for a position on the JET Programme. _____

21c. Have you previously been offered a position where you were assigned a prefecture/designated city on the JET Programme?

Year: Location:

22. Marital Status

23. Will you be accompanied by family members (or partner) if selected for the JET Programme? If yes, please provide the following information.

Name	Relationship	Age	Jet Applicant?	Interview Location

24. Do you have a driver's licence?

Office use only

25. Do you have a placement request?

25a. Living Area Classification

25b. First Choice Block Pref./ Des. city

Reason for Selection: _____

Second Choice Block Pref./ Des. city

Reason for Selection: _____

Third Choice Block Pref./ Des. city

Reason for Selection: _____

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25c. Specific request for placement (e.g. medical reasons, family members live in Japan...etc.)

26a. If you are not offered the CIR position but are still eligible for the ALT position, would you like to be considered for the ALT position?

26b. Would you like to be considered for early departure in April (or for departure after April but before regular July/August departure)?

27. Where did you hear about the JET Programme? (check all that apply)

If possible, for the following please indicate information such as the name of the magazine, newspaper, publication, website etc.

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|---|--|--|
| <input type="checkbox"/> Poster | <input type="checkbox"/> Facebook | <input type="checkbox"/> Former JET Participant |
| <input type="checkbox"/> Pamphlet | <input type="checkbox"/> Twitter | <input type="checkbox"/> Current JET Participant |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Google Search | <input type="checkbox"/> Non-JET Family/Friend |
| <input type="checkbox"/> Magazine | <input type="checkbox"/> Job Posting Website | <input type="checkbox"/> University Advisor/Professor |
| <input type="checkbox"/> Campus Newspaper | <input type="checkbox"/> Blog/Forum | <input type="checkbox"/> JET Alumni Association Event |
| <input type="checkbox"/> Transit Ad | <input type="checkbox"/> Embassy/Consular Website | <input type="checkbox"/> Career Fair/Information Session |
| <input type="checkbox"/> Online Ad | <input type="checkbox"/> JET Programme/JETAA Website | <input type="checkbox"/> Classroom Visit |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other Website | <input type="checkbox"/> Other Person |

28. Emergency Contacts: (Please list two people who can be contacted if we cannot get a hold of you)

Name: _____

Address: _____

Relationship to Applicant: _____

Telephone: _____ Email: _____

Name: _____

Address: _____

Relationship to Applicant: _____

Telephone: _____ Email: _____

I, the undersigned, certify that the above statements concerning myself and my background are true and accurate to the best of my knowledge, and that I have read and agree with the application guidelines. Furthermore, if I am selected as a Coordinator for International Relations or Assistant Language Teacher, I agree to abide by Japanese laws and regulations and the regulations of my contracting organisation. I agree to carry out my duties to the best of my ability, as well as to not engage in any activities prohibited by the terms and conditions of my appointment. I understand that during my stay in Japan I must not participate in any religious or political activities which would affect my duties nor do anything to disturb the public peace.

Signature: _____ Date: _____



JET Programme Self-Assessment Medical Report

Name of Applicant: _____
(as printed on your passport) Last First Middle

Date of Birth: ____ / ____ / ____ Interview Location _____
MM/DD/YY

Your application cannot be processed without this form. It is important that you submit accurate information regarding your medical history. This information will be used when assigning your placement as well as in serving as a quick reference should any medical emergencies arise while you are participating in the program.

This information will be used to your benefit in deciding your contracting organisation as well as in serving as a quick reference should any medical emergencies arise while you are participating on the JET Programme.

If you now have or have ever had any physical or mental condition/illness, you must also submit a Statement of Physician (*Statement of Physician guidelines and Form* are available in the Online JET Application Portal.)

1. Current Treatment of Any Physical Conditions

Are you currently seeing a physician and/or undergoing treatment? (except for colds, fevers, visiting OB/GYN facilities, or consultations for requesting contraception)? If yes, you must provide details as to when, why, the duration of treatment below AND have your doctor fill out the Physician's Form.

2a. Physical Condition(s) in the Past Five (5) Years

What serious diseases, injuries and/or medical conditions have you had in the past five years? If any of these resulted in hospitalization, please give details as to when, why, and the duration of treatment below AND have your doctor fill out the Physician's Form.

2b. Other Undisclosed Conditions

Other than those stated in 2a., have you ever been treated for any other serious diseases, injuries, and/or medical conditions, including but not limited to heart disease, blood disease, auto immune disease, cancer, epilepsy, congenital disease, recurrent disease, or any other disease, injury, or medical condition involving permanent damage? If yes, you must provide details below AND have your doctor fill out the Physician's Form.

3. History of Nervous or Mental Condition in Your Lifetime

Have you ever suffered from any nervous or mental disorders? (including, but not limited to anxiety, depression, ADD, ADHD, eating disorders, etc.). If yes, you must provide details below AND have your doctor fill out the Physician's Form. Please note that we may contact your doctor if further information is necessary.

4. Foreseeable Difficulty in Navigating Stairs

Do you foresee any physical challenges resulting from the need to go up and down several flights of stairs on a daily basis? If yes, please explain.

5. Allergies

What allergies do you have, if any? Are you currently undergoing treatment? If yes, provide details...

6. Medications

If you are currently taking, or have taken in the last five years, any prescription medication, other than oral contraceptives, please give details including the name of the medication, purpose, and dates taken. Make sure to describe the conditions for which you take any medications listed here in questions 1, 2a., 2b., 3, above.

7. Dietary Restrictions

Are there any foods or substances which, for medical or personal reasons, you do not eat? If so, please give details (e.g. medical, religious, personal reasons, etc.).

Foods:

<input type="checkbox"/> Beef	<input type="checkbox"/> Chicken	<input type="checkbox"/> Dairy Products	<input type="checkbox"/> Eggs
<input type="checkbox"/> Gluten	<input type="checkbox"/> Tree Nuts	<input type="checkbox"/> Peanuts	<input type="checkbox"/> Pork
<input type="checkbox"/> Wheat	<input type="checkbox"/> Shellfish	<input type="checkbox"/> Soy	
<input type="checkbox"/> Finfish	<input type="checkbox"/> Fruit	<input type="checkbox"/> Other ()	

Reasons:

<input type="checkbox"/> Allergies	<input type="checkbox"/> Religion	<input type="checkbox"/> Other medical reasons	<input type="checkbox"/> Other: ()
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8. Other Health Related Issues or Disabilities

Please explain any other health-related issues or disabilities (e.g. legally blind, hearing impaired, colour blindness, confined to wheelchair, pending medical treatment, etc.)

Candidates who have tattoos and/or body piercings, please provide details of the tattoos, including location and size:

The answers I have given are correct to the best of my knowledge.

Signature

Date