

Application for Language Instructor Introduction and Enrollment of Sakaide International Association

To: President of Sakaide International Association

For staff use only

I would like to apply for enrollment of language instructor.

Enroll Date								
Name	Gender	Date of Birth	Car Possession	Mother Language				
	Male/Female		Yes/No					
Address								
Phone	(Home)			(Cell Phone)				
Email								
Language to enroll <small>(multiple answers allowed)</small>	<input type="checkbox"/> English		<input type="checkbox"/> Chinese		<input type="checkbox"/> Korean		<input type="checkbox"/> Indonesian	
	<input type="checkbox"/> Thai		<input type="checkbox"/> Tagalog		<input type="checkbox"/> Others()			
Certification	Please list your certifications or qualifications related to the language you ticked above							
Work History as Language Instructor	Please describe your work experience as a language instructor							
Japanese Ability	Please check all the boxes (<input type="checkbox"/>) that apply							
	<input type="checkbox"/> Basic conversation			<input type="checkbox"/> Basic literacy				
	<input type="checkbox"/> Daily conversation			<input type="checkbox"/> Highly literate in Kanji				
	<input type="checkbox"/> Technical explanation available							
Type of class you wish to teach	Please check all the boxes (<input type="checkbox"/>) that apply							
	<input type="checkbox"/> Introductory level class		<input type="checkbox"/> Child class			<input type="checkbox"/> Regular class		
	<input type="checkbox"/> Middle level class		<input type="checkbox"/> Adult class			<input type="checkbox"/> One-off class or short-term intensive class		
	<input type="checkbox"/> Advanced level class		<input type="checkbox"/> Others ()					
Available time to work	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	National Holidays
	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM
	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night	<input type="checkbox"/> Night
Other remarks	Please write down your preferences of work if you have							

※Your personal information provided on this form shall be used only for the above-mentioned purpose.

For staff use only	(Date to update :)
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