

2020 JET PROGRAM APPLICATION FORM SPORTS EXCHANGE ADVISER (SEA)

INSTRUCTIONS

This application form is a fillable PDF document. In order to correctly complete this form, you must download and use the dropdown options or type your answers into the fields below as directed. Please fill this form out completely.

Before beginning the application, please read the 2020 JET Program Application Guidelines for Sports Exchange Advisers (SEAs). Applicants will be responsible for all information and adhering to all guidelines contained therein.

- ☐ I acknowledge that I have read the 2020 JET Program Application Guidelines for SEAs.
- ☐ I understand that the JET Program is an initiative of the Japanese government, that this application is subject to the laws and standard hiring processes of Japan, and that if selected for the JET Program, I will be required to abide by all Japanese laws.
- ☐ I understand that personal data entered in this application will be used by the Japanese government only for the purpose of selection for the program. If selected for the program, contact information such as email addresses may be used before, during, and after the program for purposes related to the program.

1. Position Type

- ☐ Baseball SEA Archery SEA

2. Interview Location

Please select your desired interview location from the drop-down list above. All U.S. applicants must have an interview in person at one of the designated interview locations for the United States.

*Only residents of Guam and Saipan are illegible to interview at Hagatna, GU.

3. Name

Please write your legal name in full. This should be how your name appears on your passport or birth certificate.

Last Name

First Name

Middle Name

4. Sex

- ☐ Male ☐ Female

5. Date of Birth and Age

Please list your date of birth in Year-Month-Day order.

Indicate your age as of April 1st, 2020

Year

Month

Day

Age

6. Nationality

Please indicate your nationality below.

Note that you must be a U.S. citizen to use this application form, so "USA" has been auto-filled for you.

Dual Nationality with Japan

If you possess dual nationality with Japan, please indicate 'Yes' below.

- ☐ Yes ☐ No

7. Home state and hometown

Please indicate the location you feel best able to represent on the JET Program.

State

Hometown

8. Current Contact Information

Address

City

State

Zip code

Phone Number

Email Address (Please provide an address you plan to use before, during, and after your time in Japan)

9. Criminal History

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?

☐ Yes

☐ No

If yes, provide a detailed explanation below, including the nature and date of the crime. Please note that applicants with a criminal history must provide a **FBI Background Check** by their interview date, which is expected to fall in April. Please read our Instructions for Obtaining an FBI Background Check for more details on the process.

10. Current Occupation Status*Status**Employer/School***11. Educational Background****(a) Education Level** (As of April 1st, 2020)
☐ Vocational/Associate's Degree
 ☐ Bachelor's Degree
 ☐ Master's Degree
 ☐ Doctorate Degree
(b) Academic Specialization

Please use the drop-down list to select your major for your current/most course of study. If your major does not appear, use the text box to write it in. If you had a second major or minor, please use the corresponding spaces below.

Major

Major/Minor (If you specialized in two subjects (double-major) or had a sub-specialization (minor))

(c) Academic Record

Date of High School Graduation:

(mm/yyyy)

Higher Education Level	Name of Institution and Location	Dates Attended (mm/yyyy)	Duration	Major Subject	Degree & Graduation Date
		From To	Yrs Mths		
		From To	Yrs Mths		
		From To	Yrs Mths		
		From To	Yrs Mths		
		From To	Yrs Mths		

*Please only list the most recent and/or relevant information

12. Employment Record

Name of Employer and Location	Dates (mm/yyyy)	Job Title	Job Description	Hours per Week
	From To			
	From To			
	From To			
	From To			

13. Coaching Background and Qualifications

Name of Institution/Club	Dates	Sport(s)	Level
	From To		
	From To		
	From To		

License/Certification/Award/Prize in the sport(s) mentioned above

Name of License / Certification / Award / Prize	Date(s)

14. Future Career

What is your future career path? How will participating on the JET Program as a SEA help you meet your goals?

15. Japan-related Studies

Please list your most recent/most relevant courses of Japanese study in the space below.

	Institution Name and Course Title	Period of Study (mm/yyyy)	Course Content
Study of Japanese History, Culture, etc.		From To	
		From To	
		From To	
Study of Japanese Language		From To	
		From To	
		From To	

16. Japanese Language Proficiency:

Evaluate your level and insert an X where appropriate in the following blank space.

	Advanced	Semi-advanced	Intermediate	Elementary	Introductory	None
Reading						
Writing						
Speaking						
Listening						

Introductory: Familiar with basic greetings and conversations, and has previous experience with *hiragana* and *katakana*.

Elementary: Mastered elementary level of grammar, about 100 kanji and 800 words, and demonstrates the ability to listen to and understand simple conversations and to read short, simple sentences.

Intermediate: Mastered basic grammar, about 300 kanji and 1,500 words, and demonstrates the ability to listen to and understand everyday conversations and to read simple sentences.

Semi-advanced: Mastered grammar to a relatively high level, about 1,000 kanji and 6,000 words, and demonstrates listening and reading comprehension ability about matters of a general nature.

Advanced: Mastered grammar to a high level, about 2,000 kanji and 10,000 words, and has an integrated command of the language sufficient for life in Japanese society and for providing a useful base for study at a Japanese university.

17. International/Intercultural Experience

Please list any international/intercultural experiences abroad or in the US with a brief description.

Location (City, Country)	Purpose	Description	Dates (mm/yyyy)
			From To
			From To
			From To
			From To
			From To

18. Foreign Language Proficiency

Evaluate your level and insert an X where appropriate in the following blank space.

Please list only NON-JAPANESE languages.

	Excellent	Good	Fair	Poor
English				

19. Other Activities**(a) Honors, Awards, scholarships, etc.**

Please list the item and the date(s) received.

--

(b) Extra-curricular/Volunteer Activities, Interests/Hobbies/Sports

Please list the item(s) and the date(s) of participation. Be sure to note any leadership position(s).

--

20. Are you presently an applicant, or do you intend to apply for any other international exchange programs or scholarships?

☐ Yes ☐ No

If yes, please give details below:

--

21. Have you ever participated on the JET Program?☐ Yes

Dates of participation:

Contracting Organization:

☐ No☐ I have applied to the JET Program, but was not accepted. Year(s) of application:☐ I applied and was offered a position on the JET Program, but withdrew my application.

Date (mm/yyyy) and reason for withdraw:

22. Marital Status☐ Single☐ Married**23. Accompanying Dependents**

Provide information if you plan to bring any dependents to Japan. A dependent is a legal spouse or minor child.

Full Legal Name of Dependent	Relationship	Age	JET Applicant (y/n)

25. Driver's License

Do you possess a U.S. Driver's License?

☐ Yes☐ No**26. Where did you hear about the JET Program?**

<input type="checkbox"/> Professor/Adviser/Instructor	<input type="checkbox"/> Magazine Advertisement	<input type="checkbox"/> TV
<input type="checkbox"/> Placement Office	<input type="checkbox"/> Magazine Article	<input type="checkbox"/> Radio
<input type="checkbox"/> Former JET Participant	<input type="checkbox"/> Newspaper Advertisement	<input type="checkbox"/> Poster
<input type="checkbox"/> Current JET Participant	<input type="checkbox"/> Newspaper Article	<input type="checkbox"/> Career Fair
<input type="checkbox"/> Embassy/Consulate	<input type="checkbox"/> Internet Advertisement	<input type="checkbox"/> JET Alumni
<input type="checkbox"/> Campus Visit	<input type="checkbox"/> Internet Article	<input type="checkbox"/> Other:

27. Emergency Contact Information

Please provide information for an individual in the U.S. to be notified in case of emergency.

Name

Address

City

State

Zip Code

Telephone Number

Email Address

Occupation

Relationship

Application Agreement

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 Sports Exchange Adviser, 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 of Applicant _____ Date _____

Your application is not complete until the Self-Report of Medical Conditions form has been completed.
Please continue to the next page to complete your application.

THE JAPAN EXCHANGE AND TEACHING PROGRAM

2020 SELF-REPORT OF MEDICAL CONDITIONS

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

Interview Location: _____ **Date of Birth:** _____

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.

If you suffer, or have ever suffered from any physical or mental illness, please attach an explanation from your physician, using the 2020 Statement of Physician form, stating whether you are fit to participate in the 2020 JET Program and, as such, to live and work overseas.

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 (5) 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 Conditions in Your Lifetime

Have you ever suffered from any nervous or mental disorders? **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.

- | | | |
|---|---|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Depression | <input type="checkbox"/> Obsessive-Compulsive Disorder |
| <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Post-Traumatic Stress Disorder | <input type="checkbox"/> Other (_____) |

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.

Yes

No

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. Eyesight and Hearing

Are you color blind or do you have any disabilities related to your eyesight or hearing? (Excluding the use of prescription glasses and contact lenses to correct vision) If yes, please provide details. If you have a driver's license, please describe whether it affects your ability to drive.

☐ Legally Blind

☐ Colorblindness

☐ Hearing Impaired

If you provided information for question 7 and have a driver's license, does this effect your ability to drive?

☐ Yes

☐ No

8. 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.).

Food

☐ Beef

☐ Chicken

☐ Dairy Products

☐ Eggs

☐ Gluten

☐ Tree Nuts

☐ Peanuts

☐ Pork

☐ Wheat

☐ Shellfish

☐ Soy

☐ Finfish

☐ Fruit

☐ Other (

)

Reasons

☐ Allergies

☐ Religion

☐ Other medical reasons

☐ Other (

)

9. Other Health Related Issues or Disabilities

Please explain any other health-related issues/ disabilities (e.g. confined to wheelchair, pending medical treatment, etc.)

10. Tattoos or Piercings / Miscellaneous

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

☐ The answers I have given are full and truthful.

☐ I understand that false statements may result in disqualification from the Program.

☐ I also understand that if I suffer, or have ever suffered from any physical or mental illness, I must also submit the Physician's Form in which my physician clearly states my ability to live and work overseas on the JET Program.

Applicant's Signature: _____ **Date:** _____