



American Engineering Corporation

7-8-13 Oyama, Ginowan City
Okinawa, Japan 901-2223
Tel: 098-897-6781 Fax: 098-897-1086

APPLICATION FOR EMPLOYMENT

LAST NAME _____ FIRST NAME _____ MIDDLE _____

OTHER NAMES USED _____ GENDER MALE FEMALE

DATE OF BIRTH _____ PLACE OF BIRTH _____

CITIZENSHIP _____ AGE _____

CURRENT ADDRESS _____

PERMANENT ADDRESS _____

HOME TELEPHONE NO _____ MOBILE TELEPHONE NO _____

STATUS IN JAPAN (MARK ALL THAT APPLY) SOFA NON-SOFA RESIDENT VISA OTHER

IF VISA OR OTHER, EXPLAIN _____

DRIVER'S LICENSE (PLACE OF ISSUE / EXPIRATION DATE) _____

PASSPORT (COUNTRY OF ISSUE AND PASSPORT NO.) _____

LIST ALL RESIDENCES FROM BIRTH (ADDRESS, CITY, STATE, COUNTRY)

FROM

TO

| | FROM | TO |
|-------|------|----|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

IF MORE SPACE IS NEEDED, CONTINUE ON BLANK PIECE OF PAPER

IDENTIFY RELATIVES AS LISTED:

| | | | | | |
|----------------------|----------------------|------------------|-------|----------------|-------|
| SPOUSE NAME | _____ | Date of Birth | _____ | Place of Birth | _____ |
| SPOUSE ADDRESS | _____ | | | | |
| NUMBER OF DEPENDENTS | <input type="text"/> | DEPENDENT'S AGES | _____ | | |

LIST 3 REFERENCES (NOT RELATIVES)

REFERENCE #1

FULL NAME _____

ADDRESS _____ TELEPHONE _____

REFERENCE #2

FULL NAME _____

ADDRESS _____ TELEPHONE _____

REFERENCE #3

FULL NAME _____

ADDRESS _____ TELEPHONE _____

MILITARY SERVICE

BRANCH OF SERVICE _____ TYPE OF DISCHARGE _____

ENLISTMENT DATE _____ DISCHARGE DATE _____

EDUCATION

HIGHEST GRADE COMPLETED _____ DEGREE / CERTIFICATE _____

GRADUATED IN (MM/YY) _____ / _____ LEVEL OF JAPANESE _____

PREVIOUS VIOLATIONS OF THE LAW (INCLUDE PARKING, SPEEDING, MISDEMEANORS, FELONY ARRESTS)

VIOLATION _____ DATE _____ LOCATION _____

VIOLATION _____ DATE _____ LOCATION _____

VIOLATION _____ DATE _____ LOCATION _____

IF MORE SPACE IS NEEDED, CONTINUE ON BLANK PIECE OF PAPER

ATTACH RESUME AND OTHER SUPPORTING DOCUMENTS TO THIS APPLICATION. RESUME SHOULD INCLUDE SPECIFIC AREAS OF TRAINING, QUALIFICATIONS, TYPE OF POSITION APPLIED FOR, AND OTHER INFORMATION TO SUPPORT YOUR APPLICATION.

| | |
|------------------------|------|
| _____ | DATE |
| SIGNATURE OF APPLICANT | DATE |