**American Engineering Corporation**

PHOTO HERE

IF AVAILABLE

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 |       |
| SOCIAL SECURITY NO. |       | CITIZENSHIP |       | AGE |       |
| CURRENT ADDRESS |       |
| PERMANENT ADDRESS |       |
| PHONE NUMBER |       | E-MAIL |       |
| STATUS IN JAPAN (MARK ALL THAT APPLY) | [ ] SOFA [ ] NON-SOFA [ ] RESIDENT [ ] VISA [ ] OTHER |
| IF VISA OR OTHER, EXPLAIN (EXPIRATION DATE) |       |
| DRIVER’S LICENSE (PLACE OF ISSUE / EXPIRATION DATE) |       |
| PASSPORT (COUNTRY OF ISSUE AND PASSPORT NUMBER) |       |
| LIST ALL RESIDENCES FROM BIRTH (ADDRESS, CITY, STATE, COUNTRY) | FROM | TO |
|       |       |       |
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|   |  |  |
| *IF MORE SPACE IS NEEDED, CONTINUE ON BLANK PIECE OF PAPER* |
| **IDENTIFY RELATIVES AS LISTED:** |  |  |  |
|  |  |  | Date of Birth | Place of Birth |
| SPOUSE NAME |       |       |       |
| SPOUSE ADDRESS |       |
|  |
| NUMBER OF DEPENDENTS |       |  | DEPENDENT’S AGES |       |
| **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. |
|  |  |  |
|  | SIGNATURE OF APPLICANT | DATE |