

2020 Fiscal Year Recruitment – Non-JET ALT – Hiring Process

Yamanashi Prefectural Hikawa Senior High School

1 Purpose

This is the official hiring process that has been decided for prefectural Hikawa Senior High School to carry out in the event that it chooses to appoint a Non-JET ALT during the 2020 Fiscal Year.

2 Employment Type, Subject, and Number of Appointees

Non-JET Assistant Language Teacher (ALT) Temporary, Foreign Language, (1) Appointee

3 Eligibility Requirements

The following must apply to the applicant:

- (1) Abide by Article 16 of the Local Public Service Act and Article 9 of the School Education Act
- (2) Native English Speaker
- (3) Hold a valid visa status that allows teaching in Japan (i.e. Spouse Visa, Instructor Visa, or Permanent Residency)

4 Length of Appointment

Start of Appointment ~ March 31st, 2021 (Tentative)

Regardless of the tentative end date (listed above), the appointment is subject to early termination in the event that the JET ALT, whose arrival was delayed, becomes able to start working at the school.

5 Working Hours

- ① 5 days a week
- ② 7 hours per day

6 Application Documents

(1) The following documents must be prepared and submitted by the applicant:

- ① Application (Form 1)
- ② Resume (Form 2)

(Not necessary for applicants who have participated in the JET Programme through the Yamanashi Prefectural Board of Education within the past year.)

- ③ Passport (copy)
- ④ Residence Card (copy)

(2) Submission Details:

- ① Recipient Address: 〒405-0025

Yamanashi Prefecture Yamanashi City Ichotanaka 1062
Yamanashi Prefectural Hikawa Senior High School vice-principal
Saigusa Masato Attn.

- ② Submission Method: Post or in-person submissions ONLY (applications must be postmarked, no email)

Application documents must be sealed in an envelope with the following text written in red on the back of the envelope: “Non-JET ALT Application Processing”

- ③ Application Period: Riewa 2年 September 7th (Mon) ~ September 17th (Thu)
(September 17th Postmark Date)

Reception Hours (for in-person submissions): 9 a.m. ~ 12 a.m.
1 p.m. ~ 5 p.m.
Excluding Saturdays, Sundays, and Public Holidays
(We will receive an application at any time as occasion demands.)

7 Screening Process

(1) Application Documents Screening

The school will perform the screening of the documents submitted by the applicant

(2) Interview

- ① Date and Time: If the applicant passes the document screening, they will be notified by phone and asked to appear for an in-person interview.
- ② Location: 〒405 -0025 Yamanashi Prefecture Yamanashi City Icchotanaka 1062
Yamanashi Prefectural Hikawa Senior High School

8 Final Screening Results

Applicants will be notified of their final screening results by: Reiwa2年 End of September

9 Additional Documents Required after Screening

Applicants who have passed the screening and interview stages will need to prepare the following:

(1) Additional Documents

- ① Medical Examination (Form 3)
(Results from examinations up to a year before the start of their appointment are valid)
 - ② University Diploma or Graduation Certificate (copy)
(Not necessary for applicants who have participated in the JET Programme through the Yamanashi Prefectural Board of Education within the past year.)
 - ③ Statement of Agreement
(The applicant must first read and fully understand the Non-JET Terms and Conditions before they are able to sign and thereby agree to abide by the rules contained therein)
- (2) Submission Deadline: within 1 week after they receive their final result
- (3) Recipient: 〒405 - 0025 Yamanashi Prefecture Yamanashi City Icchotanaka 1062
Yamanashi Prefectural Hikawa Senior High School vice-principal
Saigusa Masato Attn.

10 Salary

¥280,000 per month

- ① Commuting expenses (from residence to school-round trip) will be reimbursed
- ② Bonuses are not offered

11 Specific Working Hours and Duties

These details will be revealed during the in-person interview (mentioned above)

12 Inquiries

【Yamanashi Prefectural Hikawa Senior High School Hiring Manager: Vice-principal
Saigusa Masato TEL: 0553-22-2321】

13 Additional Details

Any private information acquired about applicants during the hiring process shall be kept confidential and used only for the purpose of screening for the position of the Non-JET ALT, and not for any unrelated purposes.

2020 Fiscal Year Recruitment Yamanashi Prefectural Schools – Temporary Staff Screening Process– Application Form

① Desired Employment Type · Subject		Application No. (Office Use)	
Employment Type	Temporary School Education Registered Boarding School Instructor for SSH	② Employee Number	
	Instructor Career Nurse Guidance Intern Nurse Advisor Special Needs Staff Guidance Counselor Counselor	(Write N/A if not applicable)	
Subject	()		③ Unemployment Registration No.
Desired Length of Employment	Draw a circle "○" in the parenthesis of the timeframe you prefer. You may select both timeframes. () 1st Term: April ~ End of July () 2nd Term: End of August ~ March of next year		(Write N/A if not applicable)
ふりがな (Use this space to write your name in hiragana)		⑤ Date of Birth	
④ Last Name	First Name	____YY__MM__DD (歳) Age at the time of 2020/03/31	
⑥ Current Address		Gender : M · F	
Contact Info.	Primary Phone No. () - 【 Home · Cell 】 Secondary Phone No. () - 【 Home · Cell 】		
⑦ New Address	Primary Phone No. () - 【 Home · Cell 】 Secondary Phone No. () - 【 Home · Cell 】		
⑧ Highest Level of Education Completed	Institution Name · Major		____YY__MM
At the date written above, I: Finished Undergrad · Finished Graduate Program · Dropped Out · Expected Graduate Date			
⑨ Teaching Licenses	Education Level	Type	Subjects/Classifications
	Date	List here what the date in the left-hand column is referring to: (completion date, expected completion, expiry, etc.)	
Teaching Certificates	ex. 1) Senior High School	1	Math
	ex. 2) Special Needs School	2	Mental disabilities · Physical disabilities · Weak immunity
※ Please only list "expected completion" dates for licenses and/or teaching certificates that will be issued by 2020/03/31	____YY__MM__DD		
	____YY__MM__DD		
	____YY__MM__DD		
	____YY__MM__DD		
	____YY__MM__DD		
	____YY__MM__DD		
※ Please circle if you have either of the following items listed in the right-hand column:		Japanese Driver's License · Librarian Certification	
⑩ Criminal History	Have you ever been arrested or convicted of a crime?	Date	Details of the Crime/Arrest
	Yes · No	____YY__MM__DD	
Oath			
Yamanashi Prefectural Board of Education			
I certify that, to the best of my knowledge, all statements here and all supporting documents at the time of my application for the "Yamanashi Prefectural Schools - Temporary Staff Screening Process" are in accordance with Article 16 of the Local Public Service Act and Article 9 of the School Education Act, accurate, and my own.			
Reiwa: ____年__MM__DD			
Applicant's Full Name: _____ (印)			

(Form 2)

Resume

Current Address:

Full name (last, first):

Maiden Name:

Date of Birth: ____ YYYY ____ MM ____ DD

Educational Background (List all institutions attended: starting from Junior High School, and ending at your most recent diploma)

Dates Attended: (____ YYYY ____ MM ____ DD)	Institution Name	Total Years Attended

Qualifications (Teaching Licenses Issued in Japan Only)

Issue Date	Type	No.	Subject	License Provision	Issuing Authority

Work History (Please list professional work experience only, accrued after graduating high school)

Dates Employed: (____ YYYY ____ MM ____ DD)	Employment Details (Position, Industry, etc.)	Employer

I certify that, to the best of my knowledge, the above information is complete, accurate, and my own.

Reiwa: ____ 年 ____ MM ____ DD

Applicant's Full Name: _____

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Medical Examination Form 

This form is to be completed by a licensed medical professional. You must make an appointment with a clinic and/or hospital that will perform the following (listed in consecutive order according to the items listed below): eye test, blood pressure test, X-ray examination, urinalysis, and a general summary of your current health. At the bottom, the physician will list their name, institution name, date of examination, and stamp their seal.

(Form 3)

健康診断書

住所：

氏名： 年齢： 歳 性別： 男・女

生年月日： 年 月 日生

検査項目

検査項目	所見	特記事項
1 視力	右 ・ (・) 左 ・ (・)	
2 血圧	～ mmHg	
3 胸部X線 (間接でも可)	間接・直接 撮影番号：	
4 尿	尿糖	－ ± ＋ ++ +++ ++++
	尿たん白	－ ± ＋ ++ +++ ++++
	尿潜血	－ ± ＋ ++ +++ ++++
5 総合所見		

診断日： 令和 年 月 日

医療機関の住所：

医療機関名：

医師名： 印