

**Document B**

KCC-JEE  
540 W Frontage Rd, Suite 3335  
Northfield, Illinois 60093  
Telephone: (847) 386-7661  
Email: programs@kccjee.org

Representing  
Kobe College (Kobe Jogakuin)  
4-1 Okadayama  
Nishinomiya 662-8505 JAPAN

## Gottschalk Teacher Applicant Information

(Please type. Handwritten applications will not be considered.)

**Name:** \_\_\_\_\_  
(Mr./Mrs./Ms./Dr.)                      First                      Middle                      Last

**Preferred Pronouns:** \_\_\_\_\_

**Present Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_  
(Other) \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **E-mail 2:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Citizenship:** \_\_\_\_\_

**Permanent Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**continued**

**Document B**

**Education:**

_____	_____	_____	_____
Degree	Major	Institution	Year
_____	_____	_____	_____
Degree	Major	Institution	Year
_____	_____	_____	_____
Degree	Major	Institution	Year
_____	_____	_____	_____
Degree	Major	Institution	Year
_____	_____	_____	_____
Degree	Major	Institution	Year

**Teaching Experience:**

**Special Training or Qualifications:**

**Professional Certification:**

_____	_____	_____
Title	Date	Expiration Date
_____	_____	_____
Title	Date	Expiration Date

**Hobbies, Special Skills, Interests:**

**continued**

