**Attachment 　Please use this sheet only if the blank spaces in Application Form are not sufficient.**

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**5. Work Experience**

* List your work experience from the most recent full-time work.
* DO NOT include part-time job, internship, volunteer activities, or full-time job before graduation from university as your work experience.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization / Company** | **Department/****Division** | **Position Title** | **From /To****(Month/Year)** | **Period of Employment** | **\*Type** |
| (Ex.) Ministry of XXX | XXX Division,\*\*\*Department | Deputy Director | 08 / 201510 / 2020(Current) | 5 years3 months | A |
|       |       |       |    /        /     (Current) |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
|       |       |       |    /        /      |    years   months |  |
| Total Period of Work Experience: |  year(s)  month(s) |
| **\*For the type of organization above, choose the applicable alphabet below:****A**. Ministry/Governmental agency (Central or Local), **B**. State Corp. / State Co., **C**. Research Institution/Center (State) , **D**. Educational institution (State), **E**. Research Institution / Center (Private), **F**. Educational Institution (Private), **G**. Private Corp / Co., **H**. International Org / NGO / NPO, **I**. Self-Employment, **J**. Others (Please specify)        |
| **Name of current work place** |       |
| **Address of current work place** |       |
| **TEL of current work place** |       |
| **Are you a member of the Armed Forces？** | [ ]  No　 [ ]  Yes |