Employment Certificate

Date of Certification		YY	MM	DD
Name of company				
Name of employer				
Company president & CEO				
Telephone number	_		_	
Name of person in charge				
Telephone number of person in charge	_			

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Item	Column Agriculture, Discharge Mining and quarrying Department of Mining and Mini						
	forestry of stone and gravel construction manufacturing and Water						
1 Job category	☐ Information and ☐ Transport and ☐ Wholesale and ☐ Finance and ☐ Real estate and goods ☐ Insurance ☐ rental and leasing						
	Scienteific research, professional and tenhical services and drinking services Living-related and personal services and amusement services Medical, health care and welfare						
	and technical services						
	☐ Education, learning support ☐ Compound services ☐ Government service ☐ Others()						
Katakana	Detect						
Name of applicant	Date of birth YY MM DD						
Employment period	□ Indefinite □ Fixed Start(scheduled) date of work YY MM DD ~ YY MM DD						
4 Location of workplace	Name						
nocation of workplace	Address						
Employment status	☐ Full-time ☐ Part-time ☐ Despatched workforce ☐ Contract ☐ Fiscal year at public office ☐ Executive officer						
Employment status	□ Self-employed □ Full-time self-employed □ Family employee □ Home worker □ Outsourcing □ Others(
	Mon Tue Wed Thu Fri Sat Sun Holiday Total Per : (Break time						
Work hour (Fixed working hours)	Number of working days per month days Number of working days per week days Weekday : (Break time Min.)						
6	Saturday : (Break time Min.)						
	Sunday Holiday : ~ : (Break time Min.)						
	Total time Per month Per week (Break time Min.)						
Work hour	Number of working days						
(Variable working hours)	Main working hours Shifting time : ~ : (Break time Min.)						
D (D) (D)	Year Von Month Year Von Month Year Worth Year						
※Including paid leave	Month lear Month lear Month Month lear Month lear Month deys hours deys hours						
Mincluding break & over time	/per month /per month /per month /per month /per month /per month						
(Planned)Period of	Planning to take On leave presently						
materinty leave	Period YY MM DD ~ YY MM DD						
(Planned)Period of childcare leave	□ to take □ On leave presently □ Completed Period						
Take a leave	Planning On leave Completed Person Core leave Cick leave Cothered						
(except maternity leave & childcare leave)	Period YY MM DD ~ YY MM DD						
Expected date of	□ Planning to take □ Completed YY MM DD						
(Planned)Short-hour- work system for	□ Planning to take □ On leave Period YY MM DD ~ YY MM DD						
	Main shift-time work schedule : ~ : (Break time Min.)						
Do you work at nursery or other	□ Yes □ Yes(planned) □ No						
	The Electronical E						
Renewal of employment	☐ Yes ☐ Yes(planned) ☐ No ☐ Unknown						
upon contract expiry	Change of condition Voc No Change due to Familiary Others						
Change of work	Period of new condition(scheduled) YY MM DD ~ YY MM DD						
	New work hour after change Mo Hours Min Number of working days days(Per month)						
planning to make)	**Including break time days Hours Min.						
	New work hour zone after change : ~ : (Break time Min.						
	(*Employer is not required to fill out bellow						
	Katakana Name of applicant Employment period Location of workplace Employment status Work hour (Fixed working hours) Work hour (Variable working hours) Recent Employment Record ※Including paid leave ※Including break & over time (Planned)Period of maternity leave (Planned)Period of childcare leave Take a leave (except maternity leave & childcare leave) Expected date of return-to-work (Planned)Short-hourwork system for childcare Do you work at nursery or other childcare facilities? Remarks Renewal of employment upon contract expiry Change of work condition (Currently in process or						

Child's name(Katakana)	()	Date of birth	YY MM DD
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