

Certificate of Employment

Mayor of Hatsukaichi City

Certification Date(yyyy/mm/dd):

Office Name:

Representative Name

Address:

Phone Number

Contact Person Name

Your Phone Number:

I certify that the following information is true and correct.

※If the contents of this certificate are made or altered without the permission of the employer, you may be charged with a criminal offense.

No.	Item	Entry Column																																																																											
1	Type of Industry	<input type="checkbox"/> Agriculture & Forestry <input type="checkbox"/> Fishing Industry <input type="checkbox"/> Mining, Quarrying, Gravel extraction <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Electricity, Gas, Heat supply, Water supply <input type="checkbox"/> Telecommunications <input type="checkbox"/> Transportation, Postal services <input type="checkbox"/> Wholesale, Retail <input type="checkbox"/> Finance, Insurance <input type="checkbox"/> Real estate, Goods rental <input type="checkbox"/> Academic research, Professional, Technical services <input type="checkbox"/> Accommodation/Food service <input type="checkbox"/> Lifestyle-related services, Entertainment <input type="checkbox"/> Medical, Welfare <input type="checkbox"/> Education, Learning Support <input type="checkbox"/> Complex Service Business <input type="checkbox"/> Public service <input type="checkbox"/> Others ()																																																																											
2	katakana Your Name	<div>Birth date</div> <div>y m d</div>																																																																											
3	Employment (planned) period,	<div> <input type="checkbox"/> Indefinite <input type="checkbox"/> Definite term </div> <div>Period (For indefinite employees, only start date of employment)</div> <div>y m d ~ y m d</div>																																																																											
4	Place of employment	<div>name</div> <div>address</div>																																																																											
5	Form of employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary employee (include Contract, Fiscal Year Employee and etc.) <input type="checkbox"/> Board member <input type="checkbox"/> Self-employed <input type="checkbox"/> Full time worker at a Self-employed business <input type="checkbox"/> Family employee <input type="checkbox"/> Homemaker <input type="checkbox"/> Outsourcing <input type="checkbox"/> Others ()																																																																											
6	Working hours (For fixed working hours)	<table border="1"> <tr> <th>mon.</th><th>tue.</th><th>wed.</th><th>thu.</th><th>fri.</th><th>sat.</th><th>sun.</th><th>national holiday</th><th>total hours</th><th>Monthly hours</th><th>min.</th><th>(break time min.)</th></tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="8">Working days</td><td>per month</td><td>day</td><td>Working days per week</td><td>Weekly days</td></tr> <tr> <td colspan="8">Weekdays</td><td>hour</td><td>min.</td><td>~</td><td>hour</td><td>min. (break time min.)</td></tr> <tr> <td colspan="8">Sat.</td><td>hour</td><td>min.</td><td>~</td><td>hour</td><td>min. (break time min.)</td></tr> <tr> <td colspan="8">Sundays and holiday</td><td>hour</td><td>min.</td><td>~</td><td>hour</td><td>min. (break time min.)</td></tr> </table>	mon.	tue.	wed.	thu.	fri.	sat.	sun.	national holiday	total hours	Monthly hours	min.	(break time min.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					Working days								per month	day	Working days per week	Weekly days	Weekdays								hour	min.	~	hour	min. (break time min.)	Sat.								hour	min.	~	hour	min. (break time min.)	Sundays and holiday								hour	min.	~	hour	min. (break time min.)
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	Working hours (For flexible working hours)	<div>Total hours</div> <div><input type="checkbox"/> Months <input type="checkbox"/> Weeks</div> <div>hours min. (break time min.)</div> <div>Number of days worked</div> <div><input type="checkbox"/> Months <input type="checkbox"/> Weeks</div> <div>days</div> <div>Main working hours</div> <div>Shift hours band</div> <div>hours min. ~</div> <div>hours min. (break time min.)</div>																																																																											
7	Work Record *Days includes paid vacations, Hours includes breaks and overtime	<div>Date</div> <div>y m</div> <div>Date</div> <div>y m</div> <div>Date</div> <div>y m</div> <div>hours /per month</div> <div>days/per month</div> <div>hours /per month</div> <div>days /per month</div> <div>hours /per month</div>																																																																											
8	Taking Maternity Leave *Including planned acquisitions	<input type="checkbox"/> Plan to take <input type="checkbox"/> taking <div>Period</div> <div>y m d ~ y m d</div>																																																																											
9	Taking Childcare Leave *Including planned acquisitions	<input type="checkbox"/> Plan to take <input type="checkbox"/> taking <input type="checkbox"/> had taken <div>Period</div> <div>y m d ~ y m d</div>																																																																											
10	Taking Leave other than Maternity and Childcare Leave	<input type="checkbox"/> Plan to take <input type="checkbox"/> taking <input type="checkbox"/> had taken <input type="checkbox"/> reason <input type="checkbox"/> Nursing care leave <input type="checkbox"/> Sick leave <input type="checkbox"/> others() <div>Period</div> <div>y m d ~ y m d</div>																																																																											
11	Date of (planned) return to work	<input type="checkbox"/> Plan to return <input type="checkbox"/> Resumed <div>y m d</div>																																																																											
12	Do you use the shortened working hour system for childcare? *Including plans to take	<input type="checkbox"/> Plan to take <input type="checkbox"/> taking <div>period</div> <div>y m d ~ y m d</div> <div>Main working hours</div> <div>Shift hours</div> <div>: ~ :</div> <div>(break time min.)</div>																																																																											
13	Do you work as a childcare worker?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planed) <input type="checkbox"/> No																																																																											
14	Is there a renewal after the employment contract	<input type="checkbox"/> Yes <input type="checkbox"/> Yes (planed) <input type="checkbox"/> No <input type="checkbox"/> Undecided																																																																											
15	Remarks																																																																												

To be filled out by the parent/guardian (for pre-school children)

Child's name		Birth date	y m d	Relationship to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> others ()
Usage status of nursery schools, etc.	<input type="checkbox"/> using ()			<input type="checkbox"/> Applying ()	
Child's name		Birth date	y m d	Relationship to Applicant	<input type="checkbox"/> Child <input type="checkbox"/> others ()
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