| Name of the child | Date of birth | | | Name of nursery school | | | | | |
|--|---|-------|--------|------------------------|-----------------------------|---------------------|-----------------|----------------|--|
| | Heisei•Reiwa | у | m | d | ☐Applied ☐Under Application | | | | |
| | Heisei•Reiwa | у | m | d | | □Applied | ☐ Under A | pplication | |
| | Heisei•Reiwa | у | m | d | | □Applied | ☐ Under A | pplication | |
| | | | | <u>R</u> | eiwa | Year | Month | Day | |
| Petition for Job Search Status | | | | | | | | | |
| (To) | | | | | | | | | |
| The Mayor of Hatsuk | taichi City | | | | | | | | |
| | [Applica | nt] | | | | | | | |
| Address Relationship | | | | | | | | | |
| <u>-</u> | | | | Full Name | | | | vith the child | |
| About my job search activities, I would like to state as follows. | | | | | | | | | |
| I will submit the "Employment Certificate" within 3 months from the enrollment date of the child as a | | | | | | | | | |
| document required for payment approval and application for childcare use. | | | | | | | | | |
| From the date of Admission or Retirement Reiwa Y M D | | | | | | | | | |
| to the 3rd month of Reiwa Y M D | | | | | | | | | |
| Until then, in case I haven't got a job or do not satisfy the reason of chilcare use, there will be no | | | | | | | | | |
| objection even if the chilcare service is canceled (withdrawn). | | | | | | | | | |
| 1 Status of my job search activities is as follows. (Please fill in the ☑ appropriate item) | | | | | | | | | |
| ☐ Received an unofficial job offer from employer | | | | | | | | | |
| | _ | | | | | | | | |
| _ | Planned to attend a job interview | | | | | | | | |
| | Currently applying at Hello Work office | | | | | | | | |
| 7 11 | From now on applying at Hello Work office | | | | | | | | |
| | Others (| | | | | | | | |
| □ Others (| | | | | | | | , | |
| 2 Detail of the Part 1 a | lbove | | | | | | | | |
| Date Inquired or Cor | ntacted Company | Telep | hone N | o. 1 | Note (Cor | ntact method to the | company and res | sult etc) | |
| M/D | | | | | | | | | |
| M/D | | | | | | | | | |
| M/D | | | | | | | | | |
| Others: | | | | | | | | | |
| | | | | | | | | | |