

Mayor of Uruma 宛

Date of certification	Year	Month	Day
Name of Business Office			
Name of Representative			
Location Address			
Tel			
Contact Person Name			
Contact Person Phone Number			

**I certify that the following information is true and correct.**

**※If you make false or after the contents of this certificate without the permission of your employer, you may be charged with a crime under the Criminal Code.**

No.	Items	Entry Column																
1	Type of Industry	<div><input type="checkbox"/> Agriculture<div><input type="checkbox"/> Fishing Industry<div><input type="checkbox"/> Mining・Quarrying<div><input type="checkbox"/> Constructic<div><input type="checkbox"/> Manufactur<div><input type="checkbox"/> Electricity・Gas・Heat Supply</div></div></div></div></div></div> <div><input type="checkbox"/> Communication Industr<div><input type="checkbox"/> Postal service<div><input type="checkbox"/> Wholesale・Retail<div><input type="checkbox"/> Finance・Insurance・Business<div><input type="checkbox"/> Real Estate・Leasing Business</div></div></div></div></div> <div><input type="checkbox"/> Academic Research・Specialties<div><input type="checkbox"/> Hospitality・Food Service<div><input type="checkbox"/> Lifestyle-related・Entertainment<div><input type="checkbox"/> Medical Care・Welfare</div></div></div></div> <div><input type="checkbox"/> Education・learning Suppor<div><input type="checkbox"/> Multiple Service<div><input type="checkbox"/> Official Business<div><input type="checkbox"/> Others( )</div></div></div></div>																
		2	Furigana ( in kana )											Date of Birth				
		Full Name																
		3	Employment ( expected ) period, etc.	<input type="checkbox"/> No <input type="checkbox"/> Yes		(For No/Indefinite Period, only fill the starting date of)				Year Month Day ~				Year Month Day				
4	Office / Place of Employment	Name																
		Address																
5	Type Of Employment	<div><input type="checkbox"/> Full-time<div><input type="checkbox"/> Part-time<div><input type="checkbox"/> Temporary<div><input type="checkbox"/> Contract<div><input type="checkbox"/> Fiscal year Appointed<div><input type="checkbox"/> Casual Staff<div><input type="checkbox"/> Executive</div></div></div></div></div></div><div><input type="checkbox"/> Self-employec<div><input type="checkbox"/> Full-time Self Employed<div><input type="checkbox"/> Family Employee<div><input type="checkbox"/> Outsource<div><input type="checkbox"/> Others( )</div></div></div></div></div></div>																
6	Working Hours (For Fixed Period Working)	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Holidays	Total Hours	Monthly	Hours	Mins (BreakTime	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				Monthly				Days	Working Days Per Week		Weekly		Days			
		Weekdays				Hours	Mins		~	Hours		Mins (BreakTime		Mins)				
		Saturday				Hours	Mins		~	Hours		Mins (BreakTime		Mins)				
		Sunday				Hours	Mins		~	Hours		Mins (BreakTime		Mins)				
	Working Hours (For Irregular Work)	Total Hours		<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		Hours		Mins (BreakTime		Mins)								
		Number of Working Days		<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		Days												
		Main Working Hours・Shift hours		Hours		Mins ~		Hours		Mins (BreakTime		Mins)						
	7	Work Experience ※Number of days includes, paid vacations , Hours Includes breaks and overtime	Year / Month		year		month		Year / Month		year		month		Year / Month	year	month	
Days/Month			Hours/Month		Days/Mon		Hours/Month		Days/Mon		Hours/Month							
8	Maternity leave before and after childbirth ※Includes expected plan to take	<input type="checkbox"/> Expected to take <input type="checkbox"/> Currently Taking																
		Period	year		month		day ~		year		month		day					
9	Paternity Leave ※Includes expected plan to take	<input type="checkbox"/> Expected to take <input type="checkbox"/> Currently Taking																
		Period	year		Month		day ~		year		month		day					
10	Reduced working hours for childcare	<input type="checkbox"/> Expected to take <input type="checkbox"/> Currently Taking		Reasons														
		Period	year		month		day ~		year		month		day					
11	Returning to Work	<input type="checkbox"/> Expected to return to work <input type="checkbox"/> Already returned to work														year	month	day
12	Reduced working hours for childcare	<input type="checkbox"/> Expected to take <input type="checkbox"/> Currently Taking		Period		year		month		day ~		year		month		day		
		Main Working Hours・Shift hours		Hours		Min ~		Hours		Min (BreakTime		Min)						
13	Whether or not you actually work as a childcare worker	<input type="checkbox"/> Yes <input type="checkbox"/> No																
14	Whether or not the employment contract will be renewed after expiration	<input type="checkbox"/> Yes <input type="checkbox"/> No																
15	Shortened period of childcare leave within the facility	<input type="checkbox"/> Possible <input type="checkbox"/> No																
16	Possibility of extending childcare leave	<input type="checkbox"/> Possible <input type="checkbox"/> No																
17	Period of working alone ( including schedule )	year month day ~ year month day																
18	Remarks column																	
19	Parent/guardian entry field	Child Name			Birthday			Facility Name			<input type="checkbox"/> Currently in use <input type="checkbox"/> Currently applying							
					year month day													
		Child Name			Birthday			Facility Name			<input type="checkbox"/> Currently in use <input type="checkbox"/> Currently applying							
					year month day													
		Child Name			Birthday			Facility Name			<input type="checkbox"/> Currently in use <input type="checkbox"/> Currently applying							
			year month day															