

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		Period (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"/>						<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																