

就労証明書

Employment Certification

弘前市長及び弘前市福祉事務所長 宛
To the Mayor of Hirosaki City

| | | | |
|------------------------|----|----|----|
| Date of Certification | YY | MM | DD |
| Company Name | | | |
| Name of Representative | | | |
| Company Location | | | |
| TEL | — | — | |
| Person in charge | | | |
| TEL | — | — | |

We hereby certify that the following information is true and correct.

※Making or amendment of the certificate without consent of the employer may constitute criminal offence.

| No. | Item | Column | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 | Type of Industry | <input type="checkbox"/> agriculture/forestry <input type="checkbox"/> fisheries <input type="checkbox"/> mining/quarrying of stone/quarrying of gravel <input type="checkbox"/> construction <input type="checkbox"/> manufacturing <input type="checkbox"/> electricity/gas/heat/water <input type="checkbox"/> IT <input type="checkbox"/> transportation/postal services <input type="checkbox"/> wholesale/rental <input type="checkbox"/> finance/insurance <input type="checkbox"/> real estate/goods rental and leasing <input type="checkbox"/> academic research/professional and technical service <input type="checkbox"/> accommodation services/eating and drinking services <input type="checkbox"/> education and learning support <input type="checkbox"/> living-related and personal service/amusement services <input type="checkbox"/> medical services/social welfare <input type="checkbox"/> compound services <input type="checkbox"/> government services <input type="checkbox"/> other() | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Pronunciation in Japanese | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Name of Employee | DOB YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Period of employment (intended) | <input type="checkbox"/> Definite <input type="checkbox"/> Indefinite Period (For definite employment, only start date) YY MM DD ~ YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Address of workplace | Name of workplace Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Type of Employment | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary worker through agency <input type="checkbox"/> Contract <input type="checkbox"/> Part-Timer at public office <input type="checkbox"/> Temporary worker <input type="checkbox"/> Self-employed <input type="checkbox"/> Family employee <input type="checkbox"/> Homemaker <input type="checkbox"/> Outsourcing <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | Working Hours (including break time) | <table> <tr> <th>Mon</th><th>Tue</th><th>Wed</th><th>Thu</th><th>Fri</th><th>Sat</th><th>Sun</th><th>Public Holiday</th><th>Total hours</th><th>Hours</th><th>Minutes/Month</th><th>Break time</th><th>Minutes</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><input type="checkbox"/></td><td></td><td></td><td></td><td></td></tr> <tr> <td colspan="9">Working Days/Month</td> <td colspan="2">Days/Month</td> <td colspan="2">Working Days/Week</td> <td>Days/Week</td> </tr> <tr> <td colspan="9">Weekday</td> <td>:</td> <td>~</td> <td>:</td> <td colspan="2">(Break time minutes)</td> </tr> <tr> <td colspan="9">Sat</td> <td>:</td> <td>~</td> <td>:</td> <td colspan="2">(Break time minutes)</td> </tr> <tr> <td colspan="9">Sun/PH</td> <td>:</td> <td>~</td> <td>:</td> <td colspan="2">(Break time minutes)</td> </tr> </table> | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Public Holiday | Total hours | Hours | Minutes/Month | Break time | Minutes | <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/Month | | | | | | | | | Days/Month | | Working Days/Week | | Days/Week | Weekday | | | | | | | | | : | ~ | : | (Break time minutes) | | Sat | | | | | | | | | : | ~ | : | (Break time minutes) | | Sun/PH | | | | | | | | | : | ~ | : | (Break time minutes) | |
| Mon | Tue | Wed | Thu | Fri | Sat | Sun | Public Holiday | Total hours | Hours | Minutes/Month | Break time | Minutes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <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/Month | | | | | | | | | Days/Month | | Working Days/Week | | Days/Week | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weekday | | | | | | | | | : | ~ | : | (Break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sat | | | | | | | | | : | ~ | : | (Break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sun/PH | | | | | | | | | : | ~ | : | (Break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Working Hours (flexitime and flexible work hour) | <table> <tr> <td>Total Hours</td> <td><input type="checkbox"/> per Month <input type="checkbox"/> per Week</td> <td>Hours</td> <td>Minutes</td> <td>(Break time minutes)</td> </tr> <tr> <td>Working Days</td> <td><input type="checkbox"/> per Month <input type="checkbox"/> per Week</td> <td colspan="3">Days</td> </tr> <tr> <td>Main working time</td> <td>:</td> <td>~</td> <td>:</td> <td>(Break time minutes)</td> </tr> </table> | Total Hours | <input type="checkbox"/> per Month <input type="checkbox"/> per Week | Hours | Minutes | (Break time minutes) | Working Days | <input type="checkbox"/> per Month <input type="checkbox"/> per Week | Days | | | Main working time | : | ~ | : | (Break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Hours | <input type="checkbox"/> per Month <input type="checkbox"/> per Week | Hours | Minutes | (Break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Working Days | <input type="checkbox"/> per Month <input type="checkbox"/> per Week | Days | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Main working time | : | ~ | : | (Break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | Recent Employment Record(include paid holiday and break time) | <table> <tr> <td>YYMM</td> <td>YY</td> <td>MM</td> <td>YYMM</td> <td>YY</td> <td>MM</td> <td>YYMM</td> <td>YY</td> <td>MM</td> </tr> <tr> <td>D/M</td> <td>H/M</td> <td>D/M</td> <td>H/M</td> <td>D/M</td> <td>H/M</td> <td>D/M</td> <td>H/M</td> </tr> </table> | YYMM | YY | MM | YYMM | YY | MM | YYMM | YY | MM | D/M | H/M | D/M | H/M | D/M | H/M | D/M | H/M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YYMM | YY | MM | YYMM | YY | MM | YYMM | YY | MM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D/M | H/M | D/M | H/M | D/M | H/M | D/M | H/M | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | Maternity Leave ※intended | <input type="checkbox"/> Planning to take <input type="checkbox"/> Taking Period YY MM DD ~ YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | Parental Leave ※intended | <input type="checkbox"/> Planning to take <input type="checkbox"/> Taking <input type="checkbox"/> Already taken Period YY MM DD ~ YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 | Other Leave | <input type="checkbox"/> Planning to take <input type="checkbox"/> Taking <input type="checkbox"/> Already taken Reason Period YY MM DD ~ YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | Expected Date of returning to work | <input type="checkbox"/> Planning to return <input type="checkbox"/> Already returned YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | Short Hour Work for Childcare ※intended | <input type="checkbox"/> Planning to take <input type="checkbox"/> Taking Period YY MM DD ~ YY MM DD Main working time : ~ : (break time minutes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | Working as a nursery teacher or kindergartens teacher | <input type="checkbox"/> Yes <input type="checkbox"/> Yes (planning) <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | Plan to extend contract | <input type="checkbox"/> Yes <input type="checkbox"/> Yes (planning) <input type="checkbox"/> No <input type="checkbox"/> TBD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | Possibility of short time work for childcare | <input type="checkbox"/> Possible <input type="checkbox"/> Possible (planning) <input type="checkbox"/> Impossible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | Possibility of extension of parental leave | <input type="checkbox"/> Possible <input type="checkbox"/> Possible (planning) <input type="checkbox"/> Impossible | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | Term of solo transfer | YY MM DD ~ YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | Remarks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | Entry Column of Guardians | <table> <tr> <td>Name of Child</td> <td>Date of Birth</td> <td>Childcare Facility</td> <td><input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice)</td> </tr> <tr> <td>YY MM DD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name of Child</td> <td>Date of Birth</td> <td>Childcare Facility</td> <td><input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice)</td> </tr> <tr> <td>YY MM DD</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Name of Child</td> <td>Date of Birth</td> <td>Childcare Facility</td> <td><input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice)</td> </tr> <tr> <td>YY MM DD</td> <td></td> <td></td> <td></td> </tr> </table> | Name of Child | Date of Birth | Childcare Facility | <input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice) | YY MM DD | | | | Name of Child | Date of Birth | Childcare Facility | <input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice) | YY MM DD | | | | Name of Child | Date of Birth | Childcare Facility | <input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice) | YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Child | Date of Birth | Childcare Facility | <input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Child | Date of Birth | Childcare Facility | <input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Child | Date of Birth | Childcare Facility | <input type="checkbox"/> Using <input type="checkbox"/> Applying (1st Choice) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YY MM DD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |