

(preschool application)

\*Please see the Sample in the back

\* For correction, please double line and stamp, using white out is not acceptable.

Date: y / m / d /

Date must be written! If not, it won't be accepted

# Certification of Employment

## For Mayor of Yomitan Village

Office Name

Office Address

Company Representative

Company Phone Number

Company Stamp

I confirm the information here below is accurate.

Form completed by : Name

sign

Name		Address: Aza of Yomitan son,	
Date of employment	year of Showa/Heisei/Reiwa y/ m/ d ( Hired / in prorocess of hiring )		
Valid Date until If period of contract applies	Reiwa y/ m/ d/ Continuation ( yes · no · unknown )		
Type of Employment	full time · part time · contract worker · junior employee · semi full time · others ( )		
Relative of the applicant? ( yes · no )			
Type of employment/ Hours of employment			
Set Schedule		Shift Schedule	
From AM / PM :	from AM / PM :	~ to AM / PM :	Duty hours ( h ) / Break ( )
To AM / PM :	from AM / PM :	~ to AM / PM :	Duty hours ( h ) / Break ( )
Duty Hours ( h ) Break ( )	from AM / PM :	~ to AM / PM :	Duty hours ( h ) / Break ( )
Duty Days per month	(In Contract)	days / a month or	days of a week ( Mon/Tue/Wed/Thur/Fri/Sat/Sun )
Basic Salary	Monthly( yen) · Daily( yen) · Hourly( yen) *choose the one that applies		
Job Description	(plese be specific)		
Total work days per month / total paid salary (including paid leave) in last 3 months		Company medical insurance ( yes · no )	
Month of ( ) · Days( day) · Paid Ammount( yen)	W2 Income Tax form ( yes · no )		
Month of ( ) · Days( day) · Paid Ammount( yen)	Salary Slip ( yes · no )		
Month of ( ) · Days( day) · Paid Ammount( yen)	working schedule or time card ( yes · no )		
Period of Maternity Leave	y/ m/ d/	to	y/ m/ d/
Period of Child Care Leave	y/ m/ d/	to	y/ m/ d/
Returning to work ( for sure / planning to )			
<input type="checkbox"/> Planning to return to work as soon as preschool is determined.			
Office Address(place of employment) *write only if its different than above office address			
Office Name			
Office Address			
Company Representative			
Company Phone Number			
Company Stamp			

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\* For the company's POC, please fill out all the information. Please use company stamp or company representative sigr

Complete d by Parents	Name of Child	age (at point of 4/1 2023)	Name of current preschool or Name of #1 wish list of preschool
		age (at point of 4/1 2023)	
		age (at point of 4/1 2023)	

※以下は記入しないで下さい

調査日	R . .	調査印	勤務確認	様
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Date: y/ m/ d/

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# Certification of Employment

## For Mayor of Yomitan Village

Office Name **ABC Industry**  
 Office Address **123-1 Zakimi, Yomitan-son**  
 Company Representative **Bill Bob**  
 Company Phone Number **098-001-0002**



Bill Bob

I confirm the information below is accurate.

Written by the name of **Naha Mike**

Name <b>Suzu Japan</b>		Address: Aza of Yomitan sor <b>100 Nagahama</b>	
Date of employment	year of Showa/Heisei/Reiwa ** y/ *m/ *d ( <b>Hired</b> / in process of hiring )		
Valid Date until (If period of contract applies)	Reiwa *y/ *m/ *d/ Continuation ( <b>yes</b> · no · unknown )		
Type of Employment	full time · <b>part time</b> · contract worker · junior employee · semi full time · others ( )		
Relative of the applicant? ( <b>yes</b> · no )			
Type of employment/ Hours of employment			
Set Schedule		Shift Schedule	
From <b>AM</b> / PM <b>08 :30</b>	from AM / PM : ~ to AM / PM :	Duty hours ( h ) / Break ( )	
To <b>AM</b> / <b>PM</b> <b>17 :30</b>	from AM / PM : ~ to AM / PM :	Duty hours ( h ) / Break ( )	
Duty Hours ( <b>8</b> h ) Break ( <b>1</b> h )	from AM / PM : ~ to AM / PM :	Duty hours ( h ) / Break ( )	
Duty Days per month	(In Contract) days / a month or <b>5</b> days of a week	Mon/Tue/Wed/Thu/Fri/Sat/Sun	
Basic Salary	Monthly( yen) · Daily( yen) · Hourly( <b>820</b> yen) *choose the one that applies		
Job Description	<b>Casher</b> (please be specific)		
Total work days of a month / total paid salary (including paid leave) in last 3 months		company medical insurance ( <b>yes</b> · no )	
Month of ( <b>7</b> ) · Days ( <b>20</b> day) · Paid Ammount ( <b>131200</b> yen)	W2 or Income Tax form		( <b>yes</b> · no )
Month of ( <b>8</b> ) · Days ( <b>23</b> day) · Paid Ammount ( <b>150880</b> yen)	Salary Slip		( <b>yes</b> · no )
Month of ( <b>9</b> ) · Days ( <b>21</b> day) · Paid Ammount ( <b>137760</b> yen)	working schedule or time card		( <b>yes</b> · no )
Period of Maternity Leave	from y/ m/ d/ to y/ m/ d/		
Period of Child Care Leave	from y/ m/ d/ to y/ m/ d/		
Returning to work ( <b>for sure</b> / planning to )			
<input type="checkbox"/> Planning to return to work as soon as preschool is determined.			
Office Address (place of employment) *write only if its different than above office address			
		Office Name <b>ABC Industry, Kadena Branch</b>	
		Office Address <b>123 Kadena</b>	
		Company Representative <b>Tom Simpson</b>	
		Company Phone Number <b>098-300-3000</b>	



Tom Simpson

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Completed by Parents	Name of Child	<b>Mary Japan</b>	1ge (at point of 4/1 2023)	Name of current preschool or Name of #1 wish list of preschool	<b>Yomitan Preschool</b>
			age (at point of 4/1 2023)		
			age (at point of 4/1 2023)		

※以下は記入しないで下さい

調査日	R . .	調査印	勤務確認	様
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