### (preschool application)

Complete

d by

**Parents** 

調査日

Name of

Child

※以下は記入しないで下さい

\*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 writt	en! If no	t, it won`t be	

# **Certification of Employment**

For Mayor of Yomitan Village

Office Name

Office Address

Company Representitive
Company Phone Number

Company Stamp

様

I comfirm the information here below is accurate. Form cor						y : Na	ıme	sign
Name Address: Aza of Yomitan son,								
Date of employm	y/	m/	d ( Hired	/ in pro	ocess	s of hiring )		
Valid Date u If period of contract a	y/ r	n/ d	/ Continuation	on( yes	· n	o • unknown	)	
Type of Employmer	nt full time	e · part time ·	contract	worker • junio	or emplo	yee ·	semi full time •	others ( )
Relative of the ap	oplicant?( ye	es · no )						
		Type of e	mployme	ent/ Hours of	employr	ment		
Set Sched	dule			,	Shift Scl	nedule	Э	
From AM/PM :		from AM / PI	M :	$\sim$ to AM / I	PM	:	Duty hours (	h) / Break ( )
To AM/PM :		from AM / PI	M :	$\sim$ to AM /	PM	:	Duty hours (	h) / Break ( )
Duty Hours ( h) Break ( )		from AM / PI	M :	$\sim$ to AM / I	PM	:	Duty hours (	h) / Break(
Duty Days per month	(In Contract)	da	ıys / a mo	nth or da	ays of a v	week	( Mon/Tue/Wed/	Γhur/Fri/Sat/Sun)
	fonthly(	yen) · Da	ily (	yen) · Ho	urly(		yen) *choose the	one that applies
Job Description							(plese b	pe speciffic)
Description  Total work days per month / total paid salary (including paid leave) in last 3 months  Company medical insurance (yes • no)								
						(yes · no)		
Month of ( ) • D					( yes · no )			
Month of ( ) • D	ı) ∙Paid Ammo	unt (	yen)	working	sche	dule or time card	d (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 )								
Office Address(plac	ce of employr	ment) *write	only if its	different than	above	office	address	
				Office Name				
Office Address Company								
Company Representitive Stam						Stamp		
Company Phone Number								
* For the company`	s POC, pleas	se fill out all the	e informa	tion. Please ι	ise com	pany:	stamp or compa	ny representitive sig

age (at point of 4/1)

age (at point of 4/1)

age (at point of 4/1)

調査印

Name of current

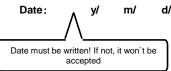
preschool

勤務確認

# **Sample Only**

#### \*Please see the Sample in the back

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



## Certification of Employment

### For Mayor of Yomitan Village

Office Name ABC Industry

Office Address 123-1 Zakimi, Yomitan-son

Company Representitive Bill Bob Bill Bob

Company Phone Number 098-001-0002



#### Written by the name of Naha Mike I confirm the information below is accurate. Name **Suzy Japan** Address: Aza of Yomitan sor 100 Nagahama \*\* y/ Date of employment \*m/ ((Hired) / in prorocess of hiring ) Date \*y/ \*m/ \*d/ Continuation ( ves · no · unknown ) (If period of contract applies) Type of Employment full time (part time · contract worker · junior employee · semi full time · others ( Relative of the applicant? ves · no ) Type of employment/ Hours of employment Set Schedule Shift Schdule From (AM)/ PM from AM / PM ∼ to AM / PM h) / Break ( 08:30 Duty hours ( To AM (PM) 17:30 from AM / PM $\sim \,$ to AM / PM h) / Break ( Duty hours ( Duty Hours ( 8 h) Break (1h from AM / PM to AM / PM Duty hours ( h) / Break ( Duty Days per month (In Contract) days / a month or 5 days of a week Myn/Tue/Wed/Thur/Fri/Sat/Sun) Basic Salary Monthly( yen) · Daily yen) · Hourly( 714 yen) \*choose the one that applies Casher (plese be speciffic) Description Total work days of a month / total paid salary (including paid leave) in last 3 months company medical insurance (ves) no) Month of ( 7 ) • Days ( 20 day) • Paid Ammount (114240 yen) W2 or Income Tax form ((yes) no) Month of ( 8 ) • Days ( 23 day) • Paid Ammount (131376 yen) Salary Slip ((yes)• no ) Month of (9 ) • Days ( 21 day) • Paid Ammount (119952 yen) working schedule or time card • no ) Period of Maternity Leave d/ to d/ y/ m/ Period of Child Care Leave from d/ to d/ y/ m/ y/ m/ Returning to work ((for sure / planning to ) 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 Address 123 Kadena Tom Simpson **Company Representitive** Tom Simpson ( **Company Phone Number** 098-300-3000

<sup>\*</sup> For the company's POC, please fill out all the information. Please use company stamp or company representitive sign

0		Mary .	Japan	3	age (at point of 4/1)	Name of curre		
Completed by Parents	Child				age (at point of 4/1)	preschool or Name of #1 wish	Yomitan Preschool	
.,	Omia				age (at point of 4/1)	of preschool		
※以下は記入しないで下さい								
調査日	H			調査印		勤務確認	様	

XIf correction, double line with signiture or seal.

\*sample\*
month of (8) Days (23) Payment Ammount (Mike Naha)
190,300

<sup>\*</sup>This document will be used for preschool application only.