

(preschool application)

Date: y / m / d /

*Please see the Sample in the back

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

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

Certification of Employment

For Mayor of Yomitan Village

Office Name

Office Address

Company Stamp

Company Representative

Company Phone Number

I confirm the information here below is accurate.

Form completed by : Name

sign

Name		Address: Aza of Yomitan son,	
Date of employment	y/ m/ d (Hired / in prorocess of hiring)		
Valid Date until If period of contract applies	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)			
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			

* For the company`s POC, please fill out all the information. Please use company stamp or company representative sign

Complete d by Parents	Name of Child	age (at point of 4/1)	Name of current preschool
		age (at point of 4/1)	
		age (at point of 4/1)	

※以下は記入しないで下さい

調査日	H . .	調査印	勤務確認	様
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(preschool application)

Sample Only

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** *Bill Bob* 
Company Phone Number **098-001-0002**

I confirm the information below is accurate. Written by the name of **Naha Mike** *Mike Naha*

Name Suzy Japan		Address: Aza of Yomitan sor 100 Nagahama	
Date of employment	** y/ *m/ *d/	(Hired / in process of hiring)	
Valid Date until (If period of contract applies)	*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 08 :30	from AM / PM : ~ to AM / PM :	Duty hours(h) / Break ()	
To AM / PM 17 : 30	from AM / PM : ~ to AM / PM :	Duty hours(h) / Break ()	
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	(Mon/Tue/Wed/Thu/Fri/Sat/Sun)
Basic Salary	Monthly(yen) · Daily(yen) · Hourly(714 yen)	*choose the one that applies	
Job Description	Casher (please be specific)		
Total work days of a month / total paid salary (including paid leave) in last 3 months		company medical insurance (yes) · 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		(yes) · 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	(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	ABC Industry, Kadena Branch
		Office Address	123 Kadena
		Company Representative	Tom Simpson <i>Tom Simpson</i> 
		Company Phone Number	098-300-3000

*This document will be used for preschool application only.

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Completed by Parents	Name of Child	Mary Japan 3 age (at point of 4/1)	Name of current preschool or Name of #1 wish list of preschool	Yomitan Preschool
		age (at point of 4/1)		
		age (at point of 4/1)		

※以下は記入しないで下さい

調査日	H . . .	調査印		勤務確認	様
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※If correction, double line with signature or seal.

sample

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