参考様式第１－１号

Reference Form 1-1

特定技能外国人の履歴書

CURRICULUM VITAE OF THE SPECIFIED SKILLED WORKER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ①Name | Roman letters |  | ② Sex | Male / Female |
| Kanji characters |  | ③ Date of birth | DD/MM/YY |
| ④Nationality (country or region) |  | ⑤ Reasonably fluent languages |  |
| ⑥Address in the country of origin or country of residence | （Tel:　　　　－　　　　－　　　　　） |
| ⑦Educational background/ occupational history | Year | Month | Most recent educational background/ main occupations |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| ⑧Qualifications/licenses  |  |
| ⑨If you have previously resided in Japan with the status of residence of “Technical Intern Training”, give your residence history. | Year | Month | Status of residence | Organization of affiliation, etc.  | Supervising organization |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Notes.

Section ①. Write the name exactly as given in the passport in Roman letters, and if there is a name in kanji characters, give it together with the Roman letters.

Section ⑤. Write the languages that the specified skilled worker is able to sufficiently understand (native language and others).

Section ⑨. Describe in detail the periods of residence in Japan with the status of residence of “Technical Intern Training”, the implementing organization of the technical intern training, and the supervising organization (only in cases of supervising-organization-type technical intern training).

I hereby declare that the statement given above is true and correct.

　　　　Prepared on DD/MM/YYYY

Signature of the specified skilled worker

参考様式第１－３号

Reference Form 1-3

健康診断個人票

HEALTH CHECK REPORT

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name |  | Date of birth | DD/MM/YYYY | Date of health check  | 　DD/MM/YYYY |
| Sex  | Male / female | Age  | years  |
| Work history |  | Blood pressure　　　　　　　　（mmHg） |  |
| Anemia test | Hemoglobin level （g/dℓ） |  |
| Red blood cell count (10,000/mm³) |  |
| Past history |  | Liver function test | GOT　（IU/ℓ） |  |
| GPT　（IU/ℓ） |  |
| γ - GTP　（IU/ℓ） |  |
| Subjective symptoms |  | Blood lipid examination | LDL cholesterol（mg/dℓ） |  |
| HDL cholesterol（mg/dℓ） |  |
| Triglyceride（mg/dℓ） |
| Objective symptoms |  | Blood glucose test 　（mg/dℓ） |  |
| Urinalysis | Glucose |  |
| Protein |  |
| Height (cm)  |  |
| Weight (kg)  |  | Electrocardiograph examination |  |
| Other examinations |  |
| BMI |  | Physician’s diagnosis |
| Waist circumference (cm) |  |  |
| Eyesight | Right | （　　　　） |
| Left | （　　　　） |
| Hearing | Right 1,000Hz　 4,000Hz | １ Normal　　２ Impaired１ Normal　　２ Impaired |
| Remarks |
| Left 1,000Hz　 4,000Hz | １ Normal　　２ Impaired１ Normal　　２ Impaired |  |
| Tuberculosis, etc. | Chest X-ray examinationFilm no. | 　　Direct　　　　　Indirect　　Taken　　　DD/MM/YYYYNo.Findings: |

Notes.

1. The BMI is calculated using the following formula.　　　　　　　　Body weight(㎏)

BMI =

　　　　　　Height(m)²

2. In the column of “Eyesight”, write the number outside the parentheses ( ) if it has not been corrected, and inside the parentheses ( ) if it has been corrected.

3. If abnormal findings are found in the “Chest X-ray examination” section, conduct a sputum examination and confirm there is no active tuberculosis.

4. In the “Physician’s diagnosis” section, fill in the physician’s diagnosis such as no abnormality, detailed examination required, medical examination required, etc.

5. If a disease is currently being treated, describe the medical condition which needs to be noted medically, such as the current medical history and the name of the disease in the “Physician’s diagnosis” section. In addition, in such case, describe all the prescribed drugs in the remarks section.

The person mentioned above is not infected with the infectious diseases shown above and there are no health risks with regard to conducting stable and continuous employment activities in Japan.

(Physician) Signature

参考様式第１－３号（別紙）

Reference Form 1-3 (Attachment)

受診者の申告書

Declaration by Medical Checkup Examinee

私は，通院歴，入院歴，手術歴，投薬歴の全てを医師に申告した上で，医師の診断を受けました。

I hereby declare that I informed a doctor of my full medical history, including hospital visits, hospitalization, surgeries, and medication. After providing this information, I was examined by the doctor.

作成年月日　　　　　年　　　月　　　日

Prepared on DD /MM /YYYY

申請人の署名

Signature of the applicant

参考様式第１－５号

Reference Form 1-5

特定技能雇用契約書

**EMPLOYMENT CONTRACT FOR SPECIFIED SKILLED WORKERS**

Organization of affiliation of the specified skilled worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　　　　　　　　　 　　　　　　　　　　　　　(hereinafter referred to as “organization”)

Specified skilled worker (including specified skilled worker candidates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(hereinafter referred to as “specified skilled worker”)

This Employment Contract is hereby entered into in accordance with the contents described in the attached Written Employment Conditions.

This Employment Contract shall come into effect upon the specified skilled worker entering Japan with the status of residence of “Specified Skilled Worker (i)” or “Specified Skilled Worker (ii)”, and starting to engage in the activities for the work requiring the skills provided for in an ordinance of the Ministry of Justice as stipulated by the Minister of Justice for a specified industrial field.

The period of the Employment Contract (beginning and end of the Employment Contract) stated in the Written Employment Conditions must be changed in accordance with the actual date of entry if the date of entry of the specified skilled worker differs from the scheduled date of entry.

The Employment Contract shall be terminated at the time of the period of the Employment Contract expiring without being renewed, or if the specified skilled worker has forfeited the status of residence for any reason.

The Employment Contract and Written Employment Conditions shall be prepared in duplicate, and one copy shall be retained by each party.

　　　　　　　　　Entered into on DD/MM/YYYY

Organization　　　　　　　　　　　　　Seal Specified skilled worker

(Name of the organization of affiliation of the Signature of the specified skilled worker)

specified skilled worker, and name, title and seal of

its representative)

参考様式第１－６号

Reference Form 1-6

雇用条件書

**WRITTEN EMPLOYMENT CONDITIONS**

|  |
| --- |
| DD/MM/YYYY　　To: 　　　　　　　　　　　　　　　Name of the organization of affiliation of the specified skilled worker: 　　　　　　　　　　　　　　　　　Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel. no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Representative’s name and title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Seal* |
| I．Period of the employment contract　1. Period of the employment contract　　（From: (DD/MM/YYY) to (DD/MM/YYYY)　　Scheduled date of entry: DD/MM/YYYY）　2. Renewal of contract□　The contract shall be automatically renewed　　　　　□　The contract may be renewed　　　□　The contract is not renewable　 　\*If the contract may be renewed, the renewal of the contract shall be determined by the following criteria.□　Volume of work to be done at the time the term of contract expires　　　　□　Employee’s work record and work attitude　　 □　Employee’s capability to execute their tasks□　Business performance of the company　　　　　　　　□　State of progress of the work done by the employee　　　□　Other (　　　　　　　　　　　　　　　　　　　) |
| II．Place of employment□ Direct employment (fill in below) □ Dispatch employment (fill in the separate “Employment Conditions Statement”)Name of office 　　　　　　　　　　　　　　　　　Address　　　　　　　　　　　　　　　　　　　　Contact information　　　　　　　　　　　　　　　 |
| III．Contents of work to be engaged in:　1. Field ( )　2. Work category ( ) |
| IV．Working hours, etc. 　１．Start and finish times　(1) Start time: ( : ) Finish time: ( : ) (Number of prescribed working hours in one day: ( ) hours ( ) minutes　(2) 【If the following systems apply to the worker】　　□　Irregular labor system： irregular labor system unit ( )　　　\* If an irregular labor system is adopted, attach a copy of the yearly calendar in a language the specified skilled worker can fully understand, and a copy of the agreement on the irregular labor system submitted to the Labor Standards Inspection Office.　　□　Work shift system using a combination of the following working hours　　　Start time ( : ) Finishing time ( : ); Day applied ( 　　　 ); prescribed working hours for one day ( ) hours ( ) minsStart time ( : ) Finishing time ( : ); Day applied (　　　　); prescribed working hours for one day ( ) hours ( ) minsStart time ( : ) Finishing time ( : ); Day applied (　　　　); prescribed working hours for one day ( ) hours ( ) mins　2. Break time　　( minutes)　3. No. of prescribed working hours ① Week ( ) hours ( ) mins　② Month ( ) hours ( ) mins　③ Year ( ) hours ( ) mins　4. No. of prescribed working days ① Week ( ) days　② Month ( ) days　③ Year ( ) days　5. Overtime work　　　□　Yes　　　　□　No　　　○ Details are stipulated in Article ( ), Article ( ) and Article ( ) of the Rules of Employment. |
| V．Days off　1. Regular days off: Every ( ), national holidays, others ( ) (total number of annual days off: ( ) days 　2. Additional days off: ( ) days per week/month, others ( )○ Details are stipulated in Article ( ), Article ( ) of the Rules of Employment. |
| VI．Leave　1. Annual paid leave Those working continuously for six months or more →　(　　　) days　　　　　　　　　　Those working continuously for up to six months（□ Yes □ No）→ After a lapse of ( ) months and ( ) days2. Other leave　　　Paid (　　　　　　　　　) Unpaid ( )　3. Leave for temporary return home: If the specified skilled worker wishes to return home temporarily, he or she must be given necessary days off within the scope of the abovementioned 1 and 2. 　○ Details are stipulated in Article ( ), Article ( ) of the Rules of Employment. |
| VII．Wages |
|  | 1. Basic pay　　　□　Monthly wage (　　　　　yen)　　□　Daily wage (　　　　yen)　　□　Hourly wage (　　　　　yen)　\* Details given in the attachment. 2. Various allowances (excluding additional pay rate for overtime)　　　　　(　　　　　　　allowance，　　　　　　　allowance，　　　　　　　allowance)　\* Details given in the attachment.  |  |
| 　3. Additional pay rate for overtime, holiday work or night work　　(1) Overtime work:　Legal overtime 60 hours or less a month ( ) %　　　　　　　　　　　　Legal overtime over 60 hours a month (　　　 ) %　　　　　　　　　　　Fixed overtime (　　　　　　) %　　(2) Holiday work　　　　　Legal holiday work ( ) %，　　Non-legal holiday work ( ) %　　　(3) Night work　　　　　( ) %　4. Closing day of payroll　　　□ ( ) of every month; ( ) of every month　5. Pay day　　　□ ( ) of every month; ( ) of every month　6.Method of wage payment　　□　Bank transfer　　　　□　Payment in yen (cash)　7. Deduction from wages in accordance with labor-management agreement　　□　No　　　　□　Yes　　\* Details given in the attachment.　8. Wage raise　　　　　　□　Yes (Timing，amount, etc.　　　　　　　　　　　　　　　　　　　　　)　□　No　9. Bonus　　　　　 　□　Yes (Timing amount, etc.　　　　　　　　　　　　　　　　　　　　　　)　□　No　10．Retirement allowance　　　　　□　Yes (Timing, amount, etc. ) 　　　　　　　　　　　□　No　11. Leave allowance　　　　□　Yes (rate　　　　　　　　　　　　　　　　　　　　　　　　　　　　　)  |
| VIII．Items concerning retirement　1. Procedure for retirement for personal reasons (Notification should be made to the president or the factory foreman, etc. no less than ( ) days before retirement)　2. Reasons and procedure for the dismissal 　　　In cases of dismissal, the specified skilled worker shall be dismissed through being given 30 days’ advance notice or at least 30 days of the average wage only when there are unavoidable reasons for the dismissal. In cases of dismissal based on a cause attributable to the fault of the specified skilled worker, there is the possibility of immediate dismissal without giving advance notice or the average wage being paid on approval being obtained from the Director of the Labor Standards Office Concerned.Details are stipulated in Article ( ), Article ( ) of the Rules of Employment. |
| IX．Others　１．Joining social insurance / employment insurance (□　Employees’ pension insurance，□　Health insurance，□　Employment insurance □ Industrial accident insurance　□ National pension)　□　National health insurance　□　Others ( 　　　 )２．Health check at the time of hiring: Month ( ) Year ( )　３．First regular health check: Month ( ) Year ( ) (every ( ) afterwards) ４．If the specified skilled worker is unable to pay for the travel expenses to return to his or her home country after the termination of this contract, the organization shall pay for the travel expenses and take necessary measures to ensure smooth departure. |

|  |
| --- |
| Recipient（signature） |

参考様式１－６　別紙

Reference Form 1-6　Attachment

賃金の支払

**PAYMENT OF WAGES**

１．Basic Wages

　　□　Monthly wage (　　　yen) □　Daily wage (　　　　yen) □　Hourly wage (　　　　yen)

\* Amount per hour in cases of monthly or daily wages (　　　　　　yen)

\* Amount per month in cases of daily or hourly wages (　　　　　　yen)

２．Amount and calculation method for various allowances (excluding the additional pay rate for overtime)

(a) (　　　　　allowance　　　　　yen; Calculation method　　　　　　　　　　)

(b) (　　　　　allowance　　　　　yen; Calculation method　　　　　　　　　　)

(c) (　　　　　allowance　　　　　yen; Calculation method　　　　　　　　　　)

(d) (　　　　　allowance　　　　　yen; Calculation method　　　　　　　　　　)

３．Estimated payment per month (1+2)　　　　　 　　　approx.　　　　　　　　　yen (total)

４．Items to be deducted when paying wages

(a) Tax (approx. yen)

(b) Social insurance (approx. yen)

(c) Employment insurance (approx. yen)

(d) Food (approx. yen)

(e) Housing (approx. yen)

(f) Others (utility costs) (approx. yen)

 (approx. yen)

(approx. yen)

(approx. yen)

(approx. yen)

(approx. yen)

Amount to be deducted　　approx.　　　　　　　　　yen (total)

5．Take-home pay (3 - 4)　　　　　　　　　　　approx.　　　　　　　　　yen (total)

\* Provided there is no absence from work, etc. and excluding additional pay, etc. for overtime work.

参考様式第１－７号

Reference Form No. 1-7

事 前 ガ イ ダ ン ス の 確 認 書

**CONFIRMATION OF ADVANCE GUIDANCE**

1. Matters concerning the content of the work I am engaged in, the amount of remuneration, and other working conditions

2. Contents of the activities I am permitted to engage in while in Japan

3. Matters concerning the procedures for when I enter Japan

4. Neither I nor my spouse, lineal relative or relative cohabiting with me or any other person who has a close relationship with me in terms of a social life are, in connection with the activities I am to engage in while in Japan based on an employment contract for specified skilled workers, paying a deposit, or having my money or other property otherwise being managed regardless of the reason therefor, and I have not entered into a contract nor am I expected to enter into a contract that stipulates penalties with regard to non-performance of the employment contract for specified skilled workers or a contract which otherwise expects the transfer of undue money or other property.

5. If I am paying expenses to an organization in my own country or another country in connection with an application for an employment contract for specified skilled workers, or for preparation for the activities of specified skilled worker (i), I fully understand the amount and breakdown of the expenses, and the organization must have entered into an agreement with me about these expenses.

6. I am not being made to pay directly or indirectly for the expenses required for my support.

7. The organization of affiliation of specified skilled workers, etc. must pick me up from the seaport or airport at which I intend to enter Japan.

8. I am being given support pertaining to securing appropriate housing for me.

9. There is a system in place so I can make a request for advice or to make a complaint about my work life, general living or social life.

From: Time ( : ) to ( : ) on DD/MM/YYYY

From: Time ( : ) to ( : ) on DD/MM/YYYY

From: Time ( : ) to ( : ) on DD/MM/YYYY

Name of the organization of affiliation of specified skilled workers (or registered support organization)

Name of the explaining party

　　　　　　　　　　　　　　　　*(Seal)*

I have received an explanation from the above person and fully understood the contents.

In addition, with regard to 4, neither I, my spouse nor any related person has entered into a contract concerning the payment of a deposit or penalties, nor will I enter into such contract in the future.

Signature of the specified skilled worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DD/MM/YYYY

参考様式第１－８号

Reference Form 1-8

支払費用の同意書及び明細書

**CONSENT FOR PAYMENT OF EXPENSES AND WRITTEN STATEMENT OF EXPENSES**

Specified skilled worker paying expenses

Name:

Sex:

Date of birth: 　　　　　　DD/MM/YYYY

Nationality / region:

Expenses collected by the organization in a foreign country

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of organization collecting expenses | Expense item | Date of collection | Amount |
| 1 |  |  | DD/MM/YYYY | 　　( yen) |
| 2 |  |  | DD/MM/YYYY | 　　　( yen) |
| 3 |  |  | DD/MM/YYYY | 　( yen) |
| 4 |  |  | DD/MM/YYYY | 　( yen) |
| 5 |  |  | DD/MM/YY'YY | 　　　　( yen) |
| Total　　　　 ( yen) |

Notes.

1. The organization in a foreign country is not restricted to any particular organization, and means an organization which mediates applications for employment contracts for specified skilled workers or is involved in the preparations for the activities.

2. Give the amount in the local currency or USD, and write the amount converted into Japanese yen in parentheses.

3. For the expense items, give the expense item as indicated to the applicant.

I paid the abovementioned amounts to the organization in a foreign country for the mediation of an application for the employment contract for a specified skilled worker or the preparations for the activities related to the status of residence of “Specified Skilled Worker” having fully understood the breakdown of the expenses.

In addition, I have not paid any expenses other than the expenses listed above.

Prepared on DD/MM/YYYY

Signature of the specified skilled worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

参考様式第１－１０号

Reference Form 1-10

技能移転に係る申告書

**WRITTEN DECLARATION ON THE TRANSFER OF SKILLS**

Declarant

Name:

Sex: Male / Female

Date of birth:

Nationality / region:

I hereby declare the following matters.

Details

I am aware that the purpose of the technical intern training program in Japan is to promote international cooperation by transferring skills, etc. to developing regions etc.

I have acquired the skills, etc. pertaining to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that would be difficult to acquire, etc. in my home country of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and have completed the technical intern training.

Therefore, I would like to work on transferring the skills, technology or knowledge pertaining to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ which I acquired in Japan, or for which I increased or attained proficiency, to my home country upon my return to my home country in future,

I hereby declare that the statement given above is true and correct.

Date: (DD/MM/YYYY)

Signature of the declarant **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

参考様式第１－１６号

Reference Form 1-16

雇用の経緯に係る説明書

Explanation of Employment Background

特定技能外国人　　　　　　　　　　　　　　　との間で特定技能雇用契約を締結するに当たっての雇用の経緯は以下のとおりです。

Regarding the conclusion of the employment contract with specified skilled worker \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the employment background is as follows.

１　職業紹介事業者（国内）

 Employment placement business provider (in Japan)

|  |  |
| --- | --- |
| １ あっせんの有無Use of an employment placement service i | □　有　　　　　　　　　　　□　無Yes No |
| ２ 許可・届出受理番号 （受理受付年月日）Acceptance No. for approval and notification(Date of acceptance and receipt) | －　－　　　　　　（ 　 　年　　 月　　 日）－　－　　　　　　（　DD　　　/MM　　　 /YYYY　　） |
| ３ 職業紹介事業者の区分Category of the employment placement business provider | □　有料職業紹介事業者□ Fee-charging employment placement business provider□　無料職業紹介事業者□ Free employment placement business provider |
| ４ 職業紹介事業者の氏名Name of the employment placement business provider |  |
| ５ 職業紹介事業者の住所 （電話番号）Address of the employment placement business provider(Telephone number) | 〒　　　 －　（電話番号　　　－　　　　－　　　　）（Telephone number　　　－　　　－　　　　） |
| ６ 職業紹介事業者へ支払った費用Expenses paid to the employment placement business provider | 求職者（申請人）Job seeker (the applicant) | 額Amount | （　　　　　　　　　円）　　　（　　　　　　　　 yen） |
| 名目Description | 　　　　　　　　　　　　　　としてFor payment of |
| 求人者（特定技能所属機関）Job offeror(the organization of affiliation of the specified skilled worker) | 額Amount | （　　　　　　　　　円）　　　（　　　　　　　　 yen） |
| 名目Description | 　　　　　　　　　　　　　　としてFor payment of |

（注意）

(Notes)

１ １欄で無にチェックを付した場合には，２以下の欄の記載は不要とする。

 If you ticked “No” in section 1, you do not need to fill out sections below section 2.

２ ２から５欄までは，厚生労働省職業安定局ホームページの「人材サービス総合サイト」を活用し，当該職業紹介事業者についての該当する情報を記入すること。

 Fill in the relevant information for the applicable employment placement business provider in sections 2, 3, 4, and 5, using the “Comprehensive Human Resource Services Website” which is operated by the Employment Security Bureau of the Ministry of Health, Labour and Welfare.

３ ６欄は，求職者及び求人者が職業紹介事業者に支払った額及び名目について記載すること。なお，求職者が日本円以外で費用を支払った場合は，当該通貨で支払った額及び日本円に換算した額を記載すること。

 Fill in the amount and description of the money paid by the job seeker and job offeror to the employment placement business provider in section 6. Please note that if the job seeker paid the expense in a currency other than yen, you must state the amount paid in the local currency, as well as that amount converted to yen.

４ 職業紹介事業者との間で交わした契約書があれば，その写しを添付すること。

 If you have a written contract exchanged with the employment placement business provider, please attach a copy of it.

２　取次機関（国外）（１で有にチェックを付した場合のみ記載）

 Agent organization (outside Japan) (Only those who ticked “Yes” in section 1 above need to fill in the form below)

|  |  |
| --- | --- |
| １ 取次ぎの有無Use of service provided by the agent organization | □　有　　　　　　　　　　　□　無Yes No |
| ２ 氏名又は名称Name of the agent organization |  |
| ３ 所在国Country where the agent organization is located |  |
| ４ 所在地Address of the agent organization | （電話番号　　　－　　　　－　　　　）（Telephone number　　　－　　　　－　　　） |
| ５ 取次機関へ支払った費用Expenses paid to the agent organization | 求職者（申請人）Job seeker (the applicant) | 額Amount | （　　　　　　　　　円）　　　（　　　　　　　　 yen） |
| 名目Description | 　　　　　　　　　　　　　　としてFor payment of |
| 求人者（特定技能所属機関）Job offeror(the organization of affiliation of the specified skilled worker) | 額Amount | 　　　　　　（　　　　　　　　　 円） （　　　　　　　　　yen） |
| 名目Description | 　　　　　　　　　　　　　　としてFor payment of |

（注意）

(Notes)

１ 取次機関とは，職業紹介事業者が求人者に求職者のあっせんを行うに際し，当該職業紹介事業主に対し求職者等に係る情報の取次ぎを行う者をいう。

 The agent organization means the party that acts as the agent handling the job seeker’s information for the applicable employment placement business provider, in the case where the job offeror uses the employment placement service provided by the employment placement business provider to recruit the job seeker.

２ １欄で無にチェックを付した場合には，２以下の欄の記載は不要とする。

 If you ticked “No” in section 1, you do not need to fill out sections below section 2.

３ ５欄は，求職者及び求人者が取次機関に支払った額及び名目について記載すること。なお，求職者及び求人者が日本円以外で費用を支払った場合は，当該通貨で支払った額及び日本円に換算した額を記載すること。

 Fill in the amount and description of the money paid by the job seeker and job offeror to the agency organization in section 5. Please note that if the job seeker and job offeror paid their expenses in a currency other than yen, you must state the amount paid in the local currency, as well as that amount converted to yen.

４ 取次機関との間で交わした契約書があれば，その写しを添付すること。

 If you have a written contract exchanged with the agency organization, please attach a copy of it.

以上の内容について相違ありません。

I hereby declare that the statement given above is true and correct.

作成年月日：　　　　年　　　月　　　日

Prepared on DD /MM /YYYY

特定技能所属機関の氏名又は名称

Name of the organization of
affiliation of the specified skilled worker

作成責任者の氏名及び役職　　　　　　　　　　　　　　　　　　　　　㊞

Name and title of the person 　　　　　　　　　　　　　　　　　　　　　　Seal
responsible for preparing this document

申請人の署名

Signature of the applicant

参考様式第１－２４号

Reference Form 1-24

に

Pledge for Total Period of Stay

「」へのは「」にをに，のについてします。

In connection with receiving permission to change the status of residence to “Specified Skilled Worker (i),” or to extend the period of stay for “Specified Skilled Worker (i),” I hereby pledge that I shall comply with the following matter.

記

　「」でのがにで「」のをし，「２」へのをする等をします。

I shall terminate activities concerning “Specified Skilled Worker (i)” at the time when the total period of stay under the status of residence of “Specified Skilled Worker (i)” reaches five (5) years, and shall return to my country, excluding the case of changing my status of residence to “Specified Skilled Worker (ii).”

　　　　　　　　　　　　　　　　　　　　　　　　年　　　月　　　日

　　　　　　　　　　　　　　　　　　　　　　　　DD/MM/YYYY

　　　　　　　　　　　　　　　　　申請人署名

　　　　　　　　 　　　　　　　Signature of the applicant

参考様式第５－７号

Reference Form 5-7

報酬支払証明書

Proof of Payment of Remuneration

　　　月分（　 月　 日から　 月　 日　分）の報酬について，以下のとおり支払いました。

The remuneration for the month of (from DD/MM to DD/MM) was paid as follows.

１　対象労働者

The worker for whom the payment was made

|  |  |  |  |
| --- | --- | --- | --- |
| ①氏名（ローマ字）Name (Roman letters) |  | ②性　　　別Sex | 男　・　女Male / Female |
| ③生　年　月　日Date of birth |  | ④国籍・地域Nationality/region |  |
| ⑤在留カード番号Residence Card No. |  |

２　報酬

Remuneration

|  |  |
| --- | --- |
| ①報酬総額Total amount of remuneration | 円Yen |
| ②現金支給額Amount paid in cash | 円Yen |
| ③支給日Payment date | 年　　　　月　　　　日DD/MM/YYYY |

（注意）

(Notes)

１　上記２①は，控除前の報酬総額を記載すること。

The total amount of remuneration before deductions must be stated in ① of section 2 above.

２　上記２②は，控除後の手取り報酬額を記載すること。

The amount of take-home pay after deductions must be stated in ② of section 2 above.

上記の記載内容は，事実と相違ありません。

I hereby declare that the statement given above is true and correct.

年　　　月　　　日

DD / MM / YYYY

特定技能所属機関の氏名又は名称

 Name of the organization of affiliation of the specified skilled worker

作成責任者　役職・氏名　　　　　　　　　　　　　　　　　　　　　㊞

Name and title of the person responsible for preparing this document Seal

給与支給者　役職・氏名　　　　　　　　　　　　　　　　　　　　　㊞

Name and title of the salary payer 　　　　　　　　　　　　　　　　　　Seal

報酬について，雇用条件書どおりの報酬額であることを確認し十分に理解した上で，上記の内容どおり支給を受けました。

I have checked and fully understood that the amount of remuneration is just the same as what is stated in the Written Employment Conditions, and have received the above payment of remuneration.

年　　　　月　　　　日

DD / MM / YYYY

特定技能外国人の署名

Signature of the specified skilled worker

参考様式第５－８号

Reference Form 5-8

生 活 オ リ エ ン テ ー シ ョ ン の 確 認 書

Confirmation of Orientation for Life in Japan

１　私の日本での生活一般に関する事項

General matters concerning my life in Japan

２　私が出入国管理及び難民認定法第１９条の１６その他の法令の規定により履行しなければならない又は履行すべき国又は地方公共団体の機関に対する届出その他の手続に関する事項

Matters concerning notifications and other procedures which I must or should make to national or local government agencies, pursuant to the provision of Article 19-16 of Immigration Control and Refugee Recognition Act, and other laws and regulations.

３　私が把握しておくべき，特定技能所属機関又は当該特定技能所属機関から契約により私の支援の実施の委託を受けた者において相談又は苦情の申出に対応することとされている者の連絡先及びこれらの相談又は苦情の申出をすべき国又は地方公共団体の機関の連絡先

The contact information of the organization of affiliation of the specified skilled worker, the contact information of the person who is in charge of handling my consultations and complaints and belongs to the party that is entrusted with providing me with support pursuant to the contract with the organization of affiliation of specified skilled workers, and the contact information of the national or local government agency where I should consult or make a complaint about the aforementioned organization/party if necessary, which I should understand.

４　私が十分に理解することができる言語により医療を受けることができる医療機関に関する事項

Matters concerning medical institutions where I can receive medical treatment in a language in which I am reasonably fluent.

５　防災及び防犯に関する事項並びに急病その他の緊急時における対応に必要な事項

Matters concerning disaster prevention and crime prevention, and matters necessary for taking action at a time of sudden illness or other emergency.

６　出入国又は労働に関する法令の規定に違反していることを知ったときの対応方法その他私の法的保護に必要な事項

What to do if I notice a violation of provisions of laws and regulations regarding immigration or labor, and other matters necessary for my legal protection.

について，

Date of explanation:

　　　　年　　月　　日　　時　　分から　　時　　分まで

From: Time ( : ) to ( : ) on DD/MM/YYYY

　　　　　　　　　年　　月　　日　　時　　分から　　時　　分まで

From: Time ( : ) to ( : ) on DD/MM/YYYY

　　　　　　　　　年　　月　　日　　時　　分から　　時　　分まで

From: Time ( : ) to ( : ) on DD/MM/YYYY

特定技能所属機関（又は登録支援機関）の氏名又は名称

Name of the organization of affiliation of the specified skilled worker (or registered support organization)

説明者の氏名

Name of the explaining party

　　　　　　　　　　　　　　　　㊞

Seal

から説明を受け，内容を十分に理解しました。

I have received an explanation from the above person and fully understood the contents.

特定技能外国人の署名　　　　　　　　　　　　　　　　　　　　　年　　　月　　　日

Signature of the specified skilled worker DD/MM/YYYY