

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

# 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/mm <sup>3</sup> )				
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 Normal	2 Impaired				
	1,000Hz	1 Normal	2 Impaired				
	4,000Hz			Remarks			

	Left 1,000Hz 4,000Hz	1 Normal 1 Normal	2 Impaired 2 Impaired	
Tuberculosis, etc.	Chest X-ray examination  Film no.	Direct Taken No. Findings:	Indirect DD/MM/YYYY	

Notes.

1. The BMI is calculated using the following formula. 
$$BMI = \frac{\text{Body weight(kg)}}{\text{Height(m)}^2}$$
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

## 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  
(Name of the organization of affiliation of the  
specified skilled worker, and name, title and seal of  
its representative)

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

# 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/YYYY) to (DD/MM/YYYY) Scheduled date of entry: (DD/MM/YYYY))

#### 2. Renewal of contract

The contract is non-renewable  In principle, the contract will be renewed

\* The contract might not be renewed in such cases as the deteriorating business performance of the company.

### 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 ( ) mins

Start time ( : ) Finishing time ( : ); Day applied ( ); prescribed working hours for one day ( ) hours ( ) mins

Start 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 (    ) days
2. 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)





## 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)

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Name of the explaining party

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*(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

## 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

\_\_\_\_\_

## 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 \_\_\_\_\_