

Declaration of Employment Conditions <Self-employed>

就労状況申告書<自営業用>

(DD) (MM) (YY)  
年 月 日

(To)  
(宛先)  
Mayor of Minato City  
港区長

Address  
所在地  
Name of office/representative  
事業所・代表者名

Seal  
印

Tel:  
電話番号 ( )

I hereby declare my employment conditions as follows.

次のとおり申告します。

Name 氏 名			
Address 住 所			
Date employment started 就労開始年月日	From (DD) (MM) (YY) 年 月 日から		
Place of employment 就 労 地	Home/Other (Address: 自宅・その他(所在地	Tel: Tel:	( ) ( )
Business structure 事 業 形 態	Owner/Owned by spouse/Owned by relatives (Relationship: )/Other ( ) 経営主・配偶者が経営主・親族が経営(続柄 )・その他( )		
Industry 業 種	Retail/F&B/Construction and real estate/Life insurance/Beauty 小売販売・飲食店・建築不動産・生命保険・理美容業 Others ( ) その他( )		
Job contents 仕事の内容			
No. of working hours per day 一日の就労時間	Weekdays 平日	: 午前 時 分	a.m. ~ 午後 時 分
	Saturdays 土曜日	: 午前 時 分	a.m. ~ 午後 時 分
*Please fill in the number of regular working hours (excluding overtime). ※正規の就労時間を記入してください。(残業時間は除く。)			
Office (opening) hours 営業(開業)時間	: a.m. ~ 午前 時 分	: 午後 時 分	p.m. 分
Average no. of working days 平均就労日数	days per month, 1 か月	days per week 日、 週	日
Off days 定 休 日	Mon・Tue・Wed・Thu・Fri・Sat・Sun・Not fixed ( days per month) 月・火・水・木・金・土・日・不定期(月に 日)		
Remarks: (Please fill in any relevant comments about the working hours/style.) 備 考 (就労時間・形態等に関する特記事項があれば、記入してください。)			

- 1 If any corrections are made, please mark it with a correction seal.
- 2 This is an important document for the application. Please ensure that it is filled in correctly.
- 3 If the work is irregular, please indicate this in the "Comments" column or attach a separate sheet.
- 4 If any false representations are made in the contents, the application will be deemed invalid (those who are already enrolled will have their membership withdrawn).
- 5 For self-employed persons who are operating a business corporation (such as representative of a corporation), please submit a job certificate for outside work.
- 6 For self-employed persons other than those for whom 5. is applicable, please prepare the necessary documents related to your self-employment status if the representative of the business, etc. is the parent/guardian or a relative within the third degree of the parent/guardian.