Referral Form 2021

	Name of the Company										
Employer	Address of the Company										
	Name of the President							TEL			
	department	Name of the Head of the							FAX		
		department Person in							Email	http://	
	Hiring	charege							URL		
		Company						Founded		(mm/year)	
		profile							Capital		yen
		P 1.2111									<i>y</i> 0.11
S	Type of occupation		The number of Job description Provacancies					Prefe	Employees	Required qualifications etc	
Conditions		Position	○Regular	ORegular ONon-regular O ()					Pay	Omonthly Oyearly Odaily Oother()	
			two-year course	three-year course	four-year course	e					Summer : last year ()
		Type Classification	J	se direct year course loar year course	1	weekdays		-	Bonus	Winter: last year (base salary×)	
		Basic pay				- -	weekend		-	Raise	second year :previous year (base pay ×
(1)	2	Job evaluated	ļ			Ĭ,	shi		night work	Travel allowance	○Yes (Maximum: yen) ○No
ons	salary	wage benefit				Ļ	shift	Male	Female		Company domitory : ○Yes (Monthly rent yen)
diti						- Š	late			Accomodation n	
con	Starting	benefit			<u> </u>	Working hours	night	0	0		Lease: OYes (Monthly yen)
ng c	St	benefit				-	Average working	e monthly	day		Other: Oself prepared Oown house only
Working conditions		benefit Total					Average	e monthly	hours		Housing allowance: Monthly yen Ohealth insurance
	904	First year salary				S	working Five-da	ay	Oyes Onc	Insurance	○Government Pension○Company Pension ○accident compensation ○Unemploymen
	əfera	Second year salary				Holidays	work we		days		ent Bonus OYes (Continuos service years) ONo
	œ					구					
	VV	orking location				F	Total da		days	Pay	<mark>/day </mark>
Application & selection process	Application documents		○CV ○Certificate of expected graduation ○Official Transcript ○Medical check certificate ○School letter of introduction ○Letter of recommendation ○X-ray result ○Others (Selecition	Date	Seminar (dd/mm) First interview (dd/mm		1)	Second interview (dd/mm)
						Sele	Place			-	
	A	Application period	(dd/mm) - (dd/mm) After (dd/mm)			date		notified within days afer the final intervew			
		Written test	ONo					○Yes ○Yes, partly ○No ○Undecided			
		Interview							&pencil OFunction calculatpor Official stamp O()		
		Examination					rnship ((Please a	answer in advance) consideration OYes (Starting in (mm)) OUndecided		
٧		Others									
Additional Information	As f Plea	As for the first (second) year income column, please fill in the actual last-year income (average). Please attach other documents (ex. pictures of domitory) if there are any.									

Please mail to the address below.