Public Health
Special Selection for Working Applicants
MCR Course

Certificate of Employment Period

Name in Katakana

Name _____

Date of Birth _____ / _____ / _____

This is to certify that the above mentioned person ⎰ □ is currently employed ⎱ as follows.
⎰ □ was employed ⎱

Name of the
Institute/Company

Employment Period   From _____ / _____ / _____   （Total: Years   Months）
                     To   _____ / _____ / _____

Position name   （Full-time/Tenure）

Date: _____ / _____ / _____

Position of Certifier
Name of Certifier

Official seal
or institution/company seal