

**APPLICATION FOR WORK PERMIT
MADE OUTSIDE OF CANADA**

If you need more space for any section, print out an additional page containing the appropriate section, complete and submit it with your application.

Validate

Clear Form

1 UCI	2 *I want service in ENGLISH を選択	OFFICE USE ONLY Validated
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PERSONAL DETAILS

1 Full name *Family name (as shown on your passport or travel document) パスポートと同じスペルの苗字をローマ字で入力		Given name(s) (as shown on your passport or travel document) パスポートと同じスペルの名前をローマ字で入力	
2 Have you ever used any other name (e.g. Nickname, maiden name, alias, etc.)? Family name 上記とは異なるお名前をお持ちの方は「YES」のチェックボックスをクリックしてお名前をローマ字で記載し、なしの方は「NO」をチェック		<input type="checkbox"/> *No <input type="checkbox"/> *Yes	
3 *Sex 男性:M 女性:F	4 Date of birth 誕生日を年・月・日で入力 *YYYY *MM *DD	5 Place of birth *City/Town 本籍の都市名 *Country 本籍国	
6 *Citizenship Japan を選択			
7 Current country of residence:			
Country お住まいの国(通常は Japan)	Status 国民 : Citizen	Other	From To YYYY-MM-DD YYYY-MM-DD
8 Previous countries of residence: During the past five years have you lived in any country other than your country of citizenship or your current country of residence (indicated above) for more than six months? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
Country	Status	Other	From To YYYY-MM-DD YYYY-MM-DD
過去 5 年以内に 6 ヶ月以上日本以外に住んでいた方は「YES」をチェックし、そちらに国名、ビザ名と滞在期間を入力。 連続しての 6 ヶ月の滞在がない、日本におられた方は「NO」へチェック。			
9 Country where applying: Same as current country of residence? <input type="checkbox"/> *No <input type="checkbox"/> *Yes			
Country	Status	Other	From To YYYY-MM-DD YYYY-MM-DD
日本から申請をする方は「Yes」を選択。日本国外から申請の方は「No」にチェックを入れ国名、ビザ状態と期間をここに記載してください。			
10 *a) Your current marital status 婚姻状況 (未婚:Single、離婚:Divorced、既婚:Married)		b) (If you are married or in a common-law relationship) Provide the date or entered into the common-law relationship 既婚者は入籍日を入力	
c) Provide the name of your current Spouse/Common-law partner Family name 既婚者は配偶者氏名を入力 (Family : 苗字、Given : 名前)		Given name(s)	

FOR OFFICE USE ONLY - DO NOT WRITE IN THIS SPACE

Applicant Name	Date of Birth
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PERSONAL DETAILS (CONTINUED)

11 Have you previously been married or in a common-law relationship? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		
Provide the following details for your previous Spouse/Common-law Partner.		
Family name	Given name(s)	
過去に婚姻歴がある方は「YES」をチェックし、元配偶者の名前、続柄、婚姻期間を入		
c) Date of birth	From	To
YYYY MM DD	YYYY-MM-DD	YYYY-MM-DD

LANGUAGE(S)

1 *a) Native language/Mother Tongue	b) If your native language is not English or French, which language do you use most frequently?	*c) Are you able to communicate in English and/or French?
母国語 : Japanese	English を選択	English を選択
d) Have you taken a test from a designated testing agency to assess your proficiency in English or French? <input type="checkbox"/> *No <input type="checkbox"/> *Yes		*「NO」をチェック

PASSPORT

1 *Passport number	2 *Country of issue	3 *Issue date	4 *Expiry date
パスポート番号	パスポートが発行された国	発行日 YYYY-MM-DD	有効期限 YYYY-MM-DD

CONTACT INFORMATION

If submitting your application by mail:

- All correspondence will go to this address unless you indicate your e-mail address below.
- Indicating an e-mail address will authorize all correspondence, including file and personal information, to be sent to the e-mail address you specify.
- If you wish to authorize the release of information from your application to a representative, indicate their e-mail and mailing address(es) in this section and on the IMM5476 form.

1 Current mailing address ※ここではご住所を入力していきます。						
P.O. box	Apt/Unit	Street no.	*Street name	Province/State	Postal code	District
	お部屋番号	番地	町名、区		郵便番号	都道府県
*City/Town	*Country					
市町村	国名					
2 Residential address Same as mailing address? <input type="checkbox"/> *No <input type="checkbox"/> *Yes						
Apt/Unit	Street no.	Street name	City/Town			
		↑「YES」にチェックを入れてください				
Country	Province/State	Postal code	District			
3 Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Other にチェック				4 Alternate Telephone no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other Other にチェック		
Type	Country Code	No.	Ext.	Type	Country Code	No.
携帯 : Cellular	81	はじめの 0 を省いた携帯番号		自宅 : Residence	81	市外局番の 0 を省いた自宅番号
5 Fax no. <input type="checkbox"/> Canada/US <input type="checkbox"/> Other				6 E-mail address		
				PC のメールアドレス		

DETAILS OF INTENDED WORK IN CANADA

1 *What type of work permit are you applying for?
International Experience Canada(on Working Holiday)を選択
2 Details of my prospective employer (attach original offer of employment)
a) Name of Employer (If you are employed by a foreign employer who has been awarded a contract to provide services to a Canadian entity, please identify the foreign employer here)
b) Complete Address of Employer (Canadian or Foreign):

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DETAILS OF INTENDED WORK IN CANADA (CONTINUED)

3 Intended location of employment in Canada?			
Province	City/Town	Address	
<div></div>	<div></div>		
4 My occupation in Canada will be: *Job title 「Unknown」と入力		*Brief description of duties 「Unknown」と入力	
5	Duration of expected employment ▶	From YYYY-MM-DD	To YYYY-MM-DD
6		Labour market opinion (LMO) No.	

LIVE-IN CAREGIVER PROGRAM

1 Type of care, indicate all that apply: <input type="checkbox"/> Child care <input type="checkbox"/> Disabled <input type="checkbox"/> Elderly <input type="checkbox"/> Other	2 No. of persons requiring care
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EDUCATION

Have you had any post secondary education (including university, college or apprenticeship training)? If you answered "yes", give full details of your highest level of post secondary education.				<input type="checkbox"/> *No <input type="checkbox"/> *Yes	※短大、専門学校、大学での就学 経験がある方は「YES」ない方は「NO」
1	From 入学年月 YYYY MM	Field and level of study 専攻	School/Facility name 学校名		
	To 卒業年月 YYYY MM	City/Town 学校の所在地（市町村名）	Country 学校がある国名	Province/State	

EMPLOYMENT

Give details of your employment for the past 10 years, including if you have held any government positions (such as civil servant, judge, police officer, mayor, member of parliament, hospital administrator.) ※就労経験を新しいものから順にご記入ください					
1	From 入社年月 *YYYY *MM	*Current Activity/Occupation 職業		*Company/Employer/Facility name 会社名	
	To 退社年月	*City/Town 市町村名	*Country 国名	Province/State	
2	* 現職なら空白		Previous Activity/Occupation		Company/Employer/Facility name
	To YYYY MM	City/Town	Country	Province/State	
3	From YYYY MM	Previous Activity/Occupation		Company/Employer/Facility name	
	To YYYY MM	City/Town	Country	Province/State	

BACKGROUND INFORMATION

You must complete this section if you are 18 years of age or older.

Clear Section

1	a) Within the past two years, have you or a family member ever had tuberculosis of the lungs or been in close contact with a person with tuberculosis? a) 過去 2 年間であなた、またはご家族が結核にかかっていた、もしくは結核にかかっている方と接触したことがありますか？ b) Do you have any physical or mental disorder that would require social and/or health services, other than medication, during a stay in Canada? b) 薬物治療以外にヘルスサービス等を要する精神障害、または身体障害をお持ちですか？ c) If you answered 'yes' to question 1a) or 1b), please provide details and the name of the family member (if applicable). c) 上記 a) もしくは b) で「YES」と答えられた方は詳細をこちらに入力してください	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
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BACKGROUND INFORMATION (CONTINUED)

2	<p>a) Have you ever remained beyond the validity of your status, attended school without authorization or worked without authorization in Canada? a) カナダにてビザ制限を過ぎて滞在、もしくは許可なく学校へ通ったこと、お仕事したことはありますか？ <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) Have you ever been refused a visa or permit, denied entry or ordered to leave Canada or any other country? b) カナダもしくはその他の国で過去にビザが拒否されたこと、もしくは強制退去を命じられたことはありますか？ <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>c) Have you previously applied to enter or remain in Canada? c) 今までにカナダへ入国するため、もしくはカナダで滞在延長の申請をしたことがありますか？ 学生ビザ⇒WH の場合は「YES」 <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>d) If you answered "yes" to question 2a), 2b), or 2c) please provide details.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>上記 a)~c)で「YES」と答えられた方は詳細をこちらに入力してください。</p> <p>★学生ビザ YYYYY/MM/DD Study Permit ★観光ビザ延長してる場合 YYYYY/MM/DD Extention as a visitor</p> </div>
3	<p>a) Have you ever committed, been arrested for, been charged with or convicted of any criminal offence in any country? a) 過去に犯罪歴、逮捕歴、有罪判決を下されたことはありますか？ <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered "yes" to question 3a) above, please provide details.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>上記で「YES」と答えられた方は詳細をこちらに入力してください</p> </div>
4	<p>a) Did you serve in any military, militia, or civil defence unit or serve in a security organization or police force (including non obligatory national service, reserve or volunteer units)? a) 軍事、市民軍、民間防衛体制ユニット、セキュリティ組織、警察などに貢献したことはありますか？ <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>b) If you answered yes to question 4a), please provide dates of service and countries where you served.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>上記で「YES」と答えられた方は詳細をこちらに入力してください</p> <p>5. 今現在、もしくは過去に目的に達成への手段として暴力を主張したもしくは犯罪活動に関係している政治的あるいは宗教団体に所属していましたか？</p> </div>
5	<p>Are you, or have you ever been a member or associated with any political party, or other group or organization which has engaged in or advocated violence as a means to achieving a political or religious objective, or which has been associated with criminal activity at any time? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
6	<p>Have you ever witnessed or participated in the ill treatment of prisoners or civilians, looting or desecration of religious buildings? 6. 過去に病気の囚人や民間人に治療、略奪や宗教的な建物の冒瀆好意に参加、もしくは目撃したことはありますか？ <input type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>If you answered "yes" to any of questions 3 to 6 above, or upon request of a visa officer, you MAY BE REQUIRED to fill out IMM 5257 Schedule 1.</p>	

SIGNATURE ※上記 3~6 で「YES」がある方は別途 IMM5257 Schedule1.no 記載を要求される場合があります

<p>Citizenship and Immigration Canada (CIC), or an organization at CIC's request, may want to contact you in the future to ask you about any services you received from CIC prior to the application process (such as participation in an information forum), during the application process (including the application process itself as well as orientation or accreditation services), and services received after arriving in Canada (including settlement, integration and citizenship). CIC will use this information, along with the information provided by other individuals, for research, performance measurement or evaluation purposes. CIC will not use this information to make any decisions about you personally.</p>	
<p>Do you consent to be contacted by CIC, or an organization at CIC's request, in the future? (Y/N)</p>	<p><input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 「YES」にチェック</p>
<p>I consent to the release to Citizenship and Immigration Canada (CIC) and Canada Border Services Agency (CBSA) of all records and information for the purpose of processing my request that any government authority, including police, judicial and state authorities in all countries in which I have lived may possess about me. This information will be used to evaluate my suitability for admission to Canada or to remain in Canada pursuant to Canadian legislation.</p>	
<p>In order to verify my eligibility for a study permit and my compliance with the conditions of my study permit, I consent to the collection and use of my personal information by CIC, CBSA and, where applicable, my designated learning institution and the provincial/territorial government in which my designated learning institution is located. I further consent to the disclosure of my personal information between CIC and CBSA and, where applicable, between my designated learning institution and CIC, and CIC and the provincial/territorial government, for these purposes. I understand I can withdraw my consent should I not obtain a study permit.</p>	
<p>I declare that I have answered all questions in this application fully and truthfully.</p>	
<p>_____ Signature of Applicant or Parent/Legal Guardian's for a person under 18 years of age.</p>	<p>_____ Date: YYYY-MM-DD</p>

IMPORTANT NOTE:
This application must be signed and dated before it is submitted by mail.
Do not forget to include photos, fees (if applicable) and any other documents required. Review the application guide for more information and verify that you have completed and provided all of the required documents as per the document checklist.

DISCLOSURE

The information you provide to CIC is collected under the authority of IRPA to determine if you may be admitted to Canada as a worker. The information may be shared with other organizations such as CBSA, DFAIT, RCMP, CSIS and foreign governments in accordance with subsection 8(2) of the Privacy Act. Information may also be disclosed to foreign governments, law enforcement bodies and detaining authorities with respect to the administration and enforcement of immigration legislation where such sharing of information may not put the individual and or his/her family at risk. Information may also be systematically validated by other Canadian government institutions under the terms of an agreement or arrangement for the purposes of validating status and identity to administer their programs. If you are required to provide biometric information to accompany your application, the fingerprints collected will be stored and shared with the RCMP and the fingerprint record may also be disclosed to law enforcement agencies in Canada in accordance with subsection 13.11 of the Immigration and Refugee Protection Regulations. This information may be used in relation to an offence under any law of Canada or a province for the purposes of establishing or verifying the identity of an individual, or to establish or verify the identity of an individual whose identity cannot reasonably be otherwise established or verified because of physical or mental condition.

The information you provide to CIC will be stored in the Personal Information Bank (PIB) CIC PPU (039 and 054). If you are required to provide biometric information, your fingerprints shared with the RCMP will be stored in the PIB CMP PPU 030. Individuals have a right to protection of and access to their personal information stored in each corresponding PIB in accordance with the Privacy Act and the Access to Information Act. Details on these matters are available at the Infosource website (<http://infosource.gc.ca>) and through the CIC Call Centre. Infosource is also available at public libraries across Canada.

Validate

全ての入力完了しましたら上記「Validate」をクリックしてください

下部にバーコードが表示されました書類作成が完了となりますのでファイルの保存をお願いします。

※未入力部分があるとエラーとしてエラー箇所が表示されます。