花蓮縣花蓮市中華國民小學幹事職務代理人甄選報名表

收件編號： (本校填寫)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 英文姓名  (姓氏在前) | | | |  | | | | | 性  別 | |  | | | 請  貼  照  片 | | | | | |
| 國民身  分證統  一編號 |  | | | | | | 出生日期 | | | |  | | | | | | | | | |
| 護照  號碼 |  | | | | | | 外國國籍(如  無外國國籍， 請註明  「無」) | | | | 無 | | | | | | | | | |
| 通訊處 | 戶籍地 | | |  | | | | | | | | | | | | | | | | | 電  話  號  碼 | | | 住宅：  手機： | | |
| 現居住所 | | |  | | | | | | | | | | | | | | | | |
| 電子郵件信  箱 | | |  | | | | | | | | | | | | | | | | |
| 學 歷 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 學校名稱 | | | 院(科)系 | | | | | 修業年限 | | | | | | | 畢  業 | | 結  業 | 肄  業 | 教育程度  (學位) | | | | | | 證書日期文號 | |
| 起(年、月) | | | | 迄(年、月) | | |
|  | | |  | | | | |  | |  | |  |  | |  | |  |  |  | | | | | |  | |
|  | | |  | | | | |  | |  | |  |  | |  | |  |  |  | | | | | |  | |
| 工 作 經 歷 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 服務機關(構) | | | | | | 職稱 | | | | | | 服務期間 | | | | | | | | | | | 服務證明書名稱 | | | |
|  | | | | | |  | | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | |  | | | | | |  | | | | | | | | | | |  | | | |
|  | | | | | |  | | | | | |  | | | | | | | | | | |  | | | |
| 專 長 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 專長項目 | | 證照名稱 | | | 生效日期 | | | | | | | | | 證件日期文號 | | | | | | | | 認證機關 | | | | 專長描述 |
| 年 | | | | 月 | | | 日 | |
|  | |  | | |  | | | |  | | |  | |  | | | | | | | |  | | | |  |
|  | |  | | |  | | | |  | | |  | |  | | | | | | | |  | | | |  |
| 身心障礙註記(無則免附) | | | | | | | | | | | | | | 原住民族註記(無則免附) | | | | | | | | | | | | |
| 障礙類別 | |  | | | 障礙等級 | | | |  | | | | | 族別 | | | | | | | |  | | | |  |
| 繳交證件：※請依序裝訂【一律以A4紙張填寫列印】  1、□報名表(含相片、簡要自述)1份。  2、□國民身分證正反面影本1份。  3、□最高學歷畢業證書影本1份。  4、□具結書1份。  5、□查閱性侵害犯罪加害人登記檔案同意書1份。  6、□工作經驗證明影本(無則免附)。  7、□身心障礙手冊(無則免附)。  8、□其他證明文件。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※是否有配偶、三親等以內血親、姻親等關係人員在本校服務 □無 □有（姓名： ） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※以上資料如虛報不實，願自負法律責任。 報名者簽章： | | | | | | | | | | | | | | | | | | | | (請簽章) 年 月 日 | | | | | | |
| 資格審查：□合格 □不合格 審核人簽章： | | | | | | | | | | | | | | | | | | | | | | | | | | |

註：本表如不敷使用，請自行延長。