**金門縣政府社會處113年育兒業務約用人員職務代理人甄試報名表**

報名日期： 年 月 日

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| 姓名 | | | |  | | | | | 出生日期 | | | | 年 月 日 | | | | | | | |
| 身分證字號 | | | |  | | | | | 性別 | | | | □男□女 □其他 | | | | | | | |
| 通訊處 | | | |  | | | | | | | | | 電話 | | | (O)  (H)  (行動電話) | | | | |
| 電子郵件 | | | |  | | | | | | | | | | | | | | | | |
| 應徵職缺 | | | | * 育兒業務約用人員（職務代理人） | | | | | | | | | | | | | | | | |
| 國民身分證影本粘貼處(正面)  影印本務須清晰  粘貼不可超出欄外 | | | | | | | | | | 國民身分證影本粘貼處(反面)  影印本務須清晰  粘貼不可超出欄外 | | | | | | | | | | |
| 報名者填寫 | | | | | | | | | | | | | | | | | 主辦考試機關審查 | | | |
| 資歷審查 | 項目 | | | | | | | | | | | | | | | | 審查結果 | | | 分數 |
| 學歷 | | | | | | | |  | | | | | | | |  | | |  |
| 服務年資 | 現職/年資（年月日～） | | | | | | |  | | | | | | | |  | | |  |
| 經歷/年資  （年月日～年月日） | | | | | | |  | | | | | | | |  | | |
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| 專技高考證照字號 | | | | | | | |  | | | | | | | |  | | |  |
| 繳驗證明 | | | | | | | | | | | | | | | | | 加總 | | |  |
| □畢業證書(相關證明) □服務年資證明□專技高考證照 | | | | | | | | | | | | | | | | |
| 家 屬 | | | | | | | | | | | | | | | | | | | | |
| 稱謂 | | | | | 姓名 | | | | | | | 職 業 | | | | | | | | |
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| 兵 役 | | | | | | | | | | | | | | | | | | | | |
| 役 別 | | |  | | | | 軍 種 |  | | | | | | 官(兵)科 | | | | |  | |
| 退 伍  軍 階 | | |  | | | | 服 役  期 間 | 起：民國　　　年　　月　　日  迄：民國　　　年　　月　　日 | | | | | | 退伍令  字號 | | | | |  | |
| 身心障礙註記 | | | | | | | | | | | 原住民族註記 | | | | | | | | | |
| 種類 | | | | | | 等級 | | | | | 身分別 | | | | | | | 族別 | | |
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| 簡 要 自 述 | | | | | | | | | | | | | | | | | | | | |
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| 填 表 人 | |  | | | | | | | | 填表日期 | | | | | 年 月 日 | | | | | |