**金門縣政府社會處約用職業安全衛生專責人員甄選**

**報名表**

**編號：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | | **身分證字號** | | |  | | | | |
| **出生年月日** | | | **民國　　年　　月　　日** | | | | | **性別** |  | | | |
| **聯絡電話** | | **住家：　　　　　　　行動電話：** | | | | | | | | | | |
| **通訊地址** | |  | | | | | | | | | | |
| 國民身分證黏貼處（正面） | | | | | | | 國民身分證黏貼處（背面） | | | | | |
| **學歷** | **學校名稱（全銜）** | | | | | **科系名稱** | | | | | **畢業年月** | |
|  | | | | |  | | | | | **年　　　月** | |
|  | | | | |  | | | | | **年　　　月** | |
| **經歷** | **服務機關名稱（全銜）** | | | | | **職務名稱** | | | | | **服務年資** | |
|  | | | | |  | | | | | **年　　　月** | |
|  | | | | |  | | | | | **年　　　月** | |
| **審查結果** | | | | | | **口試** | | | | **口試成績** | | **備註** |
| **書面成績：**  **□合格**  **□不合格** | | | | **審查人員簽章** | | **到考** | **缺考** | | |  | |  |
|  | |  |  | | |