**新北市政府非編制人員甄選報名表**

應徵職務：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 英文姓名  (姓氏在前) | | | | |  | | | 性別 | | | | | |  | | | |
| 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」) | | | | |  | | | | | | | | | | | | |
| 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 | | | 院系科員 | | | | | 修業年限 | | | | | | 畢業 | | 結  業 | 肆業 | | | 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 | | | | | |
|  | | | | | |  | | | | | |  | | | | | | |  | | | | | |
|  | | | | | |  | | | | | |  | | | | | | |  | | | | | |
|  | | | | | |  | | | | | |  | | | | | | |  | | | | | |
|  | | | | | |  | | | | | |  | | | | | | |  | | | | | |
|  | | | | | |  | | | | | |  | | | | | | |  | | | | | |
| **外 國 語 文** | | | | | | | | | | | | | | | | | | | | | | | | |
| 語文類別 | | | | | | 分數／等級 | | | | | | 證書字號 | | | | | | | | | | 備註 | | |
|  | | | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | | | | | |  | | | | | |  | | | | | | | | | |  | | |
|  | | | | | |  | | | | | |  | | | | | | | | | |  | | |
| **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 |
|  | |  | | |  | | | |  | | |  |  | | | | |  | | | | |  | |
|  | |  | | |  | | | |  | | |  |  | | | | |  | | | | |  | |
|  | |  | | |  | | | |  | | |  |  | | | | |  | | | | |  | |
|  | |  | | |  | | | |  | | |  |  | | | | |  | | | | |  | |
| **自 傳** | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | |
| 繳交證件：□國民身分證影本□學經歷及相關證照影本□身心障礙者手冊影本□其他 | | | | | | | | | | | | | | | | | | | | | | | | |
| 報名者簽章： | | | | | | | | | | | | | | | | | | | | | | | | |
| **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。