**行政院農業委員會家畜衛生試驗所臨時人員/計畫助理甄選報名表**

**臨時人員請填寫報考工作職缺項號** 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | |  | | | | | | | |
| 通訊處 | 戶籍地 | | |  | | | | | | | | | | | | | 電話號碼 | | 住宅： | | | |
| 現居地址 | | |  | | | | | | | | | | | | |
| 電子郵件信箱 | | |  | | | | | | | | | | | | | 手機： | | | |
| **學歷** | | | | | | | | | | | | | | | | | | | | | | |
| 學校名稱 | | | 院系科 | | | 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 | | | | | | | | 服務證書名稱 | | | | | |
|  | | | | | |  | | |  | | | | | | | |  | | | | | |
|  | | | | | |  | | |  | | | | | | | |  | | | | | |
|  | | | | | |  | | |  | | | | | | | |  | | | | | |
|  | | | | | |  | | |  | | | | | | | |  | | | | | |
|  | | | | | |  | | |  | | | | | | | |  | | | | | |
| **外國語文** | | | | | | | | | | | | | | | | | | | | | | |
| 語文類別 | | | | | | 分數/等級 | | | 證書字號 | | | | | | | | | | | 備註 | | |
|  | | | | | |  | | |  | | | | | | | | | | |  | | |
|  | | | | | |  | | |  | | | | | | | | | | |  | | |
|  | | | | | |  | | |  | | | | | | | | | | |  | | |
| **證照、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** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| 必繳交證件：國民身分證影本、學經歷、3個月內醫院健康檢查證明（含X光檢查）、相關證照影本（無則免）、身心障礙證明影本（無則免）  其他： | | | | | | | | | | | | | | | | | | | | | | |
| 報名者簽章： | | | | | | | | | | | | | | | | | | | | | | |

註：本表如不敷使用，請自行延長