附件2

陕西省第一届职业技能大赛选手报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 参赛项目 |  | | | | | | | | | | | | | | | | | |  | | | | | |
| 姓 名 |  | | | | 性 别 | | | | |  | | | | | | | | |
| 出生日期 |  | | | | 民 族 | | | | |  | | | | | | | | |
| 户籍所在地 |  | | | | 政治面貌 | | | | |  | | | | | | | | |
| 专业及学历 |  | | | | | | | | | | | | | | | | | |
| 职业（工种）  名称 |  | | | | 职业资  格等级 | | | | |  | | | | | | | | | 专业技  术等级 | | |  | | |
| 工作单位/  就读院校 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 缴纳职工养老保险满一年以上 | 🞎是 🞎否 | | | | | | | | | 学习满一年 | | | | | | | | | 🞎是 🞎否 | | | | | |
| 身份证号码 |  |  |  |  | |  |  |  | | |  |  |  | |  |  |  | | |  |  |  |  |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 |  | | | | | | | | 手机号码 | | | | | | | | |  | | | | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证图片 | 国徽面 | | | | | | | | | | | | | 人像面 | | | | | | | | | | |
| 本人所在单位  推荐意见 | 签字 （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 市（区）人社部门推荐意见 | 签字 （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |