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| **彰化縣衛生局急性失能老人整合資源運用之家庭照顧服務需求計畫甄試報名表**   |  | | --- | | **資格審查結果：□符合□不符合（請勿勾選）** | | | | | | | | | | | | |
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| **報名職務項目** | **單位** | **衛生局** | | **職稱** | | | | **臨時約僱人員** | | | 大頭照黏貼處 |
| **姓名** |  | | | **是否領有身心障礙證明** | | | |  | | |
| **身分證字號** |  | | | **出生日期** | | | **年 月 日** | | | |
| **現職** | **(機構名稱及部門、職稱)** | | | | | | | | | |
| **通訊地址** |  | | | | | | | | | |
| **聯絡電話** |  | | | | **行動電話** | | | |  | | |
| **電子信箱** |  | | | | | | | | | | |
| **緊急聯絡人姓名** |  | | | | | **緊急連絡人電話** | | | |  | |
| **最高學歷(含科系)** | **學校名稱** | | | | | **院系科別** | | | | | **畢業年月** |
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|  | **服務單位** | | **職稱** | | | **主要工作內容** | | | | | **起訖日期** |
| **相關照護工作之經歷** |  | |  | | |  | | | | |  |
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| **專業證照** | **證照名稱** | | | | **等級** | | | | **發照機構** | | **證照號碼** |
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| **自傳** |  | | | | | | | | | | |
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| **填寫人簽章:** | | | | | | | | | | | |

備註：

1.本報名表之考試、專業證照等欄無資料者免填。

2.本報名表請填妥後併同相關證件資料由本人親持或掛號寄送至彰化縣衛生局長期照護科。