**國立海洋科技博物館專案計畫人員應徵報名表**

（本表共二頁請詳實填寫）

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| 應徵職稱 | | 計畫人員(船長) | | | | | | | | | | | （請貼最近三個月  內照片） | | |
| 姓名 | |  | | | | 性別 | | | |  | | |
| 身分證  字號 | |  | | | | 出生  日期 | | | | 年 月 日 | | |
| E-mail | |  | | | | 手機 | | | |  | | |
| 戶籍地址 | |  | | | | | | | | | | |  | | |
| 通訊地址 | | □同戶籍地址 | | | | | | | | | | |
| 國籍 | | □本國籍 □外國籍 □兼具外國籍 國名: 護照號碼: | | | | | | | | | | | | | |
| 連絡電話 | | 宅: 公: | | | | | | | | 緊急通知人及電話 | | |  | | |
| 最高學歷 | | 起訖年月: | | | | | | | | | | | | | |
| 經歷 | 服務機關 | | | 職稱 | | 主要工作內容 | | | | | | | 起訖年月 | | |
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| 專長證照 | 證照名稱 | | | 生效日期 | | 認證機關 | | | | | | | 證照字號 | | |
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| 身體狀況 | | 1.身高： | | 2.體重： | | 3.視力： □正常 □近視 度 | | | | | | | | | |
| 嗜好 | |  | | | | 專長 | |  | | | | | | | |
| 是否領有身心障礙手冊 | | □是,並附證明文件 □否 | | | | 原住民  身分別 | | □是( 族) □否 | | | | | | | |
| 家庭狀況  （含兄弟  姊妹） | | 稱謂 | 姓名 | | 年齡 | 職業 | | | 稱謂 | | | 姓名 | 年齡 | 職業 |
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| 身分證正反面影本   |  |  | | --- | --- | | 身分證影印本黏貼處  (正面) | 身分證影印本黏貼處  (反面) | | | | | | | | | | | | | | | |
| 填表人  簽名 | |  | | | | | 填寫日期 | | | | 年月日 | | | |