流山市　スクールソーシャルワーカー登録申請書兼履歴書

No.

令和　　年　月　日現在

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|  | | | 印 | | | | | | | | | | | 性別 | | |  | | | | 直近３か月以内に撮影した写真を貼付してください。  （必須） | |
| 現住所 | | | 〒 | | | | | | | | | | | | |  | | | | |
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| 連絡先 | | | (自宅) | | | | | | | | | (携帯電話) | | | | | | | | | | |
| (emailアドレス) | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | ㍼・㍻　　　　　　　年　　月　　日 | | | | | | | | | | | | | | 年齢 | | | 歳 | | |
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| 年 | | 月 | | 学歴（中学校から記載）・職歴 | | | | | | | | | | | | | | | | | | |
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| 資格の有無 | | | | | | 登録No. | | | 取得または取得予定年月日 | | | | | | | | | | | | | |
| 社会福祉士 | | | | | |  | | |  | | | | | | | | | | | | | |
| 精神保健福祉士 | | | | | |  | | |  | | | | | | | | | | | | | |
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| 趣味・特技等（スポーツ・文化等） | | | | | | | | | | | | | | | | | | | | | | |
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| 健康状態 | | | | | | | | | | | | | | | | | | | | | | |
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| 社会保険加入状況（直近の状況を記載） | | | | | | | | | | | | | | | | | | | | | | |  |
| 社会保険名 | | | | | 加入状況 | | | 加入期間 | | | | | | | | | | | | | | |
| 健康保険 | | | | | □本人加入  □扶養 □国保 | | | 年　月　日から　　年　月　日 | | | | | | | | | | | | | | |
| 年金  (□受給中) | | | | | □国民年金  □厚生年金 | | | 年　月　日から　　年　月　日 | | | | | | | | | | | | | | |
| 雇用保険 | | | | | □加入(直近の加入含む)  □未加入 | | | 年　月　日から　　年　月　日 | | | | | | | | | | | | | | |
| 家族の状況 | 氏名 | | | | | | 続柄 | 年齢 | | | 同居・別居 | | | | | | | 職業・勤務先等 | | | | |
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| **応募内容** | 勤務可能日 | | | | | | 月 | | | 火 | | | 水 | | | | | | 木 | | | 金 |
|  | | |  | | |  | | | | | |  | | |  |
| 本人希望記入欄 | | | | | |  | | | | | | | | | | | | | | | |
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注意　ボールペン又は万年筆で記入してください。

※提出いただいた個人情報は、流山市の採用目的にのみ利用し、事前の同意

なく第三者への開示はいたしません。