流山市　ＩＣＴサポーター　申込書

No.

年　月　日現在

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | |  | | | | | | | | | | 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） | |
| 本籍 | | |  | | | | | | | | | | | | 都　道  府　県 | | | |
| 現住所 | | | 〒 | | | | | | | | | | | | | | | | | |
| 連絡先 | | | (自宅) | | | | | | | | | (携帯電話) | | | | | | | | |
| (emailアドレス) | | | | | | | | | | | | | | | | | |
| 生年月日 | | | ㍼・㍻　　　　　　　年　　月　　日 | | | | | | | | | | | | | 年齢 | | 歳 | | |
|  | | |  | | | | | | | | | | |  | | | |  | | |
| 年 | | 月 | | 最終学歴・職歴・賞罰（項目別にまとめて書く。） | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | |
| 資格・免許等の  取得状況 | 名称 | | | | | | | 種別 | | | | 取得または取得予定年月日 | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | |
|  | | |  | | |  | | | | | | | | | | | | | | |
| 趣味・特技等 | | | | | | 志望の動機 | | | | | | | | | | | | | | |
|  | | | | | |
| 健康状態 | | | | | |
|  | | | | | |
| 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 | | | |
|  | | | | | |  | |  | |  | | | | | |  | | | |
|  | | | | | |  | |  | |  | | | | | |  | | | |
|  | | | | | |  | |  | |  | | | | | |  | | | |
|  | | | | | |  | |  | |  | | | | | |  | | | |
|  | | | | | |  | |  | |  | | | | | |  | | | |
| **応募内容** | 希望勤務形態  (複数回答可) | | | | | | * 週２日 　□月１２日以内 　□週３日 * 週４日 　□週５日 　□いずれも可 | | | | | | | | | | | | | |
| 希望職種 （第３希望まで）  （※）募集案内に掲載している職種から希望するものを記載願います。 | | | | | | 第1希望 | | |  | | | | | | | 希望課名 | | |  |
| 第2希望 | | |  | | | | | | | 希望課名 | | |  |
| 第3希望 | | |  | | | | | | | 希望課名 | | |  |
| 本人希望記入欄（勤務時間・勤務に際しての留意事項等） | | | | | | | | | | | | | | | | | | | |

希望する課がある場合に記載

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。