流山市　学校図書館司書　申込書

No.

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） |
| 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 | |
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| 年 | | 月 | | 最終学歴・職歴・賞罰（項目別にまとめて書く。） | | | | | | | | | | | | | |
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| 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 | | | | | | | |
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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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| **志望動機等** | 志望の動機 | | | | | | | | | | | | | | | | |
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| 本人希望記入欄（勤務時間・勤務に際しての留意事項等） | | | | | | | | | | | | | | | | |

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。