佐井村地域おこし協力隊申込書

平成３０年　　月　　日

佐井村長　樋　口　秀　視　様

　　　　　　　　　　　　　　　　　　　　　　住　所

応募者

　　　　　　　　　　　　　　　　　　　　　　氏　名　　　　　　　　　　　　　　　印

佐井村地域おこし協力隊の募集条件を承諾のうえ、次のとおり応募します。

写真を貼る位置

1.縦36～40ｍｍ

　横24～30ｍｍ

2.本人単身胸から上

3.裏面にのりづけ

4.裏面に氏名記入

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| ふりがな |  | | | | |  |
| 氏名 |  | | | | |  |
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| 生年月日 | 昭和・平成  年　　月　　日生 | 性　別 | | 男　・　女 | |  |
| ふりがな |  | | | | | 電話（　　　　　）  　　　― |
| 現住所 | 〒  〔Ｅ－mail　　　　　　　　　　　　　　　　　　　　　　　〕 | | | | |
| 携帯電話 |
| 家族構成 | 配偶者　（　有　・　無　） | | 扶養者　（　有　・　無　）　（　　　）人 | | | |
| 学歴  （最終学歴） |  | | | | 卒業年月 | |
| 年　　月 | |
| 職歴 | 会　社　名 | | 主な職務内容 | | 期　　間 | |
|  | |  | | 年　月～ 　年　月 | |
|  | |  | | 年　月～ 　 年　月 | |
|  | |  | | 年　月～　 年　月 | |
| 資格・免許等 | ・普通自動車運転免許　　□有 (□ＡＴ限定 / □ＭＴ)　□無　□取得予定(　　月　　日頃 )  ・インターネット、パソコン関連の資格（　　　　　　　　　　　　　　　　　　　　　　　）  ・その他（　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　）  ※該当するものに☑をつけてください。 | | | | | |
| 健康状態 | アレルギー、持病など健康上の特記すべき事項があれば記入ください。 | | | | | |
|  | | | | | |
| 特技・趣味、  自己ＰＲ等 |  | | | | | |
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* 申込書に記載された個人情報は、個人情報保護法に基づき厳正に管理します。　　　　　　裏面につづく

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| 地域おこし協力隊に活かしたい私の能力と応募動機 | | | | | | | | | | | | | | | | | | | | | | | | |
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