**臺南市永康區永康國小附設幼兒園**

**110年度9-12月特教學生助理人員甄選報名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | （簽章） | 性  別 |  | | 出　生  年月日 | 年 月 日 | | | | | | | | | | 身分證號　碼 | |  | | | 照  片 | |
| 聯絡  地址 | 縣（市）　鄉（鎮）　　里　鄰　　　街（路）　段　巷　弄　　號　樓 | | | | | | | | | | | | | | | | | | | |
| 電話 | 公：　　　　　宅：  行動電話： | | | | | | e-mail | | | |  | | | | | | | | | |
| 學  歷 | 學校名稱 | 系所 | | | | | 修業年月 | | | | | | | | | | 教育程度  （學位） | | 證書字號 | | | |
| 起 | | | | | 訖 | | | | |
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| 經  歷 | 機關名稱 | | | 職稱 | | | | 服務年月 | | | | | | | | | 擔任工作 | | | 卸職原因 | | 備註 |
| 起 | | | | | 訖 | | | |
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| 身  份  別 | **□本校身心障礙學生家長**  **□本校一般生學生家長**  **□本校現任志工媽媽**  若為以上身份，請註明學生姓名：\_\_\_\_\_\_\_\_\_\_\_\_ 就讀班級：\_\_\_\_\_\_年\_\_\_\_\_\_\_班  **□其他\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | |
| 簡  要  自  述 |  | | | | | | | | | | | | | | | | | | | | | |