附件1

第二届丽水经开区“技绽人生，助力共富”技能大赛参赛选手报名表

时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性 别 | | | | | | |  | | | | | 2寸免冠照片 | | | | | |
| 出生日期 |  | | | | | 民 族 | | | | | | |  | | | | |
| 政治面貌 |  | | | | | 文化程度 | | | | | | |  | | | | |
| 原职业（工种） |  | | | | | 原技术等级  （技能水平） | | | | | | |  | | | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  |  | |  |  |  | |  |  | |  | |  |  | |  |  |  |  |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话（座机） |  | | | | | | | | | 手机号码 | | | | |  | | | | | | | | |
| 参赛工种 |  | | | | | | | | | | | | | | | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| 是否已获得市首席技师同等或以上技能类荣誉 |  | 是否已获得市级技术能手 | |  |
| 选手承诺：本人承诺，上述填写信息真实、准确、有效，如因本人隐瞒或伪造导致有不宜参赛的情形，本人愿承担相应的责任，并接受大赛组委会的处理决定。  选手签名：  时间： 年 月 日 | | | | |
| 身份证复印件粘贴处 | | | | |
|  | | |  | |
| 所在单位  意见 | 签字盖章  年 月 日 | | | |