井川町地域おこし協力隊 応募用紙

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| 令和 |  | 年 |  | 月 |  | 日 |

井　川　町　長　　様

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| 応募者 | 住所 |  |
|  | 氏名 |  |

井川町地域おこし協力隊の応募条件を承諾の上、次のとおり応募します。

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| ふりがな | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （証明写真）  たて40mm×  よこ30mm  3ヶ月以内撮影  したもの | | |
| 氏名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※海外国籍者は英字・母語で記入。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | 昭和・平成 | | | | | | | |  | | | | | | | 年 | |  | | | | | 月 | |  | | | 日 | | （ | | |  | | | 歳） | | | | |
| 性別 | | 男 | | ・ | | 女 | | | | | 出身地  (本籍) | | | | | | |  | | | | | | | | | | 都道  府県 | | | |  | | | | | | | 市区  町村 | | |
| ※海外出身の場合は国名 | | | | | | | | | |
| ふりがな | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現住所 | | 〒 |  | | | | － | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 家族構成 | | 【配偶者】 | | | | | | 有 | | | | ・ | | | 無 | | | | | 【子供】 | | | | | | | 有 | | | （ | | |  | | 人） | | | ・ | | 無 | | | | |
| 連絡先 | | 電話番号 | | |  | | | | | | | | | － | |  | | | | | | － | | |  | | | | | | | | | | | | | | | | | | | |
| 携帯電話 | | |  | | | | | | | | | － | |  | | | | | | － | | |  | | | | | | | | | | | | | | | | | | | |
| E-mail | | |  | | | | | | | | | | | | | | | ＠ | | |  | | | | | | | | | | | | | | | | | | | | | |
| 1. 学歴（高等学校以上の学歴について古いものから記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 学校名 | | | | | | | | | | | | | | | | | | | | 学部・学科名 | | | | | | | | | | | | | | | 期　　　間 | | | | | | | | |
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| ②　職歴（自営も含め古いものから記入してください。欄が不足する場合は直近５社を記入ください。） | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 会社名等 | | | 主な職務内容 | | 役職 | | | | | 勤務地 | | | | 期　　間 | | | | | | | | | | |
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| ③　現在取得している資格・免許等 | | | | | | | | | | | | | | | | | | | | | | | | | |
| （１）運転免許 | | 有 | （ＡＴ限定・ＭＴ） | | | ・ | | 無 | | | | | ※自家用車 | | | 有 | | | | | ・ | | 無 | | |
| （２）その他の資格・免許 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ④　パソコン等のスキル（使えるソフト等にチェックを入れてください） | | | | | | | | | | | | | | | | | | | | | | | | | |
| Word  Excel  PowerPoint Photoshop Illustrator | | | | | | | | | | | | | | | | |  | | |  | | | | | |
| その他 （ ） | | | | | | | | | | | | | | | | | |  | | | | | | | ） |
| SNS系　Twitter Facebook Instagram  TikTok その他（ | | | | | | | | | | | |  | | | | | | | | | | | | | ） |
| ⑤　趣味・特技・技術・技能・ボランティア等自主活動経験 | | | | | | | | | | | | | | ※これまでの活動等に関しての記事や実績資料などあれば複写物等を添付してください。 | | | | | | | | | | | |
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| ⑥　あなたの健康状態について | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 健康状態は良好ですか | | | | はい | | ・ | | | いいえ | | | | | | | | | | | | | | | |
|  | 持病はありますか | | | | はい（病名 | | | |  | | | | | | | | | | | ）　・ | | | | いいえ | |
| ⑦　志望動機（２００字以内） | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ⑧　自己ＰＲ（２００字以内）　※ＰＲに関する資料などあれば複写物を添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | |
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記入いただいた個人情報は、本選考外の目的には使用しません。本書記入はパソコン入力、手書き問いません。