**附件2**

**全国家政服务业职业技能竞赛**

**山东省选拔赛候选人申报表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | **性别** |  | | **民族** | |  | | **文化程度** | |  | | | **照片** |
| **身份证号码** | | |  | | | | | | **政治面貌** | | |  | | | |
| **累计从事该项服务时间（年）** | | | | |  | | | **服务客户数量（个）** | | | | | |  | |
| **申报专业(在框内划“√”)** | | **□母婴护理**  **□养老护理** | | | | **手机号** | |  | | | | | | | |
| **微信号** | |  | | | | | | | |
| **所在单位** |  | | | | | | **联系人** | | |  | | **联系电话** | | |  | |
| **个人**  **简历** | **（可附页）** | | | | | | | | | | | | | | | |
| **2018至2019年**  **获得荣誉** | **（可附页）** | | | | | | | | | | | | | | | |
| **所在单位意见** | **内容属实，同意申报。**  **（盖章）**  **年 月 日** | | | | | | | | | | | | | | | |
| **组委会**  **意见** | **同意申报！**  **（盖章）**  **年 月 日** | | | | | | | | | | | | | | | |

**填表日期： 年 月**