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| 附加3 **维修高技能人才登记表** | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | | |  | | | 出生 |  | | | 族别 | | | | | |  | | | |
| 毕业院校 |  | | | | | |  | | |  | 毕业时间 | | |  | | | | | | | | | |
| 最高学历 |  | | | | | | 学位 | | |  | 联系方式 | | |  | | | | | | | | | |
| 技术职称 |  | | | | | | | | | | 取得时间 | | |  | | | | | | | | | |
| 职业技等级 |  | | | | | | | | | | 取得时间 | | |  | | | | | | | | | |
| 从业资格证书名称 |  | | | | | | | | | | 取得时间 | | |  | | | | | | | | | |
| 身份证号 |  | | | | | | | | | | 户口所在地 | | |  | | | | | | | | | |
| 家庭住址 |  | | | | | | | | | | 籍贯 | | |  | | | | | | | | | |
| 现工作单位 |  | | | | | | | | | | | | | | | | | | | | | | |
| 单位性质 | □国有企业 □民营企业 □科研院所 □大专院校 □行业协会 □政府机构□其他\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | | | | | | | | | |
| 所属行业 |  | | | | | | | | |  | | | |  | | | | | | | | | |
| 专业领域 |  | | | | | | | | | 从事专业年限 | | | |  | | | | | | | | | |
| 技能专长 | 机械修理 | 电器修理 | 电子修理 | 仪器仪表维修 | 空调维修 | | 阀门维修 | 电气焊维修 | 矿用防爆（电气）设备检修 | 数控机床装调维修技师 | 设备点检 | 维修电工  技师 | 机修钳工技师 | 电气设备安装与维修 | 机电设备应急抢修 | 带压密封操作技师 | 其他 | | -- | -- | | -- | |
|  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  | |  |  | |
| 参加技能培训 | 起止时间 | | | | | 学校及获得证书时间 | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
| 工作简历 | 起止时间 | | | | | 单位名称及所从事的工作、职务或职称 | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | | | | | | | | | | | | | | | |
| 个人技能描述 |  | | | | | | | | | | | | | | | | | | | | | |
| 维修领域 |  | | | | | | | | | | | | | | | | | | | | | |
| 服务区域 |  | | | | | | | | | | | | | | | | | | | | | |
| 职业技能大赛  获奖情况 |  | | | | | | | | | | | | | | | | | | | | | |
| 论文或专著 |  | | | | | | | | | | | | | | | | | | | | | |
| 主要业绩及  获奖情况 |  | | | | | | | | | | | | | | | | | | | | | |
| 说明：此表格是配合中机维协人才库建设，对专家人才个人基本情况调查，为协会建立服务行业和企业提供准确数据信息的基础依据，请填表人认真准确填报，并于4月5前提交协会秘书处。如在填报中有问题或有合理化建议的，请及时联系我们，感谢您对协会工作的支持！工作联系人：联系电话：王桂萍 18611709227；郑永久 | | | | | | | | | | | | | | | | | | | | | | |