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| 附件4. 区域服务人才登记表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |  | | | | | | | | |
| 区域服务能力（专家及技能人才专长资源） | | 设备管理与维修社团人员 | 制造类大型企业设备管理 | 通用设备设施系统技术服务 | | 大型社会化维改企业主管 | 相关技术与管理知名专家 | | | 其他 | -- | -- | | -- | -- | | -- | -- | | | -- | - | | -- | -- | -- | | -- |
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| 参加技能  培 训 | 起止时间 | | | | | | | 学校及获得证书时间 | | | | | | | | | | | | | | | | | | | | |
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|  |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 工作简历 | 起止时间 | | | | | | | 单位名称及所从事的工作、职务或职称 | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| 个人业务特长描述 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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，并按时提交。如在填报中有问题或对此项工作有合理化建议的，请及时联系我们，工作联系人：王桂萍；联系电话：18611709227 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |