填表日期：2016/ /

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| 姓名： | | | 性別： | | | | 生日： 年 月 日 | | | (照片) | |
| 聯絡電話： | | | | | 行動電話： | | | | |
| 通訊地址： | | | | | | | | | |
| E-mail: | | | | | | | | | |
| 身心障礙程度 / 障別： | | | | | | | | | | | |
| 教育（進修）簡歷 | 學校（單位）名稱 | | | 在校期間 | | | | 系別 | | 備註 | |
| 起 | 迄 | | |
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| 工作經歷 | 曾擔任工作職位 | | | | | | | | | 工作期間 | |
| 起 | 迄 |
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| 通曉語言 | 語 文 | 聽 | | | | 說 | | | 讀 | 寫 | |
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| 行政專長 | **《電腦專業》**  **《行政專業》** | | | | | | | | | | |
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| 持有之證照 |  | | | | | | | | | | |

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| 中 文 自 傳 |
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