**2023年海峽兩岸暨香港、澳門大學生暑期湖南實習計畫報名表**

**請詳細填寫下列表格，[填寫完畢請以Word檔回傳至cyea2001@gmail.com](mailto:填寫完畢請以Word檔回傳至internchina105@gmail.com)，檔名為【報名】2023暑期湖南實習－校名姓名，範例：【報名】2023暑期湖南實習－ＯＯ大學王ＸＸ）**

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| 基本資料 | | | | | | | | | | | | | | | | | | | | | |
| 中文姓名 | |  | | | | | 性別 | | | |  | | 血型 | |  | | | （電子照片） | | | |
| 護照英文姓名 | |  | | | | | 出生日期 | | | | (yy/mm/dd) | | | | | | |
| 行動電話 | |  | | | | | 電子信箱 | | | |  | | | | | | |
| Line | |  | | | | | 微信 | | | |  | | | | | | |
| Facebook | |  | | | | | | | | | | | | | | | |
| 戶籍地址 | |  | | | | | | | | | | | | | | | |
| 通訊地址 | |  | | | | | | | | | | | | | | | |
| 專長 | |  | | | | | | | | | | | | | | | |
| 教育程度 | | | | | | | | | | | | | | | | | | | | | |
| 學校名稱 | | | | | 科/系/所 | | | | 修業期間 | | | | | | | 學制 | | | 日夜 | | 畢/肄 |
| 大學 |  | | | |  | | | | (yy/mm/dd~yy/mm/dd) | | | | | | |  | | |  | |  |
| 高中 |  | | | |  | | | | (yy/mm/dd~yy/mm/dd) | | | | | | |  | | |  | |  |
| 工作經歷 | | | | | | | | | | | | | | | | | | | | | |
| 公司名稱/任職部門 | | | 職務/稱 | | 月/時薪 | | | 工作內容 | | | | 服務期間 | | | | | | | | 離職原因 | |
|  | | |  | |  | | |  | | | | (yy/mm/dd~yy/mm/dd) | | | | | | | |  | |
|  | | |  | |  | | |  | | | | (yy/mm/dd~yy/mm/dd) | | | | | | | |  | |
| 活動/社團/服務經驗 | | | | | | | | | | | | | | | | | | | | | |
| 活動/社團/服務機構 | | | | 擔任幹部/職務 | | | | | 活動/社團/服務內容 | | | | | | | | 期間 | | | | |
|  | | | |  | | | | |  | | | | | | | | (yy/mm/dd~ yy/mm/dd) | | | | |
|  | | | |  | | | | |  | | | | | | | | (yy/mm/dd~ yy/mm/dd) | | | | |
| 技能證照 | | | | | | | | | | | | | | | | | | | | | |
| 證照名稱 | | | | | | 發照單位 | | | | | | | | | | | 證照資格 | | | | |
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| 家庭狀況 | | | | | | | | | | | | | | | | | | | | | |
| 關係 | | | 姓名 | | | | 年齡 | | | | 職業 | | | 服務單位/就讀學校科系 | | | | | | | | |
|  | | |  | | | |  | | | |  | | |  | | | | | | | | |
|  | | |  | | | |  | | | |  | | |  | | | | | | | | |
| 其他資訊 | | | | | | | | | | | | | | | | | | | | | |
| 緊急連絡人/關係 | | |  | | | | | | | | | | | 電話 | | | 手機：  住家： | | | | |
| 選擇實習企業名稱及職稱： | | | | | | | | | | | | | | | | | | | | | |
| 1. | | | | | | | | | | 2. | | | | | | | | | | | |
| 自傳(至少300字) | | | | | | | | | | | | | | | | | | | | | |
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