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|  | |  | | **看 護 職 員 応 募 票** | | | | | | | | | | | | | | | | | | **希望の職種** 下記に○をつけて下さい | | | |
| (写真貼付) | | | | （2024年　　月　　日現在） | | | | | | | | | | | | | | | | | | 看護師　・　助産師 | | | |
| 3cm×4cm | | | |  | | | | | | | | | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | （山梨大学医学部附属病院） | | | | | | | |
| ふりがな | | | |  | | | | | | | | | | | | | | 生年月日 | | 年　　月　　日 | | | | | |
| 氏　　　名 | | | |  | | | | | | | | | | | | | 男・女 | 年　　齢 | | 歳 | | | | | |
| 現　住　所 | | | | 〒 | | | | | | | | | | | | | | 自宅電話 | |  | | | | | |
| 携帯電話 | |  | | | | | |
| e-mailｱﾄﾞﾚｽ | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 学歴・職歴 | 年　月　日 | | | | | | 学歴は高等学校以上を記入する | | | | | | | | | | | | | | | | | | |
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| 家庭状況 | 氏　　　　名 | | | | | | | | | | 続柄 | | | 年齢 | | 職業（勤務先及び職名） | | | | | | | | 同居又は  別居の別 | |
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| （家庭の特殊事情） | | | | | | | | | | | | | | | | | | | | | | | | |
| 心身の  健康状態 | □健康 | | |  | | | | □やや不健康 | | | | （症状 ） | | | | | | | | | | | | | |
| 既往症　健康状態 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 志望の動機 |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 自己ピーアール |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| 将来、どのような看護師を目指したいですか | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| 採用にあたって不安な事を記載して下さい | | | | |  | | | | | | | | | | | | | | | | | | | | |
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| 免許・資格 | 保有免許 | | | | | | | | | | | | | | 特技・資格等 | | | | | | | | | | |
| 准看護師 | | | | | 有 ・ 無 | | | | | | | | |  | | | | | | | | | | |
| 看 護 師 | | | | | 有 ・ 無 | | | | | | | | |
| 助 産 師 | | | | | 有 ・ 無 | | | | | | | | |
| 併願等の有無 | | | | | |  | | | | | | | | | | | | | | | | | 受験日 | | 発表日 |
| 有 | | | 就職　① | | | | | | | | | | | | | |  | |  |
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| 無 | | |  | | | | | | | | | | | | | | | | |
| 宿舎の入寮希望 | | | | | | 希望する　（有料・無料）　・　　　　希望しない | | | | | | | | | | | | | | | | | | | |
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| 連　絡　先 | | | | | | 現在 | | | | 〒 | | |  | | | | | | | | | | | | |
| ℡ | | |  | | | | | | FAX | |  | | | | |
| 卒業後就職 | | | | 〒 | | |  | | | | | | | | | | | | |
| までの間 | | | | ℡ | | |  | | | | | | FAX | |  | | | | |
| 上記の通り相違ありません。（自筆サイン） | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 記　入　要　領 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1．「提出日現在」で記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2．年号は全て西暦にて記載して下さい。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3．「併願等の有無」欄は，助産師学校等に進学を希望する場合，他病院と併願している | | | | | | | | | | | | | | | | | | | | | | | | | |
| 場合は，受験先・受験日・合格発表日を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4．「連絡先」欄は，現在の連絡先と，卒業から入職までの連絡先を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5．この履歴書に係る個人情報については，看護職員を採用することを目的に利用するもので | | | | | | | | | | | | | | | | | | | | | | | | | |
| あり，第三者に提供及び公表はいたしません。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| なお，本学の情報公開・個人情報保護の取扱いについてホームページで公表しております。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. 書類不備の場合には再提出を依頼させて頂く事があります。 | | | | | | | | | | | | | | | | | | | | | | | | | |