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| 面　　接　　カ　　―　　ド（任期付職員） | | | | | | |
| 試験職種 | 診療放射線技師 | | 作成年月日 | 年　　　月　　　日 | | |
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| ふりがな  氏　　名 |  | | 生年月日 | 昭和  平成　　年　　　月　　　日  （満　　歳） | | |
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| 性　　別 | 男　　・　　女 | | |
| １　志望動機 | | | | | | |
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| ２　福島県の県立病院・診療所についてあなたが感じること、考えていること。 | | | | | | |
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| ３　自己紹介(あなたの性格やＰＲしたいこと等) | | | | | | |
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|  | | | 試験職種 |  | | 氏　名 |  |
|  | ４ 学生生活(又は卒業して以降)で打ち込んだこと | | | | | | |
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| ５　最近関心を持ったこととその理由 | | | | | | |
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| ６　趣味 | | | | | | |
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