（第１号様式）

福島県薬事審議会委員応募申込書兼履歴書

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 応募申込年月日 | 令和 | |  | | | | | 年 | | | | |  | | | 月 | | | |  | | | | | 日 | | 写真添付  縦4.0cm × 横3.0cm  程度  デジタル写真可 | | | | |
| ふりがな  氏　　　　　名 |  | | | | | | | | | | | | | | | | | | 性 別 | | | | | |  | |
|  | | | | | | | | | | | | | | | | | |
| 生年月日 | 昭和・平成 | | | | |  | | | | | 年 | |  | | | 月 | |  | | | | | 日 生 | | | |
|  | | | | | | | | | | | | | | | （満 | | | | |  | | | | | 歳） |
| 現住所 | 〒 |  | | | － | | | | |  | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （電話番号 | | | | | | | | | | | | | |  | | | | | | | － | |  | | | | － |  | ） | |
| 現在の職業 | 職　　　業： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 勤務先名称： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 所属・役職： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | 自宅・勤務先・その他（ | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | ） |
| 所在地（現住所と同じ場合は記載不要） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 〒 |  | | | － | | | | |  | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （電話番号 | | | | | | | | | | | | | |  | | | | | | | － | |  | | | | － |  | ） | |
| 最終学歴 |  | | | 年 | | |  | | | | | 月 | |  | | | | | | | | | | | | | | | | | |
| 職　　歴 |  | | | 年 | | |  | | | | | 月 | |  | | | | | | | | | | | | | | | | | |
|  | | | 年 | | |  | | | | | 月 | |  | | | | | | | | | | | | | | | | | |
|  | | | 年 | | |  | | | | | 月 | |  | | | | | | | | | | | | | | | | | |
| 免許・資格 |  | | | 年 | | |  | | | | | 月 | |  | | | | | | | | | | | | | | | | | |
|  | | | 年 | | |  | | | | | 月 | |  | | | | | | | | | | | | | | | | | |
|  | | | 年 | | |  | | | | | 月 | |  | | | | | | | | | | | | | | | | | |
|  | | | 年 | | |  | | | | | 月 | |  | | | | | | | | | | | | | | | | | |
| 応 募 の 動 機 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|
| 審議会等の  委　員　歴 | （県が設置する審議会等の委員歴がある場合は記入してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

（注）必要に応じ、適宜、行を追加等して使用すること。