附件二：

**数字娱乐技术应用师(初级）职业技能培训班**

**报名申请表**

填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个人资料** | | | | | | | | | | |
| 姓 名 |  | 性 别 | |  | | 籍 贯 | |  | 民 族 |  |
| 身份证号 |  | | | | | | | | 出生年月 |  |
| 手 机 |  | | | | | | 微信号码 | |  | |
| 单位名称 |  | | | | | | | | 职 务 |  |
| E-mail |  | | | | | | | | | |
| 收件地址 |  | | | | | | | | | |
| 教育程度 | 学 历 | |  | | 毕业院校 | | |  | | |
| 专 业 | |  | |
| 兴趣爱好 |  | | | | | | | | | |
| **工作经历** | | | | | | | | | | |
| 单位名称 | | | | | 职务 | | | 起止时间 | | |
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**注：请详细填写表内信息，表格所有内容均为必填项，我们承诺将对您提供的所有信息严格保密。**