附件9

**全国技术能手申报表**

**（评选表彰用）**

姓 名

工作单位

人力资源社会保障部

2020年制

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** |  | | | | **性别** | | | | | | |  | | | | | | **照 片** | | | | | | | |
| **出生日期** |  | | | | **民族** | | | | | | |  | | | | | |
| **政治面貌** |  | | | | **文化程度** | | | | | | |  | | | | | |
| **职业（工种）**  **名称** |  | | | | **职业资格等级**  **（职业技能等级）** | | | | | | |  | | | | | |
| **参加工作时间** |  | | | | **从事本职业**  **（工种）时间** | | | | | | |  | | | | | | **邮政编码** | | | |  | | | |
| **工作单位** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **身份证号码** |  |  |  |  | |  |  |  |  | |  | |  |  | |  |  | |  | |  | |  |  |  |
| **通讯地址** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **办公电话（座机）** |  | | | | | | | | | **手机** | | | | |  | | | | | | | | | | |
| **电子邮箱** |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要经历** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | **在何单位学习、工作** | | | | | | | | | | | | | | | | | | | **证明人** | | | | | |
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| **项 目** | **内 容** | **证明人或**  **支撑材料** |
| **获得国家专利情况** |  |  |
| **荣获省部级或以上科技进步奖情况** |  |  |
| **技术革新情况** |  |  |
| **其他绝招绝技或突出贡献** |  |  |
| **职业技能竞赛获奖情况** |  |  |

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| **项 目** | **内 容** | **证明人或**  **支撑材料** |
| **曾获得的荣誉** |  |  |
| **其他获奖情况** |  |  |
| **身份证复印件粘贴处** | | |
| **正面：** | | |
| **背面：** | | |

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| **本人所在基层单位意见** | 签字盖章  年 月 日 |
| **本人所在基层单位上级主管单位或所在地地市级人社部门意见** | 签字盖章  年 月 日 |
| **推荐单位意见** | 签字盖章  年 月 日 |
| **评审**  **意见** | 签字盖章  年 月 日 |