附件2：

**河北省职业技能竞赛裁判员（专家）推荐表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 执裁项目 | |  | | | | | | | | | | | | | | | | | | | | | | | | | 照片 | | | | | | | |
| 姓 名 | |  | | | | | | | 性 别 | | | | |  | | | | | | | | | | | | |
| 出生日期 | |  | | | | | | | 民 族 | | | | |  | | | | | | | | | | | | |
| 政治面貌 | |  | | | | | | | 学　历 | | | | |  | | | | | | | | | | | | |
| 职业（工种）  名称 | |  | | | | | | | 职业资格  等级 | | | | |  | | | | | | | | | | | | |
| 专业技术职务 | |  | | | | | | | 专业技术  等级 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 参加工作时间 | |  | | | | | | | 从事本职业（工种）时间 | | | | |  | | | | | | | | | | | | 从事一线技术技能工作年限 | | | | | |  | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | |  | |  |  | |  |  | | |  |  |  | |  | | |  | | |  | |  | |  | | | |  |  |  | |  |  |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | |  | | | | | | | | 手机号码 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | 服装尺码 | | | | | | | |  | | | | | | |
| 身份证图片 | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 教 育 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 就读院校及所学专业 | | | | | | | | | | | | | | | | | | | | | 学历 | | | | | | | 学位 | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |
| 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 工作单位 | | | | | | | | | | | | | | | | | | | | | 职务 | | | | | | | 证明人 | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | |
| 荣  誉  经  历 | 获奖时间 | | | | | 获奖名称 | | | | | | | | | | | 授予单位 | | | | | | | | | | | | | | 荣誉级别 | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | |
| 职业技能竞赛执裁经历 | 竞赛时间 | | | | 竞赛名称 | | | | | | | | | | | | | | | | | 竞赛等级 | | | | | | | | | 主办单位 | | | |
|  | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | |
| 本人所在单位推荐意见 | 签字　　　　　　盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地区行业组织或人社部门意见 | 签字　　　　　　盖章  　 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |