|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| プレス機械作業主任者技能講習 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 受講希望日 | | | | | | | | | | | | | 令和 | | | |  | | | | | 年 | |  | | | | | 月 | | |  | 日 |
| 受　講　申　込　書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ・この申込書を基に修了証を作成しますので、戸籍に記載さ  　れた文字を正確に記入して下さい。なお、不鮮明な写真で  　は修了証に反映されませんのでご注意ください。  ・本様式は、Ａ４版サイズで提出してください。（感熱紙不可）  ※印欄は記入しないこと。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | * 受付番号 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| * 修了証番号 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| * 修　了　証   交付年月日 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| ふりがな | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ( | | | | | |  | | | | | | | | | | | ) | | 写真貼付 | | | | 写真について  3.0cm×2.4cm  申請前6ヶ月以内に撮影した上三分身正面脱帽、無背景のもの。  （裏面に氏名を記入) | | | | | | | | |
| 氏　　名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ( | | | | | |  | | | | | | | | | | | ) | |
| 修了証に旧姓・通称併記を希望される方は(　)内に記入のこと。詳しくは欄外●参照。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | | | | 昭和　・　平成 | | | | | | | | | |  | | | | | | | | | | | 年 | | | | |  | | | | | | | 月 | | | |  | | | | | | 日生 | | | | | |
| 現　住　所 | | | | | 〒 | | |  | | | | － | |  | | | | | | | | |  | | | | | | | | | | | | | | | TEL | | | | | |  | | | | | | | （ | |  | | | | | | ) | |  | | | | | |
|  |  | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受講者勤務先 | | 会社名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地 | | | 〒 | |  | | | | | － | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEL | | | | |  | | | | | | | （ | | |  | | | | | | | ） | | |  | | | | | | | | | FAX | | | |  | | | | | | | | （ | |  | | | | | | | | ） | |  | | | |
| 担当者連絡先 | | 会社名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | 担当者名 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | 部課名 | | | | |  | | | | | | | | | | | | | | | | | |
| 所在地 | | | 〒 |  | | | | | | － | |  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEL | | | | | |  | |  | | | （ | |  |  | | | | | ） | | | | |  | | | | | | | | FAX | | | | | |  | | | | | | （ | | | |  | | | | | | | | ） | |  | | | |
| ※１ 「経験年数」を必要とする講習科目となりますので事業主の証明を受けてください。  ※２ 「経験業務の内容」はプレス作業に従事したことがわかるように内容を記載して下さい。  　　　　例）「プレス機械を使用して○○部品の製造作業に従事した」　など | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 業務の経験 | | | | 経験年数※１ | | | | | | | | |  | | | | | | | | 年 | |  | | | | | 月 | | | |  | | | | 日から | | | | | | | 通算 | | | |  | | | | | | | 年 | |  | | | | | | | | 月 | | |
|  | | | | | | | | 年 | |  | | | | | 月 | | | |  | | | | 日まで | | | | | | |
| 経験業務の内容※２ | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 事業者証明 | | | | | | | | | 上記の記載内容については、相違ないことを証明します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 会社名 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 証明者職氏名 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| 「事業者証明」は事業者を代表するもの(社長、支店長、工場長、市長等)または業務経歴を管理する部門の長(人事部長、総務部長)、個人企業にあたってはその事業主個人の職名・氏名で行ってください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 備　　考 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **支払い予定日　　　　　　月　　　　　　　日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （講習日の2週間前までにお願いします ) | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | **静岡労働局長登録教習機関　（登録第1号）** | | | | |
|  | 令和 |  | 年 |  | 月 |  | 日 | | | **（公社）静岡県労働基準協会連合会長　殿** | | |
|  | | | | | | | | | （ | |  | 労働基準協会） |

●旧姓・通称の併記を希望される方は、氏名欄の（　）内に旧姓・通称を記入し、以下のいずれかの書類の写しを裏面に添付してください。

　　①旧姓・通称が記載された自動車運転免許証　②旧姓・通称が記載された健康保険被保険者証

③旧氏名欄に旧姓・通称が表記された住民票または住民票記載事項証明書（マイナンバーが記載されていないもの）

　　④旧姓・通称が表記されたマイナンバーカード（マイナンバーが記載された裏面は不要）　⑤戸籍謄本または戸籍抄本

|  |
| --- |
| 《個人情報について》上記の個人情報につきましては、当会が安全に管理し、本講習の実施目的以外には使用いたしません。 |