**長野共同高等職業訓練校入校申込書**

令和　　年　　月　　日

長野共同高等職業訓練校長　宛

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| 事　　業　　所 | 住　所 | 〒　　　　　　－ |
|  |
| 名　称 |  |
| 代表者 | ㊞ |
| 電　話 | （　　　　　　）　　　　－ |

次のとおり入校させたいので申し込みます。

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| 訓　　　　練　　　　生 | 訓練科目 | 建築板金科　　木造建築科　　畳　科 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 現住所 | 〒　　　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 生年月日 | 昭和・平成・令和　　　　年　　　　月　　　　日（満　　　　才） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就職年月日 | 昭和・平成・令和　　　年　　月　　日 | | | | | | | | | | | | | | | | TEL（　　　）　　　－ | | | | | | | | | | | | | | | | | | |
| 最終学歴 | 学校名 | | | | | | | | | |  | | 中学・高校・専修学校・大学（該当に○印） | | | | | | | | | | | | | | | | | | | | | | |
| 昭和・平成・令和　　　年　　月卒業･中退 | | | | | | | | | | | | | | | | | | | | | | |
| 建設業許可番号 | 長野県知事許可(　 －　 )第　　　　　 号 | | | | | | | | | | | | | | | | | | | | 雇用保険率 | | | | | | | | ／1000 | | | | | | |
| 雇用保険被保険者番号 | |  | | |  | |  | | |  | | | ― | |  | | |  | |  | | | | |  | |  | |  | | | ― | |  | |
| 雇用保険事業所番号 | |  | | |  | |  | | |  | | | ― | |  | | |  | |  | | | | |  | |  | |  | | | ― | |  | |
| 労災特別加入番号 | |  | |  | | - | |  | - | | |  | |  | | - |  | |  | | |  | |  | |  | |  | | - |  | |  | |  |
| 緊急連絡先 | 現住所 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | 職業 | | | | | | | |  | | | | | | | | | | | | |
| 電話 | （　　　　　　）　　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 組　合 | 業種組合加入の有無 | | | 有　　　　無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 加入組合名 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**※すべての欄へ記入をお願いします。該当がない欄は「なし」と記入してください。**

**※雇用保険被保険者証若しくは労災保険加入証明書の写しを添付してください。**