附件2

“三区三州”职业技能大赛裁判员推荐汇总表

单位： 人力资源和社会保障厅（章）

|  |  |  |  |
| --- | --- | --- | --- |
| 序号 | 项目名称 | 裁判1 | 裁判2 |
| 1 | 焊工 |  |  |
| 2 | 汽车维修工 |  |  |
| 3 | 砌筑工 |  |  |
| 4 | 镶贴工 |  |  |
| 5 | 中式烹调师 |  |  |
| 6 | 育婴员 |  |  |
| 7 | 养老护理员 |  |  |
| 8 | 餐厅服务员 |  |  |
| 9 | 客房服务员 |  |  |

注：1.各省（自治区）每个比赛项目推荐2名裁判员，裁判具体名单及人数结合最终选手报名人数情况确定。

**2.每名推荐裁判员均需填写附后的《2019年“三区三州”职业技能大赛裁判员推荐表》。**

“三区三州”职业技能大赛裁判员推荐表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申报项目 |  | | | | | | | | | | | | | | | | | | | | | 2寸免冠照片 | | | | | | | | |
| 姓 名 |  | | | | | | | | 性 别 | | | | | | |  | | | | | |
| 出生日期 |  | | | | | | | | 民 族 | | | | | | |  | | | | | |
| 政治面貌 |  | | | | | | | | 学　历 | | | | | | |  | | | | | |
| 职业（工种）名称  或专业方向 |  | | | | | | | | 职业资格或专业技术等级 | | | | | | |  | | | | | |
| 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时间 | | | | | |  | | |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  | |  |  |  | | |  | |  |  |  |  | | | |  |  | | |  | |  |  | |  |  | |  |  |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | | | | | | | 手机 | | | | | |  | | | | | | | | | | |
| 电子邮箱 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否获全国技术能手 | | | | | | 是□ 否□ | | | | | | | | | 获得时间 | | | | | | | | | |  | | | | | |
| 是否获中华技能大奖 | | | | | | | 是□ 否□ | | | | | | | | 获得时间 | | | | | | | | | |  | | | | | |
| 其它荣誉称号 | | | | | | | 是□ 否□ | | | | | | | | 名称和获得时间 | | | | | | | | | |  | | | | | |
| 主 要 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 在何单位学习或工作 | | | | | | | | | | | | | | | | | 职务 | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |

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| --- | --- | --- | --- |
| 职业技能竞赛执裁  经历 | 竞赛时间 | 竞赛名称 | 竞赛等级 |
|  |  |  |
| 职业技能竞赛  获奖  情况 |  | | |
| 与本申请相关  其他能力说明 |  | | |
| 本人所在单位  推荐  意见 | 签字　　　　　　盖章  年 月 日 | | |
| 省（自治区）人社  部门  意见 | 签字　　　　　　盖章  　 年 月 日 | | |

注：1.建议候选人身体健康，年龄在55周岁以下。

2.相关证明材料请另附。