**中原大學環境工程學系**

**＿＿學年度第＿學期企業實習履歷表**

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| 中文姓名  Chinese Name |  | | | | | | | 英文姓名  English Name | | | | | (同護照/ Same as passport) | | | | | | 照片插入前  請刪除本段文字 | | | |
|  | | | | | |
| 生日  Birth Date | 年　月　日 | | | | | | | 生理性別 | | | | | 男Male  女Female | | | | | |
| (YYYY/MM/DD) | | | | | | |
| 身分證字號  Passport No. |  | | | | | | | 血型  Blood Type | | | | |  | | | | | |
| 電子信箱  E-mail |  | | | | | | | 手機號碼  Mobile Phone No. | | | | |  | | | | | |
| 戶籍地址  Domicile Address | | | |  | | | | | | | | | | | | | | |
| 實習期間居住縣市  County and city of residence during the internship | | | |  | | | | | | | | | | | | | | | | | | |
| 實習期間通勤方式  Commuting during the internship | | | | 汽車Car　機車Motorcycle　自行車Bike　大眾運輸Public Transportation  主要會使用到的交通工具都請填寫（比如騎機車再轉大眾運輸，兩個都要勾，俾利實習機構參考。） | | | | | | | | | | | | | | | | | | |
| **學業成績　Academic Achievement** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | 大學一年級 | | | | | | 大學二年級 | | | | | | 大學三年級 | | | | | | | 大學四年級 |
| 上學期 | | | 下學期 | | | 上學期 | | | 下學期 | | | 上學期 | | 下學期 | | | | | 上學期 |
|  | | |  | | |  | | |  | | |  | |  | | | | |  |
| 學年平均  (四捨五入至小數點後兩位) | | |  | | | | | |  | | | | | |  | | | | | | |  |
| **緊急聯絡人　Emergency Contact Info.** | | | | | | | | | | | | | | | | | | | | | | |
| 中文姓名  Chinese Name | |  | | | | | 關係  Relationship | | | |  | | | | | 聯絡電話  Mobile Phone No. | | | | |  | |
| **語言程度　Language**  請以數字表示：1-精通 2-優 3-普通 4-略通 Please express by number: 1-excellent　2-good　3-fair　4-a little | | | | | | | | | | | | | | | | | | | | | | |
| 類別 | | | | 聽  Listening | | | | | | 說  Speaking | | | | 讀  Reading | | | | | | 寫  Writing | | |
| 英語(English) | | | |  | | | | | |  | | | |  | | | | | |  | | |
|  | | | |  | | | | | |  | | | |  | | | | | |  | | |
| **工讀／社團經歷　Experience History** | | | | | | | | | | | | | | | | | | | | | | |
| 工讀 / 社團  Company / Association | | | | | 職稱 / 工作內容  Service content | | | | | | 開始日期  From | | | | | | | 結束日期  To | | | | |
|  | | | | |  | | | | | |  | | | | | | |  | | | | |
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| **專長　Skill** | | | | | | | | | | | | | | | | | | | | | | |
| 可填寫有助於本實習業務的專長或技能。 | | | | | | | | | | | | | | | | | | | | | | |
| **其他　Others** | | | | | | | | | | | | | | | | | | | | | | |
| 若有需要特殊照顧事項（ex.身心障礙、疾病…），或其他本表未提及之處，請於本欄位說明。 | | | | | | | | | | | | | | | | | | | | | | |