附件一：物流从业人员职业能力等级认证培训报名表

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| **姓 名** |  | | | | **性别** | |  | | | | **出生年月** | |  | | | **照片**  **蓝底** | |
| **身份证号码** |  | | | | | **毕业学校** | | | | |  | | | | |
| **专业** |  | | | **毕业时间** | | |  | | | | **最高学历** | |  | | |
| **单位名称** |  | | | | | | | | | | | | **部门与职务** | | |  | |
| **通讯地址** |  | | | | | | | | | | | | **邮编** | | |  | |
| **联系方式** | **办公电话** |  | | | | | | | | **手机** | | |  | | | | |
| **微信号** |  | | | | | | **QQ号** | |  | | | **E-MAIL** | |  | | |
| **工作经历** | **公司名称** | | | | | | | | | | | | | **部门** | | | **职务** |
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| **培训课程** | **□物流员** | | **□助理级** | | | | | | **□中级** | | | **□高级** | | **注：请在方框内划勾** | | | |
| **培训要求** | **请列举您在物流管理工作中遇到的、并希望在此次培训中获得帮助的问题** | | | | | | | | | | | | | | | | |

**此表复印有效**

**报名时：请准备近期二寸蓝底彩色照片、一寸蓝底彩色照片各四张，身份证及学历证书复印件各二张。**