普通職業訓練　短期課程

受講申込書

岩手県知事認定 令和　　　年　　　月　　　日

水沢高等職業訓練校長　様

貴校の普通職業訓練 短期課程を受講したいので、下記のとおり申し込みます。

なお、受講にあたり貴校の諸規定、その他の諸指示を守り、迷惑をかけないことを誓います。

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| コース№ | | | | | |  | | | | | | | | | | | | | | コース名 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 訓練期間 | | | | | | 令和　　　年　　　月　　　日 から 令和　　　年　　　月　　　日 まで（　　日間・　　時間） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受　　講　　者 | フリガナ | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 男 ・ 女 | | | | | | | | | | 生年  月日 | | | | | | | | 昭和・平成　　　　年　　　月　　　日 生  （　　　歳） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏　　名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学歴 | | | | | | | | 中卒　・　高卒　・　短大/専門　・　大学 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住　　所 | | | | | 〒　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 全時間の  出　　席 | | | | | | | | | | | | あり ・ なし | | | | | | |
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| 従業員 | 雇用保険  被保険者番号 | | | | | |  | | |  | | | |  | | | |  | | | | | | ― | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | ― | | |  | | | | | 雇入れ年月日 | | | | | | | 昭和・平成・令和  　　年 　　月 　　日 | | | | | | | | | | | | | |  |
| 未加入の場合はその理由〔 役員 ・ 家族従業員 ・他（　　　　　　　　）〕 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 一人親方 | 職種 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ※建築大工・左官等職種で一人親方労災特別加入証明書の写しの提出と全時間を出席する方は受講料の割引きが受けられます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 一人親方労災  特別加入者番号 | | | | | | |  | |  | | | － | | | |  | | | | | | － | | | |  | | | |  | | | | | | － | | | | | |  | | | | | |  | | | | | |  | | |  | | | |  | | | | |  | | | － | | | | | |  | | |  | |  | | | | | () | | |  |
| 【お願い】一人親方労災特別加入証明書の写しを添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 求 職 者 | | 次のいずれかに該当（〇印）し、指定書類を提出すると受講料の割引きを受けられます。  ア．45歳未満の未就職卒業者で、学校等卒業後概ね3年以内の者 ※卒業証明書  イ．45歳未満でフリーター等過去5年以内において、概ね3年以上継続して正規雇用されたことがない者 ※職歴  ウ．45歳以上の中高年齢者（定年退職者を含む）で再就職準備のための受講 ※運転免許証、職歴  エ．出産・育児を終了した女性で、職場復帰・再就職準備のための受講 ※母子手帳、雇用保険被保険者資格喪失確認通知書等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 日　中　連　絡　先  ※一人親方 ・ 求職者のみご記入下さい。 | | | | | | | | | | | | | | | | | | | | | 電話（　　　　）　　　　　－  FAX（　　　　）　　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 事　　業　　所　※一人親方は不要 | 事業所所在地 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所名 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 事業主の職名・氏名 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （タナバン可） | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所電話 | | | | | | | | | | | | （　　　　　　）　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 事業所ファックス | | | | | | | | | | | | （　　　　　　）　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 受講中の賃金の支払 | | | | | | | | | | | | あり　・　なし | | | | | | | | | | | | | | | | | ※中小企業従業員で雇用保険被保険者資格取得確認通知書(事業主通知用)の写し提出と受講中の賃金支給、全時間を出席される場合、受講料の割引きが受けられます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 雇用保険適用事業所番号 | | | | | | | | | | | |  | | |  | | | | | | |  | | | | | | |  | | | | | | | － | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | － | | |  | | |
| 【お願い】雇用保険被保険者資格取得確認通知書(事業主通知用)の写しを添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主たる事業  の　種　類 | | | | | | （ 中小企業・大企業 ）  該当する項目に○をして下さい | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 雇用保険率 | | | | | | | | | | | | | | | 9.5･11.5･12.5 ／1,000 | | | | | | | | | | | | | | | |
| 資本金の額  または出資の総額 | | | | | | 万円 | | | | | | | | | | | | | | | | | | | 常用労働数 | | | | | | | | | | | | | 人 | | | | | | | | | | | | | | | | | | | | | 建設業  許可番号 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 担当者部署名 | | | | | |  | | | | | | | | | | | | | | | | | | | 担当者名 | | | | | | | | | | | | | 役職名（　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 訓練校使用欄 | ①企業区分 | ②会　員 | ③受講料受領 | ④被保険者証／指定書類 | 備　考 |
| 大・中小 | 会員・非会員 | 有・無　　　　　　円 | 有 ・ 無 |  |

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| お申し込み  お問合せ先 | 岩手県知事認定  水沢高等職業訓練校 | 〒023-0841　岩手県奥州市水沢真城字中上野96-3  TEL 0197-23-3388　FAX 0197-23-3389  URL https://ok-vts.ac.jp/ |  |

A4にコピーしてお使いください。(R04.4)