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 | | | | | 〒　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 所定労働時間内に  全時間を出席 | | | | | | | | | | | | | | | する ・ 一部のみ | | | | | | | | | | |
| CPDS申請 | | | | | | | | | | | | | | | する・しない | | | | | | | | | | |
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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 | | | | | | | | | | | | （　　　　　　）　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受講期間中の賃金の支給（通常賃金額以上であること） | | | | | | | | | | | | あり  ・  なし | | | | | | | | 年次有給休暇の受講で | | | | | | | | | | | | | ない  ・  ある | | | | | | | | | | | | | ※中小企業従業員で一定要件（年次有給休暇の利用を除く）と必要書類の提出が可能な場合、受講料の割引きが受けられます。  ↳ 受講後出勤簿の写しの提出をお願いします。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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　○囲む | | | | | | | 製造、建設、  運輸、その他 | | | | | | | | ･　卸売 | | | | | | | | ･ サービス | | | | | | | | | | | | | | | ･ 小売 | | | | | | | | | | 中小 企業・大 企業  中小企業基本法に基づく | | | | | | | | | | | | | | | | | | 雇用保険  事業の種類 | | | | | | | | | | | | | | | 一般 ･ | | | | | | 農林水産  清酒製造 | | | | | | ･ 建設 | | | |
| 企業全体の  資本金額又は出資総額 | | | | | | | 万円 | | | | | | | | | | | | | | | | | | | | 企業全体の  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会　員 | ❷企業区分 | ❸賃金支払 | | ❹被保険者証/指定書類 | ❺受講料判定 | ⑥受講料 | 備　考 |
| 会員・非会員 | 中小・大 | 有・ | 無/有給/対象外 | 有 ・ 無 | 割引・無 | 円 |  |

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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。(R06.3)