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| **社團法人臺中市藥師公會**  **\_\_\_\_\_年度 暑假/寒假 社區藥局實習生個人履歷表** | | | | | | | | | |
| **中文姓名** |  | | **英文姓名** | | |  | | | 證件照 |
| **推薦人** | 若無則免填 | | **生日** | | | \_\_\_年\_\_月\_\_日 | | |
| **手機** |  | | **LINE** | | |  | | |
| **E-mail** |  | | | | | | | |
| **通訊地址** |  | | | | | | | |
| **學校名稱** |  | | | | **年級班級** | | |  | |
| **學經歷** | 可填寫班級幹部、社團或活動經驗等 | | | | | | | | |
| **緊急聯絡人**  **(或監護人)** | **關係** | **姓名** | | **職業** | | | **連絡電話** | | |
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| **自我介紹：**(500字內，若篇幅不足可書寫於背面) | | | | | | | | | |
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| **期望在社區藥局學習哪些業務？為何選擇這間藥局？**(500字內，若篇幅不足可書寫於背面) | | | | | | | | | |
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