庆阳市职业技能等级认定

自主评价企业备案表

申请企业：

负责人：

庆阳市人力资源和社会保障局制

职业技能等级认定机构备案表

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| **一、基本信息** | | | | | | | | | | | | | | | | | | | | | | |
| 名 称 | | | |  | | | | | | | | | | | | | | | | | | |
| 地 址 | | | |  | | | | | | | | | | | | | | | | | | |
| 注册登记 机 构 | | | |  | | | | | 企 业  性 质 | | | | | 国 有 □  民 营 □  混 合 制 □  其 他 □ | | | | | | | | |
| 统一社会  信用代码 | | | |  | | | | | | | | | | | | | | | | | | |
| 职业技能等级  认定机构负责人 | | | |  | | | | 职务 |  | | | | | | | 电子邮箱 | | | |  | | |
| 手机 |  | | | | | | | 电话/传真 | | | |  | | |
| 工作联系人 | | | |  | | | | 职务 |  | | | | | | | 电子邮箱 | | | |  | | |
| 手机 |  | | | | | | | 电话/传真 | | | |  | | |
| **二、备案拟开展评价职业（工种）情况** | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 职业名称 | | | | 职业编码 | | | | 工种名称 | | | | | | | | 级别 | | | | 标准 | |
| 1 |  | | | |  | | | |  | | | | | | | |  | | | |  | |
| 2 |  | | | |  | | | |  | | | | | | | |  | | | |  | |
| ... |  | | | |  | | | |  | | | | | | | |  | | | |  | |
| **三、具备的组织优势、专业优势等** | | | | | | | | | | | | | | | | | | | | | | |
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| **四、岗位设置及分工（注：非本单位人员，请提供本人签署的提供评价服务承诺书或本人与评价单位签署的合作协议复印件）** | | | | | | | | | | | | | | | | | | | | | | |
| （一）专职工作人员情况 | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 身份证号 | | | | 职务/职称 | | | | | 学历 | | | | | | 主要工作职责 | | | | 电话号码 |
| 1 |  | |  | | | |  | | | | |  | | | | | |  | | | |  |
| 2 |  | |  | | | |  | | | | |  | | | | | |  | | | |  |
| ... |  | |  | | | |  | | | | |  | | | | | |  | | | |  |
| （二）质量督导员情况 | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 身份证号 | | | | 所在单位 | | | 职务/职称/技能等级 | | | | | | | | 学历 | | 专业方向 | | 电话号码 |
| 1 |  | |  | | | |  | | |  | | | | | | | |  | |  | |  |
| 2 |  | |  | | | |  | | |  | | | | | | | |  | |  | |  |
| ... |  | |  | | | |  | | |  | | | | | | | |  | |  | |  |
| （三）考评人员情况 | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | | 身份证号 | | | | 所在单位 | | 职务/职称/技能等级 | | | | | | | | | | 学历 | 考评职业领域 | | 电话号码 |
| 1 |  | |  | | | |  | |  | | | | | | | | | |  |  | |  |
| 2 |  | |  | | | |  | |  | | | | | | | | | |  |  | |  |
| ... |  | |  | | | |  | |  | | | | | | | | | |  |  | |  |
| **五、评价实施场地、设备设施等情况** | | | | | | | | | | | | | | | | | | | | | | |
| （一）场地情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | |
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| （二）设施设备情况（权属证明材料另附） | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | **名称** | | | | | **品牌** | | **规格/型号** | | | | | **数量** | | | | | | | **所有权归属** | | |
| 1 |  | | | | |  | |  | | | | |  | | | | | | |  | | |
| 2 |  | | | | |  | |  | | | | |  | | | | | | |  | | |
| ... |  | | | | |  | |  | | | | |  | | | | | | |  | | |
| **六、认定相关管理制度制定情况** | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| **申请单位承诺** | | | | | | | | | | | | | | | | | | | | | | |
| 单位法人代表对所填写内容及所提供材料的真实性和有效性负责。  法人代表签字：  单位（公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| 行业主管部门意见 | | 负责人： (章)  年 月 日 | | | | | | | | | 县级人力资源和社会保障部门意见 | | | | 负责人： (章)  年 月 日 | | | | | | | |
| 市级职业技能鉴定中心 | | 负责人： (章)  年 月 日 | | | | | | | | | 市级人力资源和社会保障部门意见 | | | | 负责人： (章)  年 月 日 | | | | | | | |

注：1.申请单位在单位名称处加盖本单位公章；

2.此表一式三份，可增行或续页。各级人社部门、各级职业技能鉴定中心和评价机构分别留存。