**大冶市12345公共热线管理服务中心公开招聘 “以钱养事”工作人员**

**报名表**

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | 身份证号 | |  |  |  | |  |  |  | |  | |  |  |  |  |  |  |  |  |  | | |  |  | | 相  片 |
| 户 口  所在地 | |  | | | 民族 | |  | | | | 性别 | | | |  | | | 政治  面貌 | | | | |  | | 婚否 | | | | |  |
| 毕业  院校及专业 | |  | | | | | | | | | | | | | 毕业  时间 | | | | | | | |  | | | | | | | |
| 学历 | |  | | 参加工作时间 | |  | | | | 专业技  术职称 | | | | |  | | | | 健康状况 | | |  | | | | 身高 | | | | |  |
| 裸眼视力 | | | | | 左 |
| 右 |
| 联系  地址 | |  | | | | | | | | | | | | | 第一联系方式 | | | | | | | |  | | | | | | | | |
| 第二联系方式 | | | | | | | |  | | | | | | | | |
| E-mail | |  | | | | | | | | | | | | | 邮 编 | | | | | | | |  | | | | | | | | |
| 现工作单位 | | |  | | | | | | | | | | | | 工作职务 | | | | | | | |  | | | | | | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  主  要  成  员 | 姓 名 | | | | | 称 谓 | | | | | | | | 工 作 单 位 | | | | | | | | | | | | | 职 务 | | | | |
|  | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | |
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|  | | | | |  | | | | | | | |  | | | | | | | | | | | | |  | | | | |
| 本人承诺 | 我上述填写内容及提供的证件、资料真实完整。如有不实，本人愿承担一切责任。  承诺人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审  核  意  见 | 受理人签名：  年 月 日 | | | | | | | | | | | | | | | 审核人签名：  年 月 日 | | | | | | | | | | | | | | | |

**注：**本表一式一份。以上表格个人填写部分，必须据实填写完整，没有内容的应填写“无”。