**安顺市公共交通总公司驾驶员招聘报名表**

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| 姓  名 | |  | | | 性  别 | |  | | 出生年月(岁) | | |  | | | 1寸照 | |
| 民  族 | |  | | | 籍  贯 | |  | | 出生地 | | |  | | |
| 婚姻状况 | |  | | | 政治面貌 | |  | | 参加工作时间 | | |  | | |
| 健康状况 | |  | | | 身份证号码 | |  | | | | | | | |
| 通讯地址 | | | | |  | | | | | | | | | | | |
| 联系电话 | | | | |  | | | | 固定电话 | | |  | | | | |
| 专业技术职务任职资格或职(执)业资格 | | | | |  | | | | | | | 取证时间 | | |  | |
| 应聘岗位 | | | | |  | | | | | | | | | | | |
| 学 历  学 位 | | 全日制教育 | | |  | | | | 毕业院校及专业 | | |  | | | | |
| 在职教育 | | |  | | | | 毕业院校及专业 | | |  | | | | |
| 是否有亲属在总公司 | | | | | （如有，请说明与本人关系及其所在部门和任职情况） | | | | | | | | | | | |
| 是否服从调剂 | | | | |  | | | | | | | | | | | |
| 学习经历 | 起止时间 | | | | 毕业院校 | | | | | 专业 | | | | 学历（学位） | | |
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| 工作经历 | 起止时间 | | | | 工作单位 | | | | | 岗位/职务 | | | | 离职原因 | | |
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| 奖惩情况 |  | | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 称谓 | | 姓名 | 性别 | | 出生年月 | | 政治面貌 | | | 工作单位 | | 职务 | | | 联系方式 |
| 配偶 | |  |  | |  | |  | | |  | |  | | |  |
| 子女 | |  |  | |  | |  | | |  | |  | | |  |
| 父亲 | |  |  | |  | |  | | |  | |  | | |  |
| 母亲 | |  |  | |  | |  | | |  | |  | | |  |

说明：

1．报名表必须真实、全面、准确，信息填报不实或填写错误导致的后果由应聘者自行承担；

2．“健康状况”栏根据本人的具体情况填写“健康”“一般”或“较差”；有严重疾病、慢性疾病或身体伤残的，要如实填写。