附件2

海珠区社会保险基金管理中心公开招聘雇员

报名登记表

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| **姓 名** | |  | | | **性 别** | | |  | **出生日期** | | |  | **1寸近照** | |
| **曾 用 名** | |  | | | **政治面貌** | | |  | **婚姻状况** | | |  |
| **身份证住址** | |  | | | | | | | | | | |
| **联系电话** | |  | | | | | | **有效送达地址** | |  | | | | |
| **家庭主要成员** | **关系** | | | **姓 名** | | | **年龄** | **单位/职业/职务** | | | | | | |
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| **学 习**  **简 历**  **（从高中开始按时间先后顺序填写）** | **起止年月** | | | | | **就读学校、专业** | | | | | **毕（结、肆）业** | | | |
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| **工 作 经 历（按时间先后顺序填写）** | **起止时间** | | | | | **工作单位** | | | | | **职务** | | | **证明人** |
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| **持证情况** | | |  | | | | | | | | | | | |
| **身体状况、有无**  **过往重大疾病史** | | |  | | | | | | | | | | | |
| **刑事犯罪记录、曾受行政处罚等情况** | | |  | | | | | | | | | | | |
| **获奖励情况** | | |  | | | | | | | | | | | |
| **其它需要说明的问题** | | |  | | | | | | | | | | | |
| **审核意见** | | | 审核人： 审核日期： 年 月 日 | | | | | | | | | | | |
| 我已详细阅读了招考公告、岗位相关要求和填表说明，确信符合报考条件及岗位要求。本人保证填报和提交的资料真实准确，如因个人填报信息失实或不符合报考条件和岗位要求而被取消考录资格的，由本人承担负责。    应聘人签字：  年 月 日 | | | | | | | | | | | | | | |