附件

普洱市红十字会公开招聘城镇公益性岗位

工作人员报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性别 | | |  | | 民族 | | |  | | 学历 | | |  | | （贴照片） |
| 出生日期 |  | | | 政治面貌 | | | |  | | | | | 婚否 | | |  |
| 家庭地址 |  | | | | | | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | 专业 | | |  | | | |
| 身份证号码 |  | | | | | | | | | 联系电话 | | | |  | | | |
| 主要  学习  简历 | 年月至年月 | | | | | 在何处学习 | | | | | | | 专业 | | | | 取得何种资格 |
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| 主要  工作  简历 | 年月至年月 | | | | | 在何处任何职 | | | | | | | 岗位 | | | | 是否解除劳动合同 |
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| 家庭成员  及主要社会关系 | 称谓 | | 姓名 | | | | | | 工作单位及职务 | | | | | | | | |
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| 本人郑重承诺：在参加公开招聘中，将严格遵守招聘工作纪律，本人向招聘机关提交的各种信息、材料真实有效、准确无误。如有虚假，本人愿承担一切责任和后果。  签名（手签）：  年 月 日 | | | | | | | | | | | | | | | | | |
| 资格审核  意见 | 年 月 日 | | | | | | | | | | 公共就业和人才服务部门审核意见 | | 年 月 日 | | | | |
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