附件1

报名登记表（书记员）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **诚 信 承 诺 书**  我已仔细阅读《关于公开招聘青岛市即墨区人民法院司法辅助人员的简章》，理解并接受其内容要求，符合报名条件。我郑重承诺：本人所提供的个人信息、证明资料、证件、报名表所填写内容等均真实、准确、有效，并自觉遵守招聘工作的各项规定，诚实守信，严守纪律，认真履行报名人员义务。对因提供有关信息、证明材料、证件不实，不符合政策规定，或违反有关纪律规定所造成的后果，本人自愿承担一切责任。  **报名人签名：** 年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **报考岗位** |  | | | | | | | | | | | | | | | | | | | |
| **姓名** |  | | | **性别** | | | | |  | | | **出生年月** | | |  | | | | 照片 | |
| **民族** |  | | | **籍贯** | | | | |  | | | **政治面貌** | | |  | | | |
| **身份证号** |  | | | | | | | | | | | **联系方式** | | |  | | | |
| **健康状况** |  | | | **口吃、重听、色盲等问题** | | | | |  | | | **婚姻状况** | | |  | | | |
| **驾驶证** |  | | | **是否**  **退役士兵** | | | | |  | | | **入伍**  **起止日期** | | |  | | | |
| **第一学历** |  | **学位** | | |  | **毕业学校** | | | | |  | | | **专业** | |  | | **毕业**  **时间** | |  |
| **最高学历** |  | **学位** | | |  | **毕业学校** | | | | |  | | | **专业** | |  | | **毕业**  **时间** | |  |
| **资格证书（一）** | | | | | | | | | | | | | | | | | | | | |
| **证书名称** |  | | | | **证书编号** | |  | | | | | **发证单位** | |  | | | | **发证日期证** | |  |
| **资格证书（二）** | | | | | | | | | | | | | | | | | | | | |
| **证书名称** |  | | | | **证书编号** | |  | | | | | **发证单位** | |  | | | | **发证日期证** | |  |
| **参加工作时间** | | |  | | | | | **现任职单位** | | | |  | | | | | **岗位** | |  | |
| **户籍**  **所在地** |  | | | | | | | | | | | | | | | | | | | |
| **现住址** |  | | | | | | | | | | | | | | | | | | | |
| **紧急**  **联系人** |  | | | | | | | | | **联系电话** | | | | |  | | | | | |
| **学**  **习**  **简**  **历** | **起止时间** | | | | | | | | **所在学校及院系** | | | | | | | | | | **专业** | |
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| **工**  **作**  **简**  **历** | **起止时间** | | | | | | | | **所在单位**  **及部门** | | | | **职务** | | **工作内容详述** | | | | **证明人及**  **联系方式** | |
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| **主**  **要**  **家**  **庭**  **成**  **员**  **及**  **社**  **会**  **关**  **系** | **家庭成员** | | | | | | | | **姓名** | | | | **联系电话** | | **政治面貌** | | | | **工作单位及**  **职务** | |
| 父亲 | | | | | | | |  | | | |  | |  | | | |  | |
| 母亲 | | | | | | | |  | | | |  | |  | | | |  | |
| 配偶 | | | | | | | |  | | | |  | |  | | | |  | |
| 子女 | | | | | | | |  | | | |  | |  | | | |  | |
| 兄弟 | | | | | | | |  | | | |  | |  | | | |  | |
| 姐妹 | | | | | | | |  | | | |  | |  | | | |  | |