**大病（补充）保险联合办公工作人员招聘报名表**

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| **姓 名** |  | | **性 别** | | | |  | | | **出生年月**  **（ 岁）** | | |  | | **照片** | |
| **民 族** |  | | **籍贯** | | | |  | | | **出生地** | | |  | |
| **政治面貌** |  | | **参加工**  **作时间** | | | |  | | | **健康状况** | | |  | |
| **工作单位** |  | | | | | | **身份**  **证号** | | |  | | | | |
| **有何爱好特长** |  | | | | | | | | | | | | | | | |
| **身高** |  | | | **体重** |  | | | **婚姻**  **状况** | |  | | **联系电话** | |  | | |
| **家庭地址** |  | | | | | | | | | **户口所在地** | | |  | | | |
| **学 历**  **学 位** | **全日制教育** | | | |  | | | | | **毕业院校**  **系及专业** | | |  | | | |
| **在职教育** | | | |  | | | | | **毕业院校**  **系及专业** | | |  | | | |
| **个**  **人**  **简**  **历** | **“个人简历”栏，简单填写个人的学习和工作经历，从初中填起，起止时间到月，前后要衔接(年份用4位数字表示，月份用2位数字表示，中间用“.”分隔)，如：20××.0×-20××.0×在××省××市××县××学校读高中；** | | | | | | | | | | | | | | | |
| **自我**  **鉴定** |  | | | | | | | | | | | | | | | |
| **家庭**  **主要**  **成员**  **及**  **主要**  **社会**  **关系** | **称谓** | **姓 名** | | | | **年龄** | | | **政治面貌** | | **工作单位及职务** | | | | |
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| **资格**  **审查**  **意见** | **（盖章）**  **年 月 日** | | | | | | | | | | | | | | | |
| **本人承诺** | **本人郑重承诺,此表所填内容全部真实,如有隐瞒或提供虚假情况,愿意承担所有责任。**  **本人签名：** | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | |