**附件：**

中国太平洋人寿保险股份有限公司宁波分公司公开招聘

工作人员报名登记表

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 身份证  号码 | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | |  |  |  | 照片 |
| 性别 |  | | 出生  年月 |  | | | | | | | | | | 政治面貌 | | | |  | | | | | | | | | | |
| 民族 |  | | 学历 |  | | | | | | | | | | 报考岗位 | | | |  | | | | | | | | | | |
| 毕业  时间 |  | | 毕业  院校 |  | | | | | | | | | | 所学  专业 | | | |  | | | | | | | | | | |
| 户籍所在地 |  | | | | | | | | | | | | | | | | | | | | 身体  状况 | | | |  | | | | |
| 通讯  地址 |  | | | | | | | | | | | | | | | | | | | | 联系  方式 | | | |  | | | | |
| 本  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  情况 | 姓名 | 与本人关系 | | 政治面貌 | | | 出生年月 | | | | 工作单位及职务 | | | | | | | | | | | | | | | | | | |
|  |  | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | |
|  |  | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | |
| 荣  誉 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 真实性承诺 | 本人承诺：本人所填写的内容真实可靠，所提供的证书、证明等材料真实有效、取得途径合法。如有任何不实，本人愿意接受中国太平洋人寿保险股份有限公司宁波分公司取消本人应聘、录用资格等有关处理决定。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘  单位  意见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |