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| 附件2 | | |  |  |  |  |  |  | |  | |  | |
| **柳林县2025年招聘公益性岗位人员报名表** | | | | | | | | | | | | | |
| 姓名 | |  | | 性别 |  | 出生年月 | |  | | | | （照片） |
| 民族 | |  | | 户籍 |  | 政治面貌 | |  | | | |
| 身份证号 | | |  | | | | | | | | |
| 文化程度 | | |  | | | 专业 |  | | | | |
| 毕业院校 | | |  | | | 毕业时间 | |  | | | | |
| 家庭地址 | | |  | | | | | | | | | |
| 联系电话 | | |  | | | 创业就业证号 | | | |  | | |
| 报名岗位 | | |  | | | 是否服从调剂 |  | | 困难人员类型 | |  | |
| 家庭成员 | 称谓 | | 姓名 | | | 身份证号 | | | 工作单位 | | | |
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| 本人承诺：以上信息真实可靠，所提供的应聘材料和证书（件）均为真实有效，如有虚假，本人愿承担一切责任。 | | | | | | | | | | | | |
| 承诺人签名： | | | | | | | | | | | | |
| 2025年 月 日 | | | | | | | | | | | | |
| 资格审查员签名： | | | | | | | | | | | | |
| 2025年 月 日 | | | | | | | | | | | | |
| 注：本表一式两份。 | | | | | | | | | | | | |