**工作人员报名表**

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| **基本信息** | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 |  | | | 民族 | | |  | | 照片 |
| 籍贯 |  | | | 出生日期 |  | | | 健康状况 | | |  | |
| 文化程度 |  | | | 婚姻状况 |  | | | 政治面貌 | | |  | |
| 毕业院校 |  | | | | | | | 所学专业 | | |  | |
| 联系电话 |  | | | | | | | 应聘岗位 | | |  | | |
| 户籍地址 |  | | | | | | | 特长及爱好 | | |  | | |
| 现居住地址 | |  | | | | | | 紧急联系人及电话 | |  | | | |
| 身份证号码 | |  | | | | | | | | | | | |
| **主要工作经历** | | | | | | | | | | | | | |
| 起止时间 | | | 单位名称 | | | | 职位 | | 工作内容 | | | 证明人及电话 | |
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| **主要家庭成员信息** | | | | | | | | | | | | | |
| 称谓 | | | 姓名 | | | 工作单位或住址 | | | | | | 联系方式 | |
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| 是否服从岗位调剂？服从 □不服从 | | | | | | | | | | | | | |
| 本人承诺，以上材料全部属实，如有不实之处，本人愿意承由此产生的一切后果。（本内容请手工抄写一遍）  担由 | | | | | | | | | | | | | |

承诺人签字： 填写日期：