附件1

九龙坡区总工会公益性岗位人员报名登记表

年 月 日

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| 个人信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | | |  | | | | | **性 别** | |  | | | | **出生年月** | |  | | | | | | | |  | | | | |
| **曾用名** | | |  | | | | | **民 族** | |  | | | | **婚 否** | |  | | | | | | | |
| **籍 贯** | | |  | | | | | **出生地** | |  | | | | **户 籍** | |  | | | | | | | |
| **参加工作时间** | | |  | | | | | **政治面貌** | | |  | | | | | **入党时间** | | |  | | | | |
| **职 务** | | |  | | | | **职称及取得时间** | | | |  | | | | | | | **身 高** | | | | | |  | | | | |
| **最高学历** | | |  | | | | | **毕业院校及专业** | | |  | | | | | | | | | | | | | | | | | |
| **最高学位** | | |  | | | | | **获得院校及专业** | | |  | | | | | | | | | | | | | | | | | |
| **身份证号** | | |  | | | | | | | | | | | | **手机** | | |  | | | | | | | | | | |
| **住宅电话** | | |  | | | | | | | | | | | | **EMAIL** | | |  | | | | | | | | | | |
| **家庭住址** | | |  | | | | | | | | | | | | | | | | | | **邮 编** | | | | |  | | |
| 执（职）业资格证书情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **序号** | | **名称** | | | | | | | | | | | | | | | **获得时间** | | | | | | **级别层次** | | | | | |
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| 学 习 经 历（从高中阶段起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | **毕业院校** | | | | | | | | **所学专业** | | | | | | | | **学制及**  **学习形式** | | | | | **学历**  **（学位）** | | |
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| 主 要 工 作 经 历（含 实 习） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止年月** | | | | | **工作单位及职务（级别）** | | | | | | | | | | | | | | | | | | | | | |
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| 何时何地  受过何种奖 励或处分 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员简介 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **关系** | **姓 名** | | | | **出生年月** | **政治面貌** | | | **学历学位** | | | | **工作单位** | | | | | | | | | **职务职称** | | | | |
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| 特长及爱好 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 其它情况 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | | | | | **本人承诺:本人对以上填写内容的真实性负责。   本人亲笔签名：** | | | | | | | | | | | | | | | | | | | | | |

**注：表格内没有的填“无”。本表双面打印，不可修改本表格式。**