附件2：

**海西州残联机关临聘岗位报名表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **出生年月** |  | | **年龄** |  | **照片** |
| **身份证号码** |  | | | **家庭住址** |  | | | |
| **户籍地** |  | | | **联系电话** |  | | | |
| **应聘岗位** |  | | | | | | | | |
| **初**  **审**  **意**  **见** |  | | | | **复**  **审**  **意**  **见** |  | | | |
| **本人确认签名：** | | | | | | | | | |