|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 区残疾人联合会公开招聘公益性岗位工作人员报名表  岗位代码： 填报日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | | | | | | | 性别 | | | | |  | | | | | | 民族 | | | | | |  | | | | 籍贯 | |  | 相  片 | | |
| 出生年月 | |  | | | | | | | | | 政治面貌 | | | | | | | |  | | | | | | | | | | | | 身高 | |  | |
| 毕业院校及专业 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 毕业时间 | |  | |
| 学历 |  | | | | | | | | | | 学位 | | | |  | | | | | | | | | | | | | | | | 健康状况 | |  | |
| 工作单位 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 单位性质 | |  | |
| 职务（职称） | | | |  | | | | | | | 参加工作时间 | | | | | | | | | |  | | | | | | | | | | 工作年限 | |  | |
| 通讯地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | |  |
| 身份证号 | | | |  |  |  | |  |  |  |  |  |  |  | | |  |  | |  |  | |  | |  | |  | |  | 联系电话 | | |  | | | | |
| 学习和工作经历  （从高中起填写，截止报名之日止） | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要奖惩情况 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备用联系方式 | | | | | | | 联系人姓名 | | | | | | | 关系 | | | | | | | | | | | | 所在单位 | | | | | | | | | | 联系方式 | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | |
| 承 诺 书 | | | | | | | 本人提供的上述信息均真实有效，符合招聘简章规定的报考条件和岗位要求，如有不实，由此造成的一切后果自负。若被聘用，单位可随时解除与本人的聘用关系，并且本人两年内不再参加我单位公开招聘工作人员考试。  承诺人（签字）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审意见 | | | 审核人：  年 月 日 | | | | | | | | | | | | | | | | | | | | | 复审意见 | | | | | | | | 审核人：  年 月 日 | | | | | |
| 备注 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |