附件

会泽县人大常委会2024年公开招聘城镇

公益性岗位工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** |  | | **性别** | |  | **民族** |  | | **出生**  **年月** | |  | **照片** | |
| **政治**  **面貌** |  | | | | | **文化**  **程度** |  | | | | |
| **身份**  **证号** |  | | | | | **户籍地** |  | | | | |
| **婚姻**  **状况** |  | | | | | **籍贯** |  | | | | |
| **毕业**  **时间** |  | | | | | **毕业院校、专业** |  | | | | | | |
| **现在家庭住址** |  | | | | | | | | | | | | |
| **申报**  **岗位** |  | | | | | **联系**  **电话** |  | | | | | | |
| **人员类别 (在对应栏打√ )** | **城镇失业登记连续失业一年以上人员** | | | | | | | | | **享受城乡居民最低生活保障且有低保证明人员** | | | |
|  | | | | | | | | |  | | | |
| **简历**  **(从小学开**  **始填)** | **起止时间** | | | | | **学习（工作）单位** | | | | | | | **职务** |
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| **主要**  **家庭**  **成员**  **及**  **重要**  **社会**  **关系** | **称谓** | | | **姓名** | | **出生日期** | | **政治面貌** | | **工作单位及职务** | | | |
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| **招聘单位意见** | | 审核人 (签字)： （盖章）  年 月 日 | | | | | | | | | | | |
| **备 注** | |  | | | | | |  | | | | | |

注：1.报名表统一用A4纸双面打印；

2.时间填写格式例如：“2024.07”。