附件：

**新余市综合检验检测中心报名表**

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| **姓 名** |  | **性别** | |  | **出生年月** | |  | **照片** |
| **民 族** |  | **籍贯** | |  | **政治面貌** | |  |
| **身份证号** |  | | | | **婚否** | |  |
| **毕业院校** |  | | | | | | |
| **所学专业** |  | | | | | | |
| **学 历** |  | | | | | **专业职称** | |  |
| **家庭住址** |  | | | | | **联系电话** | |  |
| **报考岗位** |  | | | | | | | |
| **本**  **人**  **经**  **历** | **起止年月** | | **学习、工作单位** | | | | | **职务** |
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| **奖惩情况** |  | | | | | | | |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。  申请人（手写签名）： 年 月 日 | | | | | | | | |