附件3

海盐县专职社区工作者报名表

报名序号(由工作人员填写)： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 身份证号 |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| 性 别 |  | 民 族 |  | | | | | 政治面貌 | | | | |  | | | | | 贴  一  寸  彩  照 | | | | |
| 出生年月 |  | 学 历 |  | | | | | 婚姻状况 | | | | |  | | | | |
| 所学专业 |  | 参加工作  时 间 |  | | | | | 职称/职业资格证书 | | | | |  | | | | |
| 毕业院校及时间 |  | | | | | | | 现工作单位 | | | | |  | | | | | | | | | |
| 现户籍  所在地 |  | | | | | | | 有何特长 | | | | |  | | | | | | | | | |
| 居住地 |  | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | 联系方式1 |  | | | | | | 联系方式2 | | | | |  | | | | | | | | | |
| 工作简历、  学习简历（  从最高学历填至高中阶段） |  | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | |
| 审查  意见 | 签名或盖章  年 月 日 | | | | | | | | | | | | | | | | | | | | | |