附件2

2024年中江县事业单位公开考核招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | 性别 | | |  | | | | | | | 出生  年月 | |  | | | | | | 2寸照片 | | | | | |
| 民族 |  | | | | 政治  面貌 | | |  | | | | | | | 学历  类别 | |  | | | | | |
| 学历层次 |  | | | | 学位 | | |  | | | | | | | 毕业  时间 | |  | | | | | |
| 毕业  院校 |  | | | | | | | | | | | | | | 联  系  电  话 | | 移动电话 | | | | | |  | | | | | |
| 专业 |  | | | | | | | | | | | | | | 固定电话 | | | | | |  | | | | | |
| 户口所在地 | | | 省(区、市) 市(地、州) 县(市、区) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 公民身份号码 |  |  | |  |  | |  | |  | |  |  | | |  |  |  |  | | |  |  | |  | |  |  |  | |
| 通讯  地址 |  | | | | | | | | | | | | 邮政编码 | | | | | |  | | | | | | | | | |
| 家庭  地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人  简历  (始于  高中) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得过何种证书、有何特长 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  成  员  情  况 | 姓名 | | | | | 与本人关系 | | | | | | | | 工作单位 | | | | | | | | | | | 职务 | | | |
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| 报考岗位编码 |  | | | | | | | | | 招聘单位 | | | | | | | | | |  | | | | | | | | |
| 资格审查意见 | 审查人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：请报考者如实准确填写。报考者隐瞒有关情况或者提供虚假材料的，主管机关有权取消其资格，所造成的一切后果由报考者本人承担。