**黎川县2019年下半年引进紧缺高素质人才**

**岗位报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | | | |  | | | | | | 性 别 | | | | |  | | | | | 出生年月  （ 岁） | | | |  | | | | | | | | | 照 片 | | | | | |
| 民 族 | | | |  | | | | | | 籍 贯 | | | | |  | | | | | 出 生 地 | | | |  | | | | | | | | |
| 政治  面貌 | | | |  | | | | | | 参加工  作时间 | | | | |  | | | | | 健康状况 | | | |  | | | | | | | | |
| 专业技  术职务 | | | |  | | | | | | | | | | | 有何特长 | | | | |  | | | | | | | | | | | | |
| 第一学历及学位 | | | |  | | | | | | | | | | | 毕业院校及专业 | | | | |  | | | | | | | | | | | | | | | | | | |
| 最高学历及学位 | | | |  | | | | | | | | | | | 毕业院校及专业 | | | | |  | | | | | | | | | | | | | | | | | | |
| 现工作单位及职务 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘单位（勾选） | | | | | 国土资源信息中心及县地质灾害应急中心□ | | | | | | | | | | | | | | 联系电话 |  | | | | | | 电子邮箱 | | | | |  | | | | | | | |
| 安全生产应急救援指挥  中心□ | | | | | | | | | | | | | |
| 身份证号 | | | | | | |  |  | | |  |  | | |  | |  | |  |  | |  |  | |  | | | |  | | |  | |  |  |  |  |  |
| 个  人  历  简 | | | 年 月 —— 年 月 | | | | | | | | | | | | | | | | | 工作学习经历（从高中经历开始填写） | | | | | | | | | | | | | | | | | | |
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| 学术 及专业（技能）水平 简述 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及重要社会关系 | | 称谓 | | | | 姓名 | | | | | | | | 年龄 | | | | 性别 | | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | | | | | |
| 父亲 | | | |  | | | | | | | |  | | | | 男 | | |  | | | | | | |  | | | | | | | | | | |
| 母亲 | | | |  | | | | | | | |  | | | | 女 | | |  | | | | | | |  | | | | | | | | | | |
| 配偶 | | | |  | | | | | | | |  | | | |  | | |  | | | | | | |  | | | | | | | | | | |
| 子女 | | | |  | | | | | | | |  | | | |  | | |  | | | | | | |  | | | | | | | | | | |
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| 本人已全文阅读《黎川县2019年下半年引进紧缺高素质人才公告》并保证以上信息均为真实情况，若有虚假、遗漏、错误，责任自负。  应聘人（签名）： 时间：2019年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 县委人才办意见 | (盖 章)  2019年 月 日 | | | | | | | | | | | | 主管部门意见 | | | (盖 章)  2019年 月 日 | | | | | | | | | | | 用人单位意见 | | | (盖 章)  2019年 月 日 | | | | | | | | |

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