**喜德县人力资源和社会保障局**

**公开招聘人力资源社会保障辅助工作人员报名表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性 别** |  | **出生年月（岁）** |  | **照 片** |
| **民 族** | |  | **籍 贯** |  | **出生地** |  |
| **政治面貌** | |  | **加分项目** |  | | |
| **全日制教育**  **学历学位** | | |  | | **毕业院校及专业** |  | |
| **身份证号码** | |  | | | | | |
| **通信地址及邮编** | | |  | | **联系电话** |  | |
| **报考职位** | | |  | | | | |
| **主要学习及工作简历** |  | | | | | | |
| 备注 |  | | | | | | |