常州市某事业单位公开招聘社会化用工报名表

填表日期： 年 月 日 登记编号：

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| 身份证号 | | |  | |  | |  |  | |  | |  | |  | |  |  | |  |  |  |  | |  | | |  | |  | | |  |  | 照片 | |
| 姓名 | |  | | | | | | 性别 | | | | | |  | | | | | 出生年月 | | | | |  | | | | | | | | | |
| 政治  面貌 | |  | | | | 民族 | | |  | | | | | | 籍贯 | | | |  | | | | 婚姻  生育 | | | | | | | |  | | |
| 身体  状况 | |  | | | | 学历 | | |  | | | | | | 学位 | | | |  | | | | 报考  岗位 | | | | | | |  | | | | | |
| 户籍地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话1 | | |  | | | | | | | | | | | | | | | 联系电话2 | | | | | | | |  | | | | | | | | | |
| 全日制学校/专业 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 继续教育学校/专业 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 失业、下岗、毕业时间 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 技术专长 | 专业技术资格 | | | | | | | | | | | | 取得时间 | | | | | | | | | | | | | | | 证书编号 | | | | | | | |
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| 个 人简历 | 起时间 | | | 止时间 | | | | | | 学校/工作单位 | | | | | | | | | | | | | | | 专业/工作岗位及职务 | | | | | | | | | | 备注 |
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| 主要社会关系 | 称谓 | 姓名 | 出生年月 | 单位名称及职务 |
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| 个人成果 | 奖惩情况：  特长爱好： | | | |
| 资格审查 | 经审核， 资格条件， 参加考试。  初审人（签名）： 审核人（签名）：  年 月 日 年 月 日 | | | |
| 备注 | 本人的信息真实有效,如有造假，同意取消录用资格。  报考人签名：  年 月 日 | | | |

备注：此表请使用A4纸正反面打印，填写时书写工整、清晰，请粘贴1寸近期彩色照片于照片栏。