白沙黎族自治2023年考核招聘县民族歌舞团、县少年儿童业余体校事业单位工作人员报名表

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | | | | | 性别 | | | | | | |  | | | | | 出生  年月 | | | | |  | | | | | | | | | 近期  免冠  2寸  彩照 |
| 身份证号码 | |  | |  |  |  | |  |  | | | |  | |  | | |  | |  | |  |  | |  | | |  |  |  | | |  |  |
| 民族 | |  | 籍贯 | | | |  | | | | | | | 现户籍所在地 | | | | | | |  | | | | | | 政治  面貌 | | | |  | | | |
| 学历 | |  | | | | | | | | | | 学位 | | | | | | | | |  | | | | | | | | | | | | | |
| 毕业院校 | |  | | | | | | | | | | 专业 | | | | | | | | |  | | | | | | | | | | | | | | |
| 毕业  时间 | |  | | | | 健康状况 | | | |  | | | | | | | 专业技  术职称 | | | | | | |  | | | | | | | | | | | |
| 家庭  地址 | |  | | | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | |  | | | |
| 紧急联系人姓名 | |  | | | | | | | | | 与本人关系 | | | | | | | |  | | | | | 紧急联系人联系电话 | | | | | | | |  | | | |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | 现工作  单位 | | | | | | | |  | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 主  要  业  绩 |  | |
| **本人承诺：上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，弄虚作假，本人自愿放弃聘用资格并承担相应责任。**  **报考承诺人（签名）： 年 月 日** | | |
| 报考资格审核意见 | | （盖章）  **审核人（签名）：** 年 月 日 |
| 备注 | |  |

**注意：以上表格内容必须填写齐全。“政治面貌”为中共党员的请注明入党时间。**