钦州市儿童福利院聘用工作人员报名表

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| **姓 名** |  | | **性别** |  | | **民族** |  | **政治**  **面貌** | |  | | | **贴相片** | |
| **户口所在地** |  | | **身份**  **证号** |  | | | | | | | | |
| **参加工作时间** |  | | **联系**  **地址** |  | | | **固定电话** | |  | | | |
| **移动电话** | |  | | | |
| **最高学历毕业院校** | **全日制高校** | |  | | | **专业** |  | | **学历** | | |  | **毕业 时间** |  |
| **成人高校及**  **函授** | |  | | | **专业** |  | | **学历** | | |  | **毕业**  **时间** |  |
| **职称、从业资格证等相关证件名称（有证件的必须如实填写）** | | |  | | | | | | | | | **健康状况** |  | |
| **现工作单位、职务** | | |  | | | | | | | | | **应聘岗位** |  | |
| **个人学习、工作经历（从高中开始填写）** | |  | | | | | | | | | | | | |
| **家庭主要成员** | **姓 名** | | **与本人关系** | | **工作单位或住址** | | | | | | **联系电话** | | | |
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| **应聘人员承诺** | **本人承诺所提供的材料真实有效，符合应聘岗位所需的资格条件。如有弄虚作假，承诺自动放弃聘用资格。**  **应聘人签名：**  **年 月 日** | | | | | | | | | | | | | |
| **资格审查意见** | **经审查，符合应聘资格条件。**  **审查人签名：**  **钦州市儿童福利院（签章）**  **年 月 日** | | | | | | | | | | | | | |