附件3

报名登记表

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| 姓名 |  | | | 性别 | | | |  | 民族 | |  | | | 籍贯 | |  | | IMG_256 | |
| 出生日期 | |  | | | | | | 工作时间 | | |  | | | | | | |
| 政治面貌 | |  | | | | | | 入党时间 | | |  | | | | | | |
| 技术职称 | |  | | | | | | 户籍属地 | | |  | | | | | | |
| 现单位及进入时间 | |  | | | | | | 现岗位及聘任时间 | | |  | | | | | | |
| 身份证号 | | | | | |  | | | | | | | | | | | |
| 人事档案所在单位、地址及联系方式 | | | | | |  | | | | | | | | | | | | | |
| 联系  方式 | 手机/宅电 | | | | |  | | | | | | | 电子邮箱 | | | | |  | |
| 本人通信地址及邮编 | | | | | | |  | | | | | | | | | | | |
| **主要社会关系（配偶、子女、父母）** | | | | | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | | | 年龄 | | | 学历 | | 职称 | | | | | 工作单位及职务 | | | | |
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| **教育及培训情况（从大学开始填写，含第一学历、后修学历）** | | | | | | | | | | | | | | | | | | | |
| 起止日期 | | | 毕业院校（单位） | | | | | | | | | 所学专业 | | | | | 学历/学位 | | |
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| **其 他 技 能** | | | | | | | | | | | | | | | | | | | |
| 所获专（执）业资格证书  其它: | | | | | | | | | | | | | | | | | | | |
| **应聘岗位** |  | | | | | | | | | | | | | | | | | | |
| **工作履历** | 起止日期 | | | | | | 工作单位（或重点项目） | | | | | | | | | | | | 岗位 |
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| 履历完整，时间需连续。 | | | | | | | | | | | | | | | | | | |
| **个 人 声 明** | | | | | | | | | | | | | | | | | | | |
| 1．本人所提供的相关材料符合招聘公告中所列出的基本条件、任职资格，不存在招聘公告中列出的不得应聘相关情形：  2．是否有过重大疾病或传染病史。**有（　）**何时 　 病种 　 是否痊愈  **无（　）**  本人现谨声明，此表所涉及的全部资料属实，并清楚如任何一项情况失实，本人承担一切责任。  空白  签 名： 年 月 日 | | | | | | | | | | | | | | | | | | | |
| **自我评价：**  (备注：在本栏中，请将自己的管理优势、阅历优势、受到的表彰、取得的成绩和证书，以及处分等情况进行较为全面、客观的描述。页面不够，可另加附页。〈填写时请删除此备注〉 | | | | | | | | | | | | | | | | | | | |
| **资格初审意见：**  签字（盖章）：  年 月 日 | | | | | | | | | | | | | | | | | | | |

“个人声明”需手动填写，资格审查意见报名时不需个人填写。报名表文档以“招聘岗位+姓名”命名，再发邮箱。