附件：

2024年滁州市琅琊区残疾人联合会公开招聘

应聘人员登记表

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| **姓 名** |  | | | **性 别** |  | | **民 族** |  | | **婚姻状况** | |  | **照 片**  **(2寸，免冠)** |
| **政治面貌** |  | | | **手机号码** |  | | **身份证号** |  | | | | |
| **户籍地** |  | | | **现居住地** |  | | | | | | | |
| **职称、职业资格** |  | | | | | | **电子邮箱** |  | | | | |
| **当前工作情况** | **进入时间** | | | | **单位名称** | | | | | | **岗位及职务名称** | | |
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| **健康情况（有无病史）** | | | | |  | | | | | | | | |
| **详细教育**  **经历**  **（从高中**  **填起）** |  | | | | | | | | | | | | |
| **详细工作**  **经历**  **（实习经历请注明）** |  | | | | | | | | | | | | |
| **与招聘**  **单位关系** | | **（如与招聘单位职工存在亲属关系必须如实声明。）** | | | | | | | | | | | |
| **直系**  **亲属**  **及**  **重要**  **社会**  **关系** | **称 谓** | | **姓 名** | | | **年 龄** | **政治面貌** | | **工 作 单 位 及 职 务** | | | | |
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| **诚信报考承诺** | **本人上述所填写的情况和提供的相关材料、证件均真实有效，对其负责。若有虚假，一经查实，自动丧失应聘资格。**  报考人签名：  年 月 日 | | | | | | | | | | | | |