**荔湾区社会保险基金管理中心**

**招聘工作人员报名登记表**

**年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** | |  | | | | **性别** | |  | | | **民族** | | |  | | **籍贯** | | |  | | 相片 | |
| **出生年月（周岁）** | | | | |  | | | **政治**  **面貌** | | |  | | | | **户籍地** | | |  | | |
| **毕业院校** | | | | |  | | | | | | | | **专业** | | | |  | | | |
| **身份证号码** | | |  | | | | | | | **参加工作时间** | | |  | | | | **身高** | | cm | |
| **现工作单位及职务** | | | | |  | | | | | | | | | | | | **其他** | | | 资格证  领取时间：  退伍军人 | | |
| **户籍地址** | | | | |  | | | | | | | | | | | | **联系**  **电话** | | | 手机：  固话： | | |
| **现住址** | | | | |  | | | | | | | | | | | | | | | | | |
| **应聘岗位** | | | | |  | | | | | | | | | | | | | | | | | |
| **个人简历** | **何年何月至何年何月** | | | | | | | | **在何单位学习或工作** | | | | | | | | | | | | | **任何职务** |
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| **家庭情况** | **主要成员** | | | **姓名** | | | **关系** | | | | | **所在单位及职务** | | | | | | | | | | |
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| **奖惩**  **情况** | | | |  | | | | | | | | | | | | | | | | | | |
| **本人特长以及需要说明的情况** | | | |  | | | | | | | | | | | | | | | | | | |
| **本人**  **声明** | | | | **本人填写的信息真实有效，提供的各类证明材料真实、准确，如有虚假，本人愿意承担相应责任。**  签字： 年 月 日 | | | | | | | | | | | | | | | | | | |
| **资格**  **审查** | | | | 年 月 日 | | | | | | | | | | | | | | | | | | |
| **部门意见** | | | | 年 月 日 | | | | | | | | | | | | | | | | | | |
| **中心意见** | | | | 年 月 日 | | | | | | | | | | | | | | | | | | |
| **备注** | | | |  | | | | | | | | | | | | | | | | | | |

**备注：1、本表中的个人简历由最后学历开始填起。**

**2、家庭成员中填写夫妻关系、直系血亲关系。**

**3、本表须张贴个人近期免冠一寸彩照1张。**