**钦北区城市管理综合执法大队招聘协管员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | 性别 | |  | | | | | 民族 | | | |  | | | | 政治  面貌 | | | | | |  | | | | | | | | 贴相片  （近期一寸免冠彩色照片） | | |
| 户口所在地 |  | | 身份  证号 | |  |  | |  |  | |  |  |  | |  |  |  | | |  |  |  |  | | |  |  |  | | |  | |  | |
| 生源地 |  | | 联系  地址 | |  | | | | | | | | | 固定电话 | | | | |  | | | | | | | | | | | | |  | | |
| 移动电话 | | | | |  | | | | | | | | | | | | |
| 学历  学位 |  | | 毕业院校  及专业 | | | |  | | | | | | | | | | | | | | | | | | | | | | 毕业  时间 | | | | |  |
|  | |
| 身高 | | | |  | | | | | | | | | | | | | | | 健康状况 | | | | | | | | | | | | |  | | |
| 本次招聘岗位，你是否了解？ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 个人学习、工作经历（从高中开始填写） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | 姓 名 | | 关系 | | 工作单位或住址 | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | | | |
|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
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|  | |  | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **填报人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考审核意见 | **招聘单位（盖章）**  **年 月 日** | | | | | | | | | | | | | | **招聘单位主管部门（ 盖章）**  **年 月 日** | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | **初审（签字）：**  **年 月 日** | | | | | | | | | | | | | | **复审（签字）**  **年 月 日** | | | | | | | | | | | | | | | | | | | |