云南省烟草公司红河州公司应聘人员报名表

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| **个人概况** | | | | | | | | | | | |
| 姓名 | 性别 | 民族 | 政治面貌 | | | 出生日期 | | | 籍贯 | | 近期电子照片 |
|  |  |  |  | | |  | | |  | |
| 所学专业 | | 学历 | | 毕业学校 | | | | | 毕业时间 | |
|  | |  | |  | | | | |  | |
| 报考专业类别 | |  | | | | | | | | |
| 联系电话 | | 身份证号 | | | | | 特长 | | | | |
|  | |  | | | | |  | | | | |
| 身高（cm） | | 体重（kg） | | | | | 家庭住址 | | | | |
|  | |  | | | | |  | | | | |
| **学习简历（从高中填起）** | | | | | | | | | | | |
| 入学时间 | | 毕业时间 | | | 学历 | | | 毕业学校及专业 | | | |
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| **荣誉奖励** | | | | | | | | | | | |
| 奖励名称 | | | | 获奖时间 | | | | | | 授奖机构 | |
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| **补充信息** | | | | | | | | | | | |
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| **报名明示承诺** | | | | | | | | | | | |
| 本表所填写内容完全属实，如有作假，一经查实，愿意取消考试、被录用资格。    承诺人签字：   年 月 日 | | | | | | | | | | | |