**明光市商务局**

**公益性岗位人员报名资格审查表**

**时间： 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | 民 族 | | |  | | 照片 |
| 出生年月 | |  | | | | 学 历 | | |  | |
| 毕业院校及专业 | | | |  | | | | | | |
| 身份证号码 | | | |  | | | | | | |
| 家庭住址 | | | |  | | | | | | | |
| 联系电话 | | | |  | | | 报考岗位 | | |  | |
| 家 庭 成 员 | | | | | | | | | | | |
| 称谓 | 姓名 | | | 出生年月 | 政治面貌 | | | 工作单位 | | | |
|  |  | | |  |  | | |  | | | |
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| 本  人  简 历 |  | | | | | | | | | | |
| 备 注 |  | | | | | | | | | | |