满洲里市总工会补聘社会化工会工作者（集体

协商指导员、职工互助医疗工作人员）报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 | |  | | 出生  年月 | |  | | 民 族 |  | 一  寸  免  冠  近  照 | |
| 身 份 证  号 码 | |  | | | | | | | 手机号码 | |  | | | |
| 现工作单位及职务 | |  | | | | | | | | | | 婚否 | |  |
| 参加工作时 间 | |  | | 文化程度 | | | |  | | 政治面貌 | |  | | 健康  状况 | |  |
| 毕业学校及 专 业 | |  | | | | | | | | | | | | 毕业  时间 | |  |
| 现 居 住  地 址 | |  | | | | | | | | | | | | 户籍地 | |  |
| 学习及工作经历 | 起止时间 | | | | | 学校名称/单位名称 | | | | | | | | 职 务 | | |
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| 满洲里市总工会  意 见 | | |  | | | | | | | | | | | | | |

注：学习及工作经历从大学开始填写。