附件1：

阳春市基层社会救助劳务派遣人员报名表

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| 姓 名 |  | | | | 性 别 | |  | | | 出生年月 | | |  | | 照  片 | |
| 籍 贯 |  | | | | 政治面貌 | |  | | | 婚姻状况 | | |  | |
| 毕业院校 |  | | | | | | 专业 | | |  | | | | |
| 毕业时间 |  | | | | | | 身份证  号码 | | |  | | | | | | |
| 资格证书获取情况 | 🞎助理社会工作师 🞎中级社会工作师 🞎其他： | | | | | | | | | | | | | | | |
| 报名岗位 |  | | | | | | | | | | | | | | | |
| 是否退役军人  （填是或否） | | | |  | | | | 是否服从工作地点调配（填是或否） | | | | | |  | | |
| 居住地址 | | | |  | | | | 联系电话 | | | | | |  | | |
| 常用邮箱 | | | |  | | | | 紧急联系人及电话 | | | | | |  | | |
| 专业技能（相关证书、奖项、项目经验等） | | | |  | | | | | | | | | | | | |
| 主要学习及工作经历（请从高中填起） | | | XX年XX月至XX年XX月 | | | | | | | | 在何学校或单位学习或工作 | | | | | |
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| 奖惩  情况 | | |  | | | | | | | | | | | | | |
| 家庭主  要成员 | | | 姓名 | | | | 与本人关系 | | | 年龄 | | | 工作单位及职务 | | | |
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| 本人承诺：以上所填内容真实可靠，如不属实，愿承担一切责任。  签名：  年 月 日 | | | | | | | | | | | | | | | | |
| 审核意见 | | | 审核人签名： （审核单位盖章）  年 月 日 | | | | | | | | | | | | | |