公益性岗位报名表

填报日期: 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** | |  | | **民族** |  | | （近期1寸免冠  彩色照片） |
| **出生年月** |  | **政治面貌** | |  | | **籍贯** |  | |
| **文化程度** |  | **户口所在地** | |  | | | | |
| **健康状况** |  | **身份证号码** | |  | | | | |
| **毕业时间** |  | **毕业院校**  **及专业** | |  | | | | |
| **家庭住址及联系电话** | |  | | | | | | | |
| **家庭主要成员** | | **与本人**  **关系** | **姓 名** | | **年龄** | | | **工作单位（或现居住地址）** | |
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| **个人简历** | |  | | | | | | | |
| **个人奖惩情况** | |  | | | | | | | |