附件：

广州市天河区残疾人联合会

2019年公开招聘编外合同制人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 出生年月 | | | | | | | |  | | | | | | |  | |
| 民族 |  | | | 性别 | | |  | | | | | 婚姻状况 | | |  | | | |
| 身份证号 |  | | | | | | | | | | | | | | | | | |
| 政治面目 |  | | 入党（团）  时间 | | | | 年 月 | | | | | | | 参加工作时间 | | | | |  | |
| 现居住详细地址 |  | | | | | | | | | | | | | 联系电话 | | | | |  | |
| 现有学历学位 |  | | | 毕业院校及专业 | | | |  | | | | | | | | | | | | |
| 个  人  简  历  （从大学写起） | 起止时间 | | | | | | | | 单 位 | | | | | | | | | 职 务 | | |
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| 配偶情况 | 姓名 |  | | | 单位 | | | | |  | | | | | | | 电话 | | |  |
| 户口 所在地 |  | | | | | | | | | | | | | | | | | | |
| 子女情况 | 姓名 |  | | | | 性别 | | | | |  | | 出生日期 | | | 年 月 日 | | | | |
| 姓名 |  | | | | 性别 | | | | |  | | 出生日期 | | | 年 月 日 | | | | |
| 自  我  评  价 |  | | | | | | | | | | | | | | | | | | | |
| 个  人  承  诺 | 我已详细阅读了招考公告、职位相关要求和填表说明，确信符合报考条件及职位要求。本人保证填报和提交的资料真实准确，如因个人填报信息失实或不符合报考条件和职位要求而被取消考录资格的，由本人负责。  考生亲笔签名:  年 月 日 | | | | | | | | | | | | | | | | | | | |