**绍兴市社会保障市民卡服务有限公司**

**招聘工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | | |  | | 身份证号 |  |  | |  | |  |  | |  | |  |  | | |  |  |  | |  |  |  |  | |  | |  |  | 免冠  一寸  彩照 | | |
| 户 口  所在地 | | |  | | 民族 |  | | | | | | | 性别 | | | | |  | | | | | 政治  面貌 | | | | |  | | | | |
| 最 高  学 历 | | |  | | | | | | | | | | 毕 业 时 间 | | | | | |  | | | | | | | | | | | | | |
| 现工作 单 位 | | |  | | | | | | | | | | 参加工作时间 | | | | | |  | | | | | | | | | | | | | | 专业技术职称 | |  |
| E-mail | | |  | | | | | | | | | | | | | | | | 邮 编 | | | | | | | | | | |  | | | | | |
| 联系地址 | | |  | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | | | |  | | | | | |
| 人员类别 | | | 在职□ 失业□ | | | | | | | | | | | | | | | | 移动电话 | | | | | | | | | | |  | | | | | |
| 最高学历 毕业院校 | | | |  | | | | | | | | | | | | | | | 所学专业 | | | | | | | | | | |  | | | | | |
| 应聘岗位 | | | |  | | | | 有何技能 特 长 | | | | | | | | | | |  | | | | | | | | | | | 婚姻状况 | | | |  | |
| 个人  简历  及  获奖  情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位审核意见 | （盖章）  年 月 日 | | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | |  | | | | | | | | | | | | | | | | | | | | |

**注意：以上表格内容须填写齐全。**