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| **附件2** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **阳高县2020年公开择优选聘融媒体中心劳务派遣制辅助工作人员报名资格审查表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | 性别 |  | | | | | 身份证号 | | | | |  | | | | | | | | | 照片  （一寸红底近期免冠照片） | | |
| 出生年月 | | |  | | | 民族 |  | | | | | 婚姻状况 | | | |  | | 政治面貌 | | | |  | | | |
| 现户籍  所在地 | | |  | | | | 现详细住址 | | | | |  | | | | | | | | | | | | | |
| 报考岗位专业 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **教　　育　　经　　历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历 | | 毕业院校 | | | | | | | | 学校类别 | | | | | 所学专业 | | | | | | 学位 | | | | | | 毕业时间 | |
|  | |  | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | |
|  | |  | | | | | | | |  | | | | |  | | | | | |  | | | | | |  | |
| 毕业证编号 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所学主要专业课名称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、 | | | | | | | | 2、 | | | | | | | | | | | 3、 | | | | | | | | | |
| 4、 | | | | | | | | 5、 | | | | | | | | | | | 6、 | | | | | | | | | |
| **考 取 或 获 取 证 书 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有无职业资格证 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 证书名称 | | | |  | | | | | | | 发证单位 | | | | | |  | | | | | | 获取时间 | | | | |  |
| 证书名称 | | | |  | | | | | | | 发证单位 | | | | | |  | | | | | | 获取时间 | | | | |  |
| 主要获奖情况 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **工 作 经 历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 工作单位 | | | | | | 是否国有企事业正式职工 | | | | | | | | | | | 主要工作职责任务 | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | | | | |  | | | | | | | | |
|  | | |  | | | | | |  | | | | | | | | | | |  | | | | | | | | |
| 本人电子邮箱 | | |  | | | | | | 电话1 | | | |  | | | | | | | 电话2 | | | | |  | | | |
| **报名人承诺：以上所填写内容真实有效，如有不实后果自负。 本人签字：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **★以下内容由工作人员填写★** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查结果 | 项目 | | | | 基本情况 | | | | | | | | | 学历专业 | | | | | | | | | | 资格证书 | | | | |
| 结果 | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| 审核人签字 | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | |
| 备注 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |

说明：本表一式2份，下载填写打印后，于现场资格审查时上交。