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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **公开招聘就业困难人员从事社会公共服务类公益性岗位报名信息表** | | | | | | | | | |
| **姓名** |  | **性别** |  | | **出生年月（年龄）** | |  | | **照片** |
| **民族** |  | **籍贯** |  | | **婚姻状况** | |  | |
| **政治面貌** |  | **健康状况** |  | | **学历** | |  | |
| **学位** |  | **所学专业** |  | | | | | |
| **毕业院校** |  | | | | | **毕业时间** | |  | |
| **报考岗位** |  | | | | | **是否愿意调配岗位** | |  | |
| **身份证号** |  | | | | | **联系电话** | |  | |
| **家庭住址** |  | | | | | | | | |
| **个人简历** |  | | | | | | | | |
| **主要社会关系** |  | | | | | | | | |
| **审核意见** | **审查人：** | | | **考生诚信申明** | | **本人确认以上所填写信息真实、准确，如有虚假取消聘用资格，责任自负。** | | | |
|
|  | | | **考生承诺签名（手写）：** | | | |
| **年 月 日** | | | **年 月 日** | | | |