|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件：  2021年舟山市国有企业公开招聘残疾人职工报名表  报考单位：   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓名 | | |  | | | | 出生  年月 | |  | | | | | | 近期免冠  一寸白  底彩照 | | 户口  所在地 | | |  | | 民族 |  | | 性别 | |  | | 政治  面貌 |  | | | 最高  学历 | | | 普通高校 | |  | | | 毕业时间 | | |  | | | | | 成人高校 | |  | | | | 参加工作时间 | | |  | | 健康状况 |  | | 专业技  术资格 | | |  | | | | | | 残疾  类别 | | |  | | 残疾等级 |  | | 残疾人  证号 | | |  | | | | | | 联系  地址 | | |  | | | | | | | | 固定电话 | | |  | | | 移动电话 | | |  | | | E-mail | | |  | | | | | | | | 邮    编 | | |  | | | 最高学历毕业院校 | | | |  | | | | | | | 所学专业 | | |  | | | 现工作单位 | | | |  | | | | | | | 身份证  号码 | | |  | | | 个    人    简    历 | |  | | | | | | | | | | | | | | | **本人承诺：上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，**  **弄虚作假，本人自愿放弃聘用资格并承担相应责任。**    **报考承诺人（签名）：                           年  月   日** | | | | | | | | | | | | | | | | | 备注 |  | | | | | | | | | | | | | | |   **注意：以上表格内容必须填写齐全。** |
|  |