附件

涪陵区社会保险事务中心公开招聘公益性岗位人员报名登记审核表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | |  | | 年龄 | | |  | | | 民族 | | |  | | 照片 |
| 籍贯 | |  | | 身份证号 | | |  | | | | | | | | | | | | |
| 文化程度 | |  | | 政治面貌 | | |  | | | | | | 婚姻状况 | | | |  | | |
| 毕业院校 | |  | | | | | | 毕业时间 | | |  | | | | | 所学专业 | | | |  |
| 家庭住址 | |  | | | | | | | | | | | | 联系电话 | | | | | |  |
| 家庭主要成员情况 | | 姓名 | | | 关系 | | | | 学习、工作单位 | | | | | | | | | 工作/生活状况 | |
| （在职、下岗、失业、务农、低保） | |
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| 个人简历 | |  | | | | | | | | | | | | | | | | | | |
| 人员类别 | | 按照渝人社发〔2016〕239号文件规定执行。 | | | | | | | | | | | | | | | | | | |
| 诚信承诺 | | 本人提供的报名信息与所提交相关资料均真实准确，完全符合报名条件。否则，由此而影响面试、聘用及所造成的后果，本人愿承担全部责任。  报名人员签名： | | | | | | | | | | | | | | | | | | |
| 招聘单位意见 | | （单位盖章）  经办人： 负责人： 年 月 日 | | | | | | | | | | | | | | | | | | |

说明：报考人员必须准确填写，特别是 “联系电话”及“身份证号”不得少位或错位。