**马鞍山市医疗生育保险基金征缴管理中心招聘人员报名表**

**岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **基　本　信　息** | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 曾用名 | | |  | 性别 | |  | | 民族 | | |  | 近期免冠照片 | |
| 出生日期 |  | | | 政治面貌 | | |  | 身高 | | cm | | 体重 | | | kg |
| 学历 |  | | | 身份证号 | | |  | | | | | | | | |
| 婚姻状况 | 未婚□  已婚□ | | | 是否退役军人 | | | 是□  否□ | 入伍时间：　　　　年　　月  退役时间：　　　　年　　月 | | | | | | | |
| 籍贯 |  | | | 有何特长 | | |  | | | | | | | | |
| 户籍城市 |  | | | 户籍地址 | | |  | | | | | | | | | | |
| **通　联　信　息** | | | | | | | | | | | | | | | | | |
| 手机号码 |  | | | | | | 个人邮箱 | |  | | | | | | | | |
| QQ号 |  | | | | | | 其他联系方式 | |  | | | | | | | | |
| 现居住地址 |  | | | | | | | | | | | | | | | | |
| **教育经历（请从最高学历写起）** | | | | | | | | | | | | | | | | | |
| 入学时间 | | 毕（肄）业时间 | | | 院校名称 | | | | | | | | 所学专业 | | | | 学历 |
|  | |  | | |  | | | | | | | |  | | | |  |
|  | |  | | |  | | | | | | | |  | | | |  |
|  | |  | | |  | | | | | | | |  | | | |  |
| **工作经历（请从最近经历写起）** | | | | | | | | | | | | | | | | | |
| 工作开始时间 | | | 工作结束时间 | | | 工作单位 | | | | | 职务 | | | 离职原因 | | | |
|  | | |  | | |  | | | | |  | | |  | | | |
|  | | |  | | |  | | | | |  | | |  | | | |
|  | | |  | | |  | | | | |  | | |  | | | |
| **家庭情况（填写直系亲属：父母、配偶和子女）** | | | | | | | | | | | | | | | | | |
| 姓名 | | | 与填表人关系 | | | 工作单位 | | | | | 职务 | | | 手机号码 | | | |
|  | | |  | | |  | | | | |  | | |  | | | |
|  | | |  | | |  | | | | |  | | |  | | | |
|  | | |  | | |  | | | | |  | | |  | | | |
| 本人承诺 | | | 本人保证所提供及填写的资料均属实，如有虚假，本人承担一切责任。  填表人（签名） 年　　月　　日 | | | | | | | | | | | | | | |