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| 附件2： | | | | |  |  | |  | |  | |  | | |  | |  | |
| 大亚湾开发区西区街道公开招聘  社区党群服务中心工作人员报名表 | | | | | | | | | | | | | | | | | |
| 填表日期： 岗位代码： | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | 性别 | | |  | | 民 族 | | | | |  | | 贴 相 片 | |
| 现居住地 | |  | | | | | | | 政治面貌 | | | | |  | |
| 户籍所在地 | |  | | | | | | | 出生年月 | | | | |  | |
| 通讯地址 | |  | | | | | | | 婚姻状况 | | | | |  | |
| 身份证号码 | |  | | | | | | | 手机号码 | | | | |  | | | |
| 电子邮箱 | |  | | | | | | | 是否  退伍军人 | | | | |  | | | |
| 学历 | |  | | | | | | | 学位 | | | | |  | | | |
| 毕业院校 | |  | | | | | | | 专业 | | | | |  | | | |
| 是否获得过县区级以上人民政府疫情防控先进个人荣誉 | | | | | | | | |  | | | | | | | | |
| 是否取得中级及以上社会工作师证 | | | | | | | | |  | | | | | | | | |
| 现单位名称及职务 | | | | | | | | |  | | | | | | | | |
| 学  习  简  历 | | 起止时间 | | | | | | | | | | | 所在院校、所学专业 | | | | |
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| 工  作  经  历 | | 起止时间 | | | | | | | | | | | 工作单位、职务 | | | | |
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| 特长业绩及奖罚情况 |  | | | | | | | | | | | | | | | | |
| 家庭成员及 主要 社会 关系 | 姓 名 | | 与本人关系 | | 工作单位及职务 | | | | | | 户籍所在地 | | | | | | |
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| 承诺人签字 | 本人承诺以上材料属实，如有不实之处，愿意承担相应责任。  报名人员签名： 日 期： 年 月 日 | | | | | | | | | | | | | | | | |
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| 审  核  意 见 | 审核人： 审核日期： 年 月 日 | | | | | | | | | | | | | | | | |
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| 说明：1、此表须如实填写，经审核发现与事实不符的，责任自负； | | | | | | | | | | | | | | | | | |
| 说明：2、此表用A4纸双页打印。 | | | | | | | | | | | | | | | | | |