公益性岗位报名登记表

**报名岗位：**

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| **基本情况** | **姓 名** |  | | **性 别** |  | | **民 族** |  | **出生日期** | | |  | | 照片 |
| **籍 贯** |  | | **政治面貌** |  | | **身份证**  **号码** |  | | | | | |
| **婚姻状况** |  | | **健康状况** |  | | **手机号码** |  | | | | | |
| **户口 所在地** |  | | | | | **备用号码** |  | | | | | |
| **最高学历及专业** |  | | | **电子邮箱** | |  | | | | **特长爱好** | | |  |
| **学习经历** | **起止时间** | | | **毕业学校** | | | | | | | **所学专业** | | | **学历** |
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| **工作经历** | **起止时间** | | | **单位名称** | | | | | | | **岗位名称** | | | |
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| **工作职责：** | | |  | | | | | | | | | | |
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| **工作职责：** | | |  | | | | | | | | | | |
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| **工作职责：** | | |  | | | | | | | | | | |
| **专业技能资格证书** |  | | | | | | | | | | | | | |
| **获奖情况** |  | | | | | | | | | | | | | |
| **家庭主要成员情况** | **关系** | | **姓名** | | | **出生年月** | | | | **政治面貌** | | | **工作单位及职务** | |
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| **报名承诺** | 本人承诺所提供的一切信息、资料真实有效，否则，一切责任自负，用人单位可不予录用。  签名： 年 月 日 | | | | | | | | | | | | | |
| **审查意见** | 审查人：  盖章：  年 月 日 | | | | | | | | | | | | | |