附件

杭州市改革研究与促进中心公开招聘编外人员报名表

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | 身份证号 |  |  |  | |  |  | |  | |  |  | |  |  | |  | |  |  |  | | |  |  | |  |  | 近期免冠  一寸彩照 |
| 户口  所在地 | |  | | 民族 |  | | | | | | 性别 | | | | |  | | | | | 政治  面貌 | | | | |  | | | | | |
| 学历  学位 | |  | | | | | | | | | 毕业时间 | | | | | | | |  | | | | | | | | | | | | |
| 参加工作  时间 | |  | | 健康状况 |  | | | | | | 专业技  术职称 | | | | | | | |  | | | | | | | | | | | | | |
| 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 | |  | | | | | | | | | | | | | | | | | 岗位职务 | | | | | | | | | |  | | | |
| 家庭主要社会关系 | 称 谓 | | 姓 名 | | | 年 龄 | | | | | | | | 政 治面 貌 | | | | | | | | | | | 工 作 单 位 及 职 务 | | | | | | | |
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| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考单位  审核意见 | | （盖章）  年 月 日 | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | |  | | | | | | | | | | | | | | | | | | | |

**注意：以上表格内容必须填写齐全。**