北海市红十字会机关后勤人员控制数

聘用人员应聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | | | 性别 | | |  | | 出生年月 | |  | | （小二寸相片） | |
| 籍贯 |  | | | 民族 | | |  | | | 政治面貌、加入时间 | | | |  | | 婚姻状况 |  | |
| 身份证  号码 |  | | | | | | | | | | | | | | 健康状况 | |  | |
| 学历  学位 | 全日制  教 育 | | | |  | | | 毕业院校、专业 | | | | | | |  | | | | | |
| 毕业时间 | | | | | | |  | | | | | |
| 在 职  教 育 | | | |  | | | 毕业院校、专业 | | | | | | |  | | | | | |
| 毕业时间 | | | | | | |  | | | | | |
| 参加工作时间 |  | | | | | | | 职称证书及  获取时间 | | | | | | |  | | | | | |
| 岗位资格证书及  获取时间 | | | | | | |  | | | | | |
| 现工作单位、职务 | | |  | | | | | | | | | | | | 报考岗位 |  | | | | |
| 有何特长、爱好 | | |  | | | | | | | | 家庭住址 | | | |  | | | | | |
| 本人联系电话 | | | |  | | | | | |
| 学习经历 | 起止时间 | | | | | | | | 学校名称(从高中阶段填起) | | | | | | | | | 专业 | | 研究方向 |
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| 工作经历 | 起止时间 | | | | | | | | 所在单位 | | | | | | | | | 从事的工作及职务 | | |
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| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  及  重要  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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| 本人对以上内容的真实性、准确性和合法性负责，如有虚假，愿意承担一切责任。    签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 招聘单位  审核  意 见 | | 审核人:    年 月 日 | | | | | | | | | | | | | | | | | | |

注：本表一式一份，正反面打印。