附件二

湖北体育产业集团有限公司管理岗位

应

聘

报

名

表

工作单位 （公章）

姓 名

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 个人基本情况 | | | | | | | | | | | | | | | | | | | |
| 姓 名  （曾用名） |  | | | | | | 性别 |  | | | 出生年月（ 岁） | | | |  | | | 照片 | |
| 民族 |  | | | | | | 籍贯 |  | | | 政治面貌 | | | |  | | |
| 业务技术专长 |  | | | | | | | | | | | | | | | | |
| 学历学位 | 全日制  教育 | |  | | | | | | | 毕业院校系及专业 | | | |  | | | | | |
| 在职  教育 | |  | | | | | | | 毕业院校系及专业 | | | |  | | | | | |
| 专业技术职称或  职（执）业资格 | | |  | | | | | | | 工作时间 | | | |  | | | | | |
| 现单位职务 | | |  | | | | | | | 任现职时间 | | | |  | | | | | |
| 外语语种（水平） | | |  | | | | | | | | | | | | | | | | |
| 招聘岗位 | | | | | | | | | | | | | | | | | | | |
| 应聘岗位 | | |  | | | | | | | 是否服从  组织调剂 | | | | 是 🞎 否 🞏 | | | | | |
| 教育经历 | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 学校、院系、专业  （从大学起） | | | | | | | | | | 学历/学位 | | | | | 毕（结、肄）业 | | 全日制/在职 |
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| 工作履历 | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | 工作单位 | | | | | | | 职务 | | | | | | |
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| 近三年工作业绩及成果 | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | 主要业绩与成果 | | | | | | | | | | | | | | |
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| 近三年个人考核情况（必填） | | | | | | | | | | | | | | | | | | | |
| 年度 | | | | | 考核等次（需与年度考核登记表认定等次一致） | | | | | | | | | | | | | | |
| 2021年 | | | | |  | | | | | | | | | | | | | | |
| 2022年 | | | | |  | | | | | | | | | | | | | | |
| 2023年 | | | | |  | | | | | | | | | | | | | | |
| 近三年奖惩情况（没有即填“无”） | | | | | | | | | | | | | | | | | | | |
| 时间 | | | | | 内容（请注明奖惩实施单位） | | | | | | | | | | | | | | |
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| 参加社会团体及任职情况（没有即填“无”） | | | | | | | | | | | | | | | | | | | |
| 时间 | | | | | 社会团体名称 | | | | | | | | 任职情况 | | | | | | |
|  | | | | |  | | | | | | | |  | | | | | | |
| 联系方式 | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | | | |  | | | | | | | | | | | | | | | |
| 联系电话 | | | |  | | | | | 电子邮箱 | | | | | | |  | | | |
| 个人声明 | | | | | | | | | | | | | | | | | | | |
| 本人确认上述情况属实，如有隐瞒或虚假成分，同意公司立即取消本人报名资格。  填表人签名：  填表时间： | | | | | | | | | | | | | | | | | | | |
| 所在单位意见 | | | | | | | | | | | | | | | | | | | |
| 情况属实，同意报名。  单位负责人签名：  时间： | | | | | | | | | | | | | | | | | | | |
| 资格审查结果 | | | | | | | | | | | | | | | | | | | |
| 签名：  时间： | | | | | | | | | | | | | | | | | | | |