附件3

广元市昭化区2022年下半年部分事业

单位公开考试招聘工作人员报名表

招聘单位：　　　　　　　　招聘岗位：　　　　　　　　　岗位编码：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | **身份**  **证号** |  |  |  |  | |  | |  | |  |  |  |  |  |  |  |  |  |  | |  |  | **近期免冠**  **两寸彩照** | | |
| **户口**  **所在地** | |  | **性别** |  | | | | | **民族** | | | | |  | | | **政治**  **面貌** | | |  | | | | | |
| **学历** | | **普通高校** |  | | | | | | **学位** | | | | | | |  | | | | | | | | | |
| **成人高校** |  | | | | | |  | | | | | | | | | |
| **毕业院校** | | |  | | | | | | | | | | | | | **所学专业** | | | | | | |  | | | | | |
| **参加工**  **作时间** | |  | **健康**  **状况** |  | | | | | **专业技术职务任职资格** | | | | | | |  | | | | | | | **执业资格** | | | | |  |
| **联系**  **地址** | |  | | | | | | | | | | | | | | **固定电话** | | | | | | |  | | | | | |
| **移动电话** | | | | | | |  | | | | | |
| **E-mail** | |  | | | | | | | | | | | | | | **邮政编码** | | | | | | |  | | | | | |
| **现工作单位** | | |  | | | | | | | | | | | | | **职务** | | | | | | |  | | | | | |
| **是否曾享受**  **政策性加分** | | |  | **本次应享受加分分值** | | | | | |  | | | | | | **加分项目** | | | | | | |  | | | | | |
| **个**  **人**  **简**  **历** | **起止年月** | | **所在单位名称** | | | | | | | | | | | | | **职务** | | | | | | | **证明人** | | | | **工作单位意见** | |
| **-** | |  | | | | | | | | | | | | |  | | | | | | |  | | | | **（公章）** | |
| **-** | |  | | | | | | | | | | | | |  | | | | | | |  | | | |
| **-** | |  | | | | | | | | | | | | |  | | | | | | |  | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担全部责任。**  **报考人签名：　　　　　　　　　　　　　　　　年　　月　　日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **资格**  **审查**  **意见** | | **审核人签字:**  **（单位盖章）**  **年　　月　　日** | | | | | | **身份证复印件粘贴处** | | | |  | | | | | | | | | | | | | | | | |

备注：本表一式两份，请打印或工整填写；招聘期间请保持通讯畅通，不要变更所留电话号码。