附件2

中江县2025年面向服务基层项目人员

考核招聘为乡镇事业单位工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | |  | | | | 出生  年月 | | | | | |  | | | | | 照片 | | | | | | |
| 民族 |  | | | | | 政治  面貌 | |  | | | | 学历  类别 | | | | | |  | | | | |
| 学历层次 |  | | | | | 学位 | |  | | | | 毕业  时间 | | | | | |  | | | | |
| 全日制学历 |  | | | | | 毕业学校及专业 | | | |  | | | | | | | | | | | | | | | | | | | |
| 在职教育学历 |  | | | | | 毕业学校及专业 | | | |  | | | | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | | | | | 工作单位 | | | | | |  | | | | | | | | | | | |
| 户口所在地 | | | | 省(区、市) 市(地、州) 县(市、区) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 公民身份号码 |  |  | | |  | |  | |  |  |  | |  | |  | |  | |  |  | |  | |  |  | |  |  |  |
| 通讯  地址 |  | | | | | | | | | | | | | 邮政编码 | | | | | | |  | | | | | | | | |
| 家庭  地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人  简历  (始于  高中) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 获得过何种证书、有何特长 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  成  员  情  况 | | | 姓名 | | | | | | 与本人关系 | | | | | | | 工作单位 | | | | | | | | | | 职务 | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | |  | | | | | | |  | | | | | | | | | |  | | | |
| 报考岗位编码 | | |  | | | | | | | | 招聘单位 | | | | | | | | | | |  | | | | | | | |
| 资格审查意见 | | | 审查人签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |

说明：1.请报考者如实准确填写。报考者隐瞒有关情况或者提供虚假材料的，取消其报考资格，所造成的一切后果由报考者本人承担。

2.本表一式一份，双面印制。