**三门县事业单位公开招聘高层次人才报名表**

报考单位：三门县慈善事业服务中心

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | | | | | | | | 出生  年月 | | | |  | | | | | | | | | | | | | 近期  免冠  一寸  彩照 |
| 身份证号码 | |  |  |  | |  |  |  | | |  |  | | |  |  | |  | |  |  |  | |  |  | | |  |  |
| 户 口  所在地 | |  | | | 是否三  门生源 | | | |  | | | | | 性别 | | | | |  | | | | 政治  面貌 | | | |  | | |
| 毕业院校及专业 | |  | | | | | | | | | | | | 毕业时间 | | | | | | | | |  | | | | | | |
| 参加工  作时间 | |  | | | 健康  状况 | | | | |  | | | | 专业技  职称 | | | | | | | | |  | | |  | | | | |
| 联系  地址 | |  | | | | | | | | | | | | | | | | | 固定电话 | | | |  | | |  | | | | |
| 移动电话 | | | |  | | |  | | | | |
| E-mail | |  | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | |
| 现工作  单 位 | |  | | | | | | | | | | | | | | | | | 工作职务 | | | |  | | |  | | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺：上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，弄虚作假，本人自愿放弃聘用资格并承担相应责任。  报考承诺人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招审  聘核  单意  位见 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |