**德阳市残联公开考核招聘事业单位工作人员报名资格审查表**

　　　　　　　岗位类别：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | 身份  证号 |  |  |  |  |  | |  | |  |  | |  | |  |  | |  |  | |  |  | |  |  |  |  | | |
| 出生 年月 | |  | | 性别 |  | | | 民族 | | | |  | | | | | 政治  面貌 | | | | | |  | | | | | | | 近期免冠  一寸彩照 | | |
| 参加工作时间 | |  | | 健康状况 |  | | | 身高 | | | |  | | | | | 特长 | | | | | |  | | | | | | |
| 籍贯详址 | | |  | | | | | | | | | | | | | | 户口  所在地 | | | | | |  | | | | | | |
| 毕业院校 | | |  | | | | | | | 毕业时间 | | | | | | |  | | | | | | | | | 学历学位 | | | | |  | |
| 专业技术职称类别 | | |  | | | | | | | 取得职称时间 | | | | | | |  | | | | | | | | | 职称等级 | | | | |  | |
| 联系地址 | | |  | | | | | | | 移动电话 | | | | | | |  | | | | | | | | | 固定电话 | | | | |  | |
| E-mail | | |  | | | | | | | | | | | | | | 邮政编码 | | | | | | | | |  | | | | | | |
| 现工作单位及职务 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 | 起止年月 | | | 所在单位名称 | | | | | | | | | | | | | 职 务 | | | | | | | | | 证 明 人 | | | | | | 备 注 |
| - | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  |
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| 家庭成员 | 与本人关系 | | | 姓 名 | | | | | | | | | | | | | 政治面貌 | | | | | | | | | 工作单位 | | | | | | |
|  | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | |
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| 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。  报名人签名：　　　　　　　　　　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格  初审  意见 | | 初核人签字:  年 月　　日 | | | | | | | | | | | | | 资资格复审意见 | | | | | 主管部门（用人单位）意见：  复审人签字：  年 月 日 | | | | | | | | | | | | |