**附件2：**

**齐河县社会工作者定向公开招聘**

**报名登记表**

报考岗位： （填写乡镇街道名称或县大救助中心或家庭经济核对中心）

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| 姓 名 |  | | | | | | 性别 | | | |  | | | | 出生年月 | | | | |  | | | | | | 贴照片处 |
| 身份证号 |  |  |  |  |  |  | |  | |  | | |  |  | |  |  |  | |  |  | |  |  |  |
| 政治面貌 |  | | | | 学历及学位 | | | | | | |  | | | | | | | 民族 | | |  | | | |
| 毕业院校  及时间 |  | | | | | | | | | | | 所学专业 | | | | | | |  | | | | | | |
| 现家庭地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户 口  所在地 |  | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | | | |
| 本人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 荣誉或特长 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓名 | | | | 关系 | | | | 所在单位及职务 | | | | | | | | | | | | | | | | | |
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| 承诺：本人符合报名条件要求，在报名表中填报的信息真实、准确。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查人员（签字）： 复核人签字： | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：此表需本人签字后扫描发送至报名邮箱，资格审查人员及复核人签字暂不填写。