附件1

常州市医疗保障局下属事业单位公开招聘社会化用工报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 身份证号 |  | | | | | | | | | | |  |
| 户口所在地 |  | | | 民族 | |  | 性别 | |  | 政治面貌 | | | |  |
| 最高学历 |  | | | | | | 毕业时间 | |  | | | | | |
| 参加工作  时间 |  | | | | | 专业技术职称 | | |  | | | | | |
| 联系地址 |  | | | | | | | | 身高 | | | |  | | |
| 人员类别 | 在职🗌 失业🗌 | | | | | | | | 联系电话 | | | |  | | |
| 最高学历毕业院校 |  | | | | | | | | 所学专业 | | | |  | | |
| 现工作单位 |  | | | | | | | | 工作职务 | | | |  | | |
| 计算机等级 |  | | | | | 外语水平 | | |  | | | 婚姻状况 | | |  |
| 个人简历及获奖情况 | （个人简历从高中填起） | | | | | | | | | | | | | | |
| 家庭成员及重要社会关系 | 称谓 | 姓名 | | | 出生年月 | | | 政治面貌 | | | 工作单位及职务 | | | | |
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| **本人承诺：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **考生（签名）： 年 月 日** | | | | | | | | | | | | | | | |