附件1：

**百色市救助管理站公开招聘工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | |  | | | 出生年月 | | | |  | | | （近期免冠正面2寸白底彩色照片） | |
| 籍贯 |  | | | | | 民族 | | |  | | | 政治面貌 | | | |  | | |
| 学历  学位 | 全日制教育 | | | | |  | | | | 毕业院校及专业 | | | |  | | | | |
| 在职教育 | | | | |  | | | | 毕业院校及专业 | | | |  | | | | |
| 参加工作时间 | | | |  | | 工作单位 | | | |  | | | | | | | | | | |
| 健康状况 | | | |  | | | 婚姻状况 | | | |  | | | | 移动电话 | | |  | | |
| 身份证号 | | | |  | | | | | | | | | | | 家庭电话 | | |  | | |
| 通讯地址 | | | |  | | | | | | | | | | | 邮政编码 | | |  | | |
| 个  人  学  习  工  作  简  历 | | |  | | | | | | | | | | | | | | | | | |
| 主要  工作  业绩 | |  | | | | | | | | | | | | | | | | | |
| 奖惩  情况 | |  | | | | | | | | | | | | | | | | | |
| 家  庭  主  要  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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| 本人签名 | | 本人申明：上述填报内容属实。如有不实，本人愿意承担一切法律责任。  签名： 年 月 日 | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | |

注意：本表格一式两份，以上表格内容必须填写齐全。