附件

盐城市医疗保险基金管理中心大丰分中心

**公开招聘劳务派遣人员报名表**

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | 性别 | | | | |  | | | | | | 出生年月 | | | | | |  | | | | | 2寸近期  免冠照片 | | | |
| 民族 |  | | | | 籍贯 | | | | |  | | | | | | 参加工  作时间 | | | | | |  | | | | |
| 政治面貌 |  | | | | 入党时间 | | | | |  | | | | | | 健康状况 | | | | | |  | | | | |
| 专业技术职称 |  | | | | | | | | | 有何专业特长 | | | | | |  | | | | | | | | | | |
| 全日制教育 | 学历 | | | |  | | | | | 毕业院校系及专业 | | | | | |  | | | | | | | | | | | | | | |
| 学位 | | | |  | | | | |
| 在职  教育 | 学历 | | | |  | | | | | 毕业院校系及专业 | | | | | |  | | | | | | | | | | | | | | |
| 学位 | | | |  | | | | |
| 现工作单位及职务 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主  要  实  绩 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖  惩  情  况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员 | 称谓 | | | 姓名 | | | | 出生年月 | | | | | 籍贯 | | | | | | 政治面貌 | | | | | | 工作单位职务 | | | | | |
|  | | |  | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |
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| 通信  地址 |  | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | |  | | | | | |
| 办公  电话 |  | | | | | | | | | | | | | 住宅电话 | | | |  | | | | | | | | | | | | |
| 移动  电话 |  | | | | | | | | | | | | | 电子信箱 | | | |  | | | | | | | | | | | | |
| 身份  证号 |  |  |  | | |  |  | |  | |  |  | | |  | |  | | |  |  | |  |  | |  | |  |  |  |
| 应聘承诺 | 本人经慎重考虑,申请加入贵单位。  　　本人申明保证以上信息及相关附报材料的真实性，如被录用后经查不实，本人同意作为被解聘的理由。  　　　　　　　　　　　　　　　　　　　　签 名：  　　　　　　　　　　　　　　　　　　　　日 期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查结果 | （盖章）  　　　　　　 　　年　 月　 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注意**：本表中所填内容以及所提供材料均真实有效，如有不实之处，取消录用资格。