附件2

长阳土家族自治县2024年

“三支一扶”服务期满人员专项招聘为

事业单位工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | | |  | | 民族 | |  | | 籍贯 | |  | | | | 近期半身脱帽一寸照片 | |
| 出生年月 | | |  | | | | | 政治面貌 | | |  | | | 参加工作时间 | | | |  | | | |
| 文化程度 | | |  | | | | | 毕业院校及时间 | | | | | |  | | | | | | | |
| 所学专业 | | |  | | | | | | | | | | | | | | | | | | |
| 身体状况 | | |  | | 身高 | | | | 米 | | | 视力 | | 左 右 | | | | | 婚否 | |  | | |
| 居民身份证号码 | | | | | |  | | | | | | | | | | | | | | 有无慢性疾病 | | |  |
| 工作单位及职务（称） | | | |  | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | | | |  | | | | | | | | | | | | | 联系电话 | | | | |  | |
| 简  历 | |  | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | | 姓 名 | | | | | 关系 | | | | | | 政治面貌 | | 工作单位及职务 | | | | | | | | |
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| 组织人社部门意见 | （章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |