上城区残联招聘工作人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | 身份证号 |  |  |  |  | |  |  |  | |  |  | |  |  |  | |  |  |  |  | |  |  |  |
| 出 生  年 月 | |  | 性别 |  | | 民族 | | |  | | 政治  面貌 | | | |  | | | | | 健康状况 | | |  | | | |
| 户 口  所在地 | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 学 历 | |  | | | | | | 毕业时间 | | | | | | | | | | |  | | | | | | | |
| 毕 业  院 校 | |  | | | | | | 所学专业 | | | | | | | | | | |  | | | | | | | | |
| 现工作单 位 | |  | | | | | | 参加工作时间 | | | |  | | | | | | | 职务职称 | | | | |  | | | |
| 联 系  地 址 | |  | | | | | | | | | | | | | | | | | 固定电话 | | | | |  | | | |
| 移动电话 | | | | |  | | | |
| E-mail | |  | | | | | | | | | | | | | | | | | 邮 编 | | | | |  | | | |
| 个    人    简    历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：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。申请人（签名）：                         年  月   日** | | | | | | | | | | | | | | | | | | | | | | | | | | | |