**自贡市自流井区事业单位考核招聘人员报名表**

**（请认真阅读说明后填写）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **报考单位** |  | | | | **单位代码** |  | | | | **报考岗位** | |  | | | **岗位代码** | | |  | **照**  **片** |
| **姓** **名** | | |  | | | **性别** | | |  | | | **出生年月** | | |  | | | |
| **身份证号码** | | | |  | | | | | | | | **政治面貌** | | |  | | | |
| **毕业时间** | | | |  | | | | **最高学历** | | | |  | | **学位** | |  | | |
| **毕业院校及专业** | | | |  | | | | | | | | | | | | | | |
| **是否属在职人员** | | | |  | | | | | | | | **工作年限** | | |  | | | | |
| **职称** | | | |  | | | **执业资格** | | | | |  | | | **任职年限** | | | |  |
| **联系电话** | | | |  | | | | | | | | | | **邮编** | | |  | | |
| **通讯地址** | | | |  | | | | | | | | | | **备注** | | |  | | |
| **本**  **人**  **学**  **习**  **或**  **工**  **作**  **简**  **历** | |  | | | | | | | | | | | | | | | | | |
| **招考**  **单位**  **审查**  **意见** | | **审核人：**   **年** **月** **日** | | | | | | | | | **招考主管机关**  **审查意见** | | **审核人：**   **年** **月** **日** | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**说明：** 1、此表由报考者本人填写，并经招考单位（主管部门）初审，完善报名手续；

2、请报考者如实详尽真实准确地填报个人资料，如所填信息与事实不符，或提供虚假材料的，将取消报考资格，后果由报考者自负；

3、请报考者仔细阅读公告和报考岗位资格条件，完全符合报考资格条件的填写此表，对因专业或资格条件等要件无法准确选择岗位的，请与各招考单位或主管部门联系后填写。

**考生签名：**