附件：

东台市殡葬服务中心公开招聘工作人员报名表

报名序号： 2024年10月

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　　名 |  | | 身份证号 | |  | | |  |  |  | |  |  |  | |  | | |  |  | |  | |  | |  | |  |  |  |  |  |
| 性　　别 |  | | 学 历 | |  | | | | | | 学 位 | | | | | |  | | | | | | | | 贴照片处 | | | | | | | |
| 毕业院校 |  | | | | | | | | | | 毕业时间 | | | | | |  | | | | | | | |
| 所学专业（以毕业证书为准） | | | |  | | | | | | | | | | | | | | | | | | | | |
| 工作单位 |  | | | | | | | | | | 户 籍 | | | | | |  | | | | | | | |
| 工作时间 |  | | | | | | 职 称 | | | |  | | | | | | | | | | | | | |
| 政治面貌 |  | | | | | | 民 族 | | | |  | | | | | | | | | | | | | |
| 联系地址 |  | | | | | | 邮 编 | | | |  | | | | | | 移动电话 | | | | | |  | | | | | | | | | |
| 移动电话 | | | | | |  | | | | | | | | | |
| 简 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭  主 要  成 员 | 姓 名 | 关系 | | | | 所在单位 | | | | | | | | | | | | 职 务 | | | | | | | | | 回避关系 | | | | | |
|  |  | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
|  |  | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
|  |  | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
|  |  | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | |
| 报考单位  名 称 |  | | | | | | | | | | | | | | 报考职位  名 称 | | | | | |  | | | | | | | | | | | |
| 考生承诺 | 本人承诺：以上所填内容以及所提供材料均真实有效，如有不实之处，取消报名资格。  承诺人（签名）：  年 　月 　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见 | 年 　月 　日 （盖章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：**1、除报名序号、审核意见由招聘部门填写外，其他有关项目均由报考人员填写。

贴照片处

　　 2、此表一式1份，需贴近期同底版正面免冠照片2张。