附件2：

宁波市退役军人事务局直属单位

公开招聘工作人员报名表

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | 性别 | | |  | | | | 民族 | | | |  | | | | | 婚否 | | | |  | | | 照片  (粘贴一寸照片) |
| 政治面貌 | |  | | | | | 籍贯 | | |  | | | | 户籍地址 | | | | | | | | |  | | | | | | |
| 身份证号 | |  |  |  | |  |  |  | |  | |  |  | | |  |  | |  |  | |  | |  | |  | |  |  |
| 学历学位 | | 全日制教育 | | | | | |  | | | | | | | | | | 院校专业 | | | | | | |  | | | | | |
| 在职教育 | | | | | |  | | | | | | | | | | 院校专业 | | | | | | |  | | | | | |
| 原工作单位 | |  | | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | |
| 持有何证书 | |  | | | | | | | | | | | | | | | | E-mail | | | | | | |  | | | | | |
| 家庭主  要成员 | | 称谓 | | | 姓名 | | | | 出生年月 | | | | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | | | | |
|  | | |  | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
|  | | |  | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
|  | | |  | | | |  | | | | |  | | | | | | |  | | | | | | | | | |
| 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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审考核单意位见 | 盖章：  年 月 日 | | | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | |  | | | | | | | | | | | | | | | |