附件1

**昭平县编外人员资格考试报名表**

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性别 | | |  | | 身高 | | | |  | 近期正面  2寸彩照 |
| 政治面貌 |  | | | 身份证号码 | | | |  | | | | | |
| 毕业院校及专业 | | |  | | | | | | | | | | |
| 户籍所在地 | | |  | | | 是否复退军人 | | | | |  | | |
| 联系方式 | | 通信地址 | | |  | | | | | | | | | |
| 电子邮件 | | |  | | | | | 手机 | |  | | |
| 工作简历 | |  | | | | | | | | | | | | |
| 奖惩情况 | |  | | | | | | | | | | | | |
| 有何特长 | |  | | | | | | | | | | | | |
| 应聘承诺 | | 以上填写内容属实，如有虚假，本人自愿放弃应聘资格。  承诺人：  年 月 日 | | | | | | | | | | | | |