**附件2吉安市特种设备监督检验中心公开招聘工作人员报名表**

填表日期： 年 月 日

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| **个 人 资 料** | | | | | | | | | | | | | | | | | | | | | | |
| **应聘岗位：** | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | 性 别 | |  | | 出生日期 | | | | | | |  | | | | | | | 照片粘贴处  （一寸免冠红底或蓝底  照片） |
| 民 族 | |  | | 籍 贯 | |  | | 身份证  号码 | | | | | | |  | | | | | | |
| 政治面貌/加入时间 | |  | | 婚姻状况 | |  | | 参加工作  时间 | | | | | | |  | | | | | | |
| 现 住 址 | |  | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | |  | | | | | | 个人邮箱 | | | | |  | | | | | | | | | |
| 户籍所在地  （详细） | |  | | | | | | | | | | | | | | | | | | | | |
| 身体状况 | |  | | | | 过往病史 | | |  | | | | | | | | | | | | | |
| 家庭主要成员及重要社会  关系 | | 称谓 | 姓名 | | | 年龄 | | | 政治面貌 | | | 工作单位、职务、电话 | | | | | | | | | | |
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| 紧急情况指定联系人 | 姓 名 | |  | | | | 关系 | | |  | | | | | | | 联系电话 | |  | | | |
| 联系地址 | |  | | | | | | | | | | | | | | 个人邮箱 | |  | | | |
| 专业技术职称 | 职称名称 | |  | | | | | | | | | | | | | | 职称专业 | |  | | | |
| 取得时间 | |  | | | | | | | | | | | | | | 批准单位 | |  | | | |
| 职（执）业资格 | 1、名称 | |  | | | | | | | | | | | | | | 取得时间 | |  | | | |
| 2、名称 | |  | | | | | | | | | | | | | | 取得时间 | |  | | | |
| 3、名称 | |  | | | | | | | | | | | | | | 取得时间 | |  | | | |
| **教育及培训背景（从最高学历起至小学）** | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **院校或培训机构名称** | | | | | | | | | | | | | | | **专业或课程** | | | | **证书或学位** |
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| **工 作 经 历(从最近工作经历起倒序填写)** | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **工作单位** | | | | | | | | | | | | | | | **职位/职务** | | | **证明人及电话** | |
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| **主要工作业绩(倒序填写)** | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | **工作任务/项目（项目规模）** | | | | | | **承担职责** | | | | | | | | | **完成情况/获奖情况** | | |
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| **奖惩情况(倒序填写)** | | | | | | | | | | | | | | | | | | | | | | |
| **时间** | | | | | **奖惩名称** | | | | | | | | | **授予部门** | | | | | | | | |
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| **爱好及专长** | | | | |  | | | | | | | | | | | | | | | | | |
| **是否接受**  **出差安排** | | | | | **接受（ ） 不接受（ ）**  请在括号里面勾选（√） | | | | | | | | | | | | | | | | | |
| **资格审查** | | | | | 人事部门审查（盖章）  年 月 日 | | | | | | | | | | | 中心审批（盖章）  年 月 日 | | | | | | |

应聘人员签名：