附件：

巴马县退役军人事务局招聘临时工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | | | | | | | | | 性别 | |  | | | | | | | | | 近期免冠  一寸彩照 |
| 身份证号码 | | | |  |  |  | |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |
| 户口  所在地 | | |  | | | | 民族 | | | |  | | | 婚姻状况 | |  | | 政治  面貌 | | |  | | | |
| 学历 | | |  | | | | | | | | | | | 毕业时间 | | | |  | | | | | | |
| 健康 状况 | | |  | | | | | | | | | | | 参加工作时间 | | | |  | | | | | | | |
| 专业技  术职称 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 联系  地址 | | |  | | | | | | | | | | | | | | | 固定电话 | | | |  | | | |
| 移动电话 | | | |  | | | |
| 毕业院校 | | | |  | | | | | | | | | | | | | | 所学专业 | | | |  | | | |
| 现工作单位 | | | |  | | | | | | | | | | | | | | 工作职务 | | | |  | | | |
| 个  人  简  历 | | （从大学学习经历开始填写） | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：上述填写内容和提供的相关依据真实，符合公告的条件。如有不实，**  **弄虚作假，本人自愿放弃聘用资格并承担相应责任。**  **报名承诺人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招审聘核单意位见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | | |

**注意：以上表格内容必须填写齐全。**