报 名 资 格 审 核 登 记 表

编号： 填表日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 报考单位 |  | | | | | | | | | | | | 报考岗位 | | | | |  | | | | | | |
| 姓名 |  | | | | 性别 | | |  | | 身份证号 | | |  | | | | | | | | | 贴  照  片 | | |
| 民族 |  | | | 籍贯 | | |  | | | 联系电话 | | |  | | | | | | | | |
| 出生日期 |  | | | | | | 年龄 | |  | | | 政治面貌 | | | |  | | | | | |
| 学历 |  | | | | | | 专业 | | | | |  | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | 毕业时间 | | | | |  | | | | |
| 是否受过公安或司法机关处罚 | | | | | | | | | |  | | | | | 是否有吸毒史 | | | | | |  | | | |
| 是否患有精神或间歇性疾病 | | | | | | | |  | | | 持有何种职业资格证书 | | | | | | | | |  | | | | |
| 人员类别 | | | 大中专毕业生□ 失业人员□ 退伍军人□ | | | | | | | | | | | | | | | | 信息来源 | | | | |  |
| 现居住地地址 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 户口所在地 | | | 省 市（州） 县（市、区） 街道（乡、镇） | | | | | | | | | | | | | | | | | | | | | |
| 个 人 工 作 简 历 | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭 成 员 | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 称谓 | | | | 工作单位 | | | | | | | | 联系电话 | | | | | | | | | 备注 | |
|  | |  | | | |  | | | | | | | |  | | | | | | | | |  | |
|  | |  | | | |  | | | | | | | |  | | | | | | | | |  | |
| 报考承诺 | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人郑重承诺：  上述填写内容和报名时提供的相关证件真实有效，符合招聘公告的报名条件。如有不实或弄虚作假，本人自愿放弃聘用资格并承担相应责任。  承诺人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |

注：请应聘人员据实填写本表格，表格内容均为必填项。