杭州市社会保险服务中心公开招聘编外人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 身份证号 |  | |  |  |  |  | |  |  |  | | |  |  |  | |  |  |  |  | |  | |  |  | | 免冠  一寸  彩照 |
| 户 口  所在地 | |  | | 民族 |  | | | | | | 性别 | | | |  | | | | | 政治  面貌 | | | | |  | | | | | |
| 学 历 | |  | | | | | | | | | 毕 业 时 间 | | | | |  | | | | | | | | | | | | | | |
| 现工作单位 | |  | | | | | | | | | 参加工作时间 | | | | |  | | | | | | | | | | | | | | | |
| 联系地址 | |  | | | | | | | | | | | | | | 移动电话 | | | | | | | | | | |  | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | 所学专业 | | | | | | | | | | |  | | | | |
| 人员类别 | | 在职□ 失业□ | | | | | | | | | | | | | | 婚姻状况 | | | | | | | | | | |  | | | | |
| 奖惩情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工  作  经  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  成  员  情  况 | 姓 名 | | 关 系 | | | 所在单位 | | | | | | | | | | | | | | | | | | | | | | | | 职 务 | |
|  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |