附件：

**南通市通州区金新街道公开招聘人力资源和**

**社会保障基层公共服务平台工作人员报名登记表填报日期: 年月日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 |  | | 身份证号 |  |  |  | |  | | |  |  |  | |  |  | |  | |  |  |  |  | |  |  |  |  |
| 性　别 |  | 民族 |  | 学历 | | |  | | | | | | | 毕业时间 | | | | |  | | | | | 2寸  照片 | | | | |
| 毕业院校 |  | | | | | | | | 所学专业 | | | | |  | | | | | | | | | |
| 现工作单位 |  | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 |  | | | | | | | | | 户籍所在地 | | | | | | |  | | | | | | |
| 联系电话 | | | | | | |  | | | | | | | | | | | | | | | | |
| 学习及  工作  简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及  重要社会关系 | 姓名 | | 称谓 | 工作单位 | | | | | | | | | | | | | | | 职务 | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | |  |  | | | | | | | | | | | | | | |  | | | | | | | | | |
| 声  明 | 本人承诺上述所填报名信息内容和提供的相关资料均真实有效，并核对无误。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。  本人签名：  年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | 签名：  年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |