**金华市残疾人就业服务中心**

**招聘工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 身份证号 |  |  |  |  |  | | |  |  | |  |  |  | |  | |  |  |  |  |  | |  |  | 免冠  二寸彩照 |
| 性别 |  | | 出生年月 |  | | | | | | 民族 | | | |  | | | | | 政治  面貌 | | | |  | | | | |
| 应聘岗位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位 | |  | | | | | | | | | | | 职称 | | | | | |  | | | | | | | | |
| 资格证书 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加工作时间 | |  | | | | | | | | 户籍所在地 | | | | | | |  | | | | | | | | | | |
| 学历 |  | | | | | | | | | 毕业时间 | | | | | | |  | | | | | | | | | | | |
| 毕业  院校 |  | | | | | | | | | | | | | | | | 专业 | | | | | | | |  | | | |
| 联系  地址 |  | | | | | | | | | | | | | | | | 固定电话 | | | | | | | |  | | | |
| 移动电话 | | | | | | | |  | | | |
| E-mail |  | | | | | | | | | | | | | | | | 邮 编 | | | | | | | |  | | | |
| 个  人  简  历 | （注：个人简历包括教育经历和工作经历，教育经历从高中起） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘单位审核意见 | （审核人签字）  年 月 日 | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | |  | | | | | | | | | | | | | | |

**注意：本表格一式贰份，以上表格内容必须填写齐全，填写时字迹务必清楚工整，切勿潦草。**