**广安市邮政管理局**

**招聘劳务派遣人员报名表**

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| **姓 名** | | |  | | **性  别** | |  | | **出生年月(   岁)** | | |  | | **2寸证件照** |
| **民 族** | | |  | | **籍  贯** | |  | | **出 生 地** | | |  | |
| **政治**  **面貌** | | |  | | **参加工作**  **时  间** | |  | | **健康状况** | | |  | |
| **学 历**  **学 位** | | | **全日制**  **教  育** | |  | | | | **毕业院校系及专业** | | |  | | |
| **在  职**  **教  育** | |  | | | | **毕业院校系及专业** | | |  | | |
| **身份证号码** | | | | |  | | | | | **联系电话** | | |  | |
| **工作简**  **历** |  | | | | | | | | | | | | | |
| **主要工作成绩及奖惩情况** | |  | | | | | | | | | | | | |
| **家庭主要成员及重要社会关系** | | **称 谓** | | **姓  名** | | **出生年月** | | **政治面貌** | | | **工作单位及职务** | | | |
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| **个人承诺** | | **我已详细阅读招聘公告，确信符合招聘条件及职位要求。本人保证填报资料真实准确，如因个人原因填报失实或不符合招聘条件、职位要求而被取消招聘资格，由本人承担一切责任。**  **本人签名：**  **年    月   日** | | | | | | | | | | | | |
| **资格审查意见** | | **审查人签名：**  **审查单位（盖章）：**  **年    月   日** | | | | | | | | | | | | |