三门县公开招聘社区矫正工作者报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | | | | | | | | 出生  年月 | | | | |  | | | | | | | | | | | | | 免冠  一寸  彩照 |
| 身份证号码 | | | |  |  |  | |  |  |  | |  |  | | |  |  | | |  |  |  | | |  |  |  | |  |  | |
| 户口  所在地 | | |  | | | | 是否三门生源 | | | |  | | | | 性别 | | | |  | | | | | 政治  面貌 | | | |  | | | |
| 最高  学历 | | | 普通高校 | | | |  | | | | | | | | | | | 毕业  时间 | | | | |  | | | | | | | | |
| 成人高校 | | | |  | | | | | | | | | | |  | | | | | | | | |
| 参加工作时间 | | |  | | | | 健康  状况 | | | |  | | | | | | | 专业技  术职称 | | | | |  | | | | | | | | | |
| 联系  地址 | | |  | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | |  | |
| 移动电话 | | | | | | | |  | |
| E-mail | | |  | | | | | | | | | | | | | | | | | | | | 普通高校所学专业 | | | | | | | |  | |
| 最高学历毕业院校 | | | |  | | | | | | | | | | | | | | | | | | | 成人高校所学专业 | | | | | | | |  | |
| 现工作单位 | | | |  | | | | | | | | | | | | | | | | | | | 工作职务 | | | | | | | |  | |
| 《综合应用能力》成绩 | | | |  | | | | | | | | | | | | | | | | | | | 《职业能力倾向测验》成绩 | | | | | | | |  | |
| 报考岗位 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：上述填写内容和提供的相关依据真实，符合招聘公告的报考条件。如有不实，弄虚作假，本人自愿放弃聘用资格并承担相应责任。**  **报考承诺人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招审聘核单意位见 | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |