附件2

高新公安分局勤务辅警应聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | | 性别 | | | | |  | | | 身份证号 | | | | |  | | | | | | | | | 照  片 | |
| 民族 | |  | | | | 籍贯 | | | | |  | | | | | 联系电话 | | | | |  | | | | | | | | |
| 出生日期 | |  | | | | | | | 年龄 | | | |  | | 健康状况 | | | | |  | | | | 婚姻状况 | | | |  | |
| 身高 | cm | | | | 体重 | | | kg | | | | | | 头围 | | | cm | | | | | | 鞋码 | | | 码 | | | |
| 学历 | |  | | | | | 专业 | | | | |  | | | | | | | | 毕业时间 | | | | |  | | | | |
| 毕业院校 | |  | | | | | | | | | | | | 政治面貌 | | | | |  | | | | | 政审情况 | | | |  | | | |
| 持有何种驾照 | | | |  | | | | | | | | | | | | | | 是否患有精神或间歇性疾病 | | | | | | | | | | | | |  |
| 持有何种职业资格证书 | | | | | | | | | | |  | | | | | | | 是否服从分配 | | | | | | | | |  | | | | |
| 人员类别 | | | | 大中专毕业生 □ 失业人员 □ 退伍军人 □ 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户口所在地 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘类别 | | | | 一类:□PTU □特别业务辅警 二类：□ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个 人 工 作 简 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个 人 特 长 及 爱 好 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭 情 况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 称谓 | | | | | | | 工作单位 | | | | | | | | | | | | 联系电话 | | | | | | | 身份证号码 | | |
|  | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | |
|  | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | |
| 注：请应聘人员据实填写本表格，表格内容均为必填项。 | | |  | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | |

编号： 填表日期：