昭通市2017年事业单位公开招聘优秀紧缺人才报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 |  | | | | | 性 别 | | |  | | | | | | | | | 民  族 | | | | | | | | |  | | | | | | | | | | | | | 照片 | | | | | | | |
| 出  生  年  月 |  | | | | | 政 治  面 貌 | | |  | | | | | | | | | 户  籍  所在地 | | | | | | | | |  | | | | | | | | | | | | |
| 毕业院校及专业 |  | | | | | | | | | | | | | 学 历  学 位 | | | | |  | | | | | | | | | 毕 业  时 间 | | | | |  | | | | | | |
| 身  份  证  号 |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | | | |  | |  | | |  | | |  | |  | |  |
| 联  系  电  话 |  | | | | | | | | | | | | | | 电子邮箱地址 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 专 业 特 长 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 个人简历(含学习经历、担任职务等) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员 | 姓  名 | | | | | 关 系 | | | | 所在单位 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 职  务 | | | | | |
|  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备 注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  | |  | |  | |  |  |  | |  |  | |  |  | |  | | |  |  | |  |  | |  | |  | |  |  | |  | |  | |  |  | |  |  | |  | |  |  |