**广安市人力资源和社会保障局**

**招聘12333电话咨询员报名表**

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| 姓　名 | |  | | | 性别 |  | | 出生年月 | | |  | | | 贴近期两寸  正面免冠  彩色相片 | | |
| 籍　贯 | |  | | | 民族 |  | | 参加工作时间 | | |  | | |
| 政治面貌 | |  | | | | 参加党派  时 间 | | | |  | | | |
| 户籍所在地 | |  | | | | 婚姻状况 | | | |  | | | |
| 原工作单位 | |  | | | | | | | | 原工作地 | | | |  | | |
| 毕业院校 | |  | | | | | 最高学历 | | |  | | | 最高学位 |  | | |
| 职称 | |  | | | | | | | | 联系电话 | | |  | | | |
| 通讯地址 | |  | | | | | | | | | | | 邮政编码 |  | | |
| 学习经历 | | | | | | | | | | | | | | | | |
| 起止年月 | | | 毕业院校 | | | | | | | 所学专业 | | 学习形式 | | | 学历 | |
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| 主要工作经历 | | | | | | | | | | | | | | | | |
| 起止年月 | | | 工作单位 | | | | | | | | | | 职务 | | | |
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| 奖惩情况 |  | | | | | | | | | | | | | | | |
| 近15天内外出情况及与新型肺炎确诊或疑似病例接触情况 |  | | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 姓 名 | | | 与本人关系 | | 出生年月 | | | 工作单位及职务 | | | | | | | 政治面貌 |
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| 个人  承诺 | 我已详细阅读了招聘公告相关要求，确信符合应聘条件及职位要求。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职位要求不能聘用的，由本人负责。  本人签名： 年 月 日 | | | | | | | | | | | | | | | |

**填表说明：**

1、A4纸双面打印，一式两份。

2、应聘者需如实报告近15天内外出情况及与新型肺炎确诊或疑似病例接触情况，对瞒报相关情况引起不良后果的，将按照相关法律法规追究责任