**丽水市社会保险事业管理局招聘编外人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 中文姓名 | |  | | 性别 | |  | | 政治面貌 | | | |  |  |
| 出生年月日 | |  | | 民族 | |  | | 身  高 | | | |  |
| 身份证号 | |  | | | | | | 计算机等级 | | | |  |
| 毕业院校及专业 | |  | | | | | | | | 毕业时间 |  | |
| 学  位 | |  | | 特长 | |  | | | | 手机号码 |  | | |
| 籍  贯 | |  | | 出生地 | |  | | | | 户口所在地 |  | | |
| 联系地址 | |  | | | | | | | | 邮政编码 |  | | |
| E\_MAIL | |  | | | | | | | | | | | |
| 各类资格证书 | |  | | | | | | | | | | | |
| **个人履历：** | | | | | | | | | | | | | |
| 其它您认为重要的信息： | | | | | | | | | | | | | |
| **家庭主要成员情况：** | | | | | | | | | | | | | |
| 关系 | 姓名 | | 出生年月 | | 政治面貌 | | 学历 | | 工作单位及职务 | | | | |
|  |  | |  | |  | |  | |  | | | | |
|  |  | |  | |  | |  | |  | | | | |
|  |  | |  | |  | |  | |  | | | | |
| 其他需加备注的情况： | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**申明：本人保证以上信息属实，如有任何虚假或隐瞒，本人愿承担一切责任**

确认签名：                           年   月    日