**泉州市殡葬管理所公开招聘报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 |  | 出生年月 | | |  | | | | | 照  片 |
| 身份证号码 | | | | |  | | | | | | | | | | |
| 政治面貌 | | | |  | | | 民族 | |  | 籍贯 | |  | | | |
| 学历 | | |  | 学位 | | |  | | | 专业 | |  | | | |
| 毕业时间、院校  （最高学历） | | | | | |  | | | | | | | | | |
| 工作单位及职务 | | | | | |  | | | | | | | | | | |
| 通讯地址 | | | |  | | | | | | | | | 邮编 | |  | |
| 职称/执业资格 | | | | （可多填） | | | | | | | 电话  号码 | |  | | | |
| 应聘职位 | | | |  | | | | | | | | | | | | |
| 有何特长 | | | |  | | | | | | | 身体状况 | | |  | | |
| 主要简历  （何年何月至何年何月在何学校学习、何单位工作、任何职务） | | | |  | | | | | | | | | | | | |
| 承  诺 | 本人提供的证书和个人证明材料如有虚假，愿被取消招聘资格。  签名（盖章）： 年 月 日 | | | | | | | | | | | | | | | |