附件1：

**绍兴市上虞区产权交易有限责任公司**

**公开招聘合同制职工报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 报考岗位编号： 岗位名称: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 身份  证号 | | |  |  |  |  |  | | |  | |  |  | |  | |  |  |  | | |  | |  | |  | |  | |  |  | | **一寸近期免冠**  **（照片）** | |
| 户口  所在地 |  | | | | | | | | | | | | 性别 | | | | |  | | | | | | | 政治  面貌 | | | | | |  | | | | | |
| 参加工  作时间 |  | | | 健康  状况 | | |  | | | | | | 专业技  术职称 | | | | |  | | | | | | | | | | | 婚否 | | | |  | | | |
| 普通  院校 | 毕业  时间 | |  | 学校  名称 | | |  | | | | | | | | | | | | | | | | | 专业 | | |  | | | | | | | | | | **学历**  **学位** |  |
| 最高  学历 | 毕业  时间 | |  | 学校  名称 | | |  | | | | | | | | | | | | | | | | | 专业 | | |  | | | | | | | | | | **学历**  **学位** |  |
| 联系  地址 |  | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | |  | | | | | | | | | | | |
| 移动电话 | | | | | | |  | | | | | | | | | | | |
| 现工作  单位 |  | | | | | | | | | | | 单位  性质 | | |  | | | | | 就业协议  签约情况 | | | | | | |  | | | | | | | | | 社保  参保情况 | |  |
| **学习经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自何年何月至何年何月 | | | | | | 何所学校 | | | | | | | | | | | | | | | | | | | | | **何专业** | | | | | | | | | | | |
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| **工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自何年何月至何年何月 | | | | | | 何单位 | | | | | | | | | | | | | | | | | | | | | **工作岗位** | | | | | | | | | | | |
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| **家庭主要成员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 与本人关系 | | | | 工作单位 | | | | | | | | | | | | | | | | | | | | | **联系电话** | | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | |  | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| **有何特长**  **及突出业绩** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在单位意见（区属国有企业）意见 | | | | | **负责人（签名）：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明:上述填写内容真实完整。如有不实，本人愿承担一切责任。  报考人(签名)： 代 报 人（签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审核**  **意见** | **审核人签名:**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |