附件2

**龙华区会计核算中心工作人员报名登记表**

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| 姓　名 |  | | | 性别 | |  | | | 出生年月 | | | |  | | | | 贴近期一寸  彩色证件相片 | | |
| 籍　贯 |  | | | 民族 | |  | | | 参加工作  时间 | | | |  | | | |
| 政治面貌 |  | | | | | 参加党派时间 | | | | |  | | | | | |
| 工作单位  及职务 |  | | | | | | | | | | | | | | | |
| 身高 |  | | | | | | 体重 | | |  | | | | | | |
| 学历 |  | | | | 学位 | | |  | | | | | | 职 称 | | |  | | |
| 身份证  号码 |  | | | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | |
| 大学本科及以上学习经历 | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | 毕业院校 | | | | | | | | | 所学专业 | | | 学制及学习形式 | | | | 学历 |
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| 主要工作经历 | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | 工作单位及职务（级别） | | | | | | | | | | | | | | | | |
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| 何时何地  受过何种  奖励或处分 | |  | | | | | | | | | | | | | | | | | |
| 有何特长  或业绩 | |  | | | | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | | 姓 名 | | 年龄 | | 工作单位及职务 | | | | | | | | | | 政治面貌 | | 与本人关系 | |
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| 报考岗位 | |  | | | | | | | | | | | | | | | | | |
| 个人  承诺 | | 我已详细阅读了报名公告、职位相关要求，确认符合招聘条件及职位要求。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招聘条件和职位要求而被取消资格的，由本人负责。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | |