大理州广播电视和网络视听事业发展中心 招聘公益性岗位人员报名表

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| **姓 名** | | | |  | | **性 别** | |  | | | 照片 |
| **出生年月** | | | |  | | **民 族** | |  | | |
| **文化程度** | | | |  | | **政治面貌** | |  | | |
| **健康状况** | | | |  | | **联系电话** | |  | | |
| **身份证号** | | | |  | | | | | | |
| **毕业院校及专业** | | | |  | | | | | | | |
| **《就业创业证》《就业失业登记证》编号** | | | |  | | | | | | | |
| **学习**  **工作**  **简历** |  | | | | | | | | | | |
| **家庭主要成员** | **称谓** | **姓名** | | | **出生年月** | | **政治面貌** | | **工作单位及职务** | | |
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| **报考人诚信承诺** | **我郑重承诺：**本人所提供的个人信息、证明材料和相关证件真实、准确，并自觉做到诚实守信，严守纪律，对所提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相应的责任。    报考人签名： 2024年 月 日 | | | | | | | | | | |
| **备注** |  | | | | | | | | | | |