附件1 本人签名：

五莲县县属国企公开招聘财务总监报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | | | 性 别 | |  | | | | | | | 出生  年月  (周岁) | | | | | | |  | | | | | | | | 请附近期  彩色证件照 | | | | | |
| 民 族 | |  | | | | | 籍 贯 | |  | | | | | | | 出生地 | | | | | | |  | | | | | | | |
| 户 籍  所在地 | |  | | | | | 政 治  面 貌 | |  | | | | | | | 参加工  作时间 | | | | | | |  | | | | | | | |
| 健 康  状 况 | |  | | | | 身份证  号 码 | | |  | |  | |  |  |  | | |  | |  | |  | |  | |  | |  |  |  | |  |  |  |  |  |
| 专业技术职务和  职（执） 业 资 格 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系  电话 | |  | | | | | | | | | | | | | | 电子邮箱 | | | | | | | | |  | | | | | | | | | | | |
| 学 历  学 位 | | 全日制  教育 | | （xx学历  xx学位） | | | | | | 毕业院校及专业 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 在职  教育 | | （xx学历  xx学位） | | | | | | 毕业院校及专业 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 现工作单位及职务 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现负责工作 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现分管(负责)部门  及员工人数 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现工作单位  隶属单位 | | | | |  | | | | | | | | | | | | | | | | 隶属单位性质 | | | | | | | | | |  | | | | | |
| 家庭主要成员及重要社会关系  （填写配偶、子女、父母及亲属中担任科级以上领导职务人员信息） | | | | | 称 谓 | | | 姓 名 | | | | 出生  年月 | | | | | | | 政治  面貌 | | | | | | | | 工作单位 及职务 | | | | | | | | | |
|  | | |  | | | |  | | | | | | |  | | | | | | | |  | | | | | | | | | |
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| **任职企业**  **有关信息** | | | 注册名称 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 主营业务 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 所属行业 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 2020年底资产总额  （万元） | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 2020年度营业收入  （万元） | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 2020年底在岗职工人数 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **现工作单位简要介绍** | （200字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教**  **育**  **经**  **历** | （自大、中专院校学习时间开始填写)  起止年月、院校、院系/专业、毕业/结业/肄业、学历、学位、全日制/在职 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **培**  **训**  **经**  **历** | 起止年月、培训机构、培训专业/内容、成绩/证书 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工**  **作**  **经**  **历** | (自参加工作时间开始填写至今，时间要连贯)  起止年月、单位、部门、职务、工作内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **近年主要工作业绩** | （本人在工作中取得的突出业绩、主持的重大项目及影响） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **奖惩情况** | （本人在工作中获得的县级及以上奖励，请注明获奖项目内容、等级、排名等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **自我评价** | （200字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**说明：**

1．项目中若有某项要求不符合您本人情况，可以不填写。

2．“现工作单位隶属单位”栏填写现工作单位的上一级部门或单位，如没有则填写“无”。

3．“健康状况”栏根据本人的具体情况填写“健康”“一般”或“较差”；有严重疾病、慢性疾病或身体伤残的，要如实填写。

4.“自我评价”栏请对自己的特点、能力、作风等方面进行简要描述。

5.表中有关项目，需进一步详细说明的，可在“备注”栏里注明。表中栏目空间不够的，可另附文档。

6.报名人员应如实填写相关信息，因提供虚假信息造成的一切后果由报名人员承担。