附件：

**佛冈县社会保险基金管理局合同制工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 身份  证号 |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |
| 性别 |  | 出生  年月 |  | | | | 政治面貌 | | | | |  | | | | 贴  小  一  寸  近  照 | | | | | |
| 户籍所在地 |  | 户籍  性质 |  | | | | 参加工作  时间 | | | | |  | | | |
| 毕业院校 |  | | | | | | 学历 | | | | |  | | | |
| 所学专业 |  | | | | | | 婚姻状况 | | | | |  | | | | | | | | | |
| 现工作单位 |  | | | | | | 职称及取得时间 | | | | |  | | | | | | | | | |
| 职业资格证 | | | | |  | | | | | | | | | |
| 家庭地址 |  | | | | | | 有何特长 | | | | |  | | | | | | | | | |
| 联系电话 |  | | | | | | 邮政编码 | | | | |  | | | | | | | | | |
| 工作、学  习简历（从初中开始填写） |  | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  情况 |  | | | | | | | | | | | | | | | | | | | | |
| 奖惩纪录 |  | | | | | | | | | | | | | | | | | | | | |