**绍兴市上虞区舜畅新能源汽车服务有限公司**

**公开招聘编外人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **报考单位： 报考岗位:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | |  | | | | | | | | | | | | | | | | |
| 普通  院校 | 毕业  时间 | |  | 学校  名称 | |  | | | | | | | | | | | | | | | | 专业 | | |  | | | | | | | | | 学历 | |  | | |
| 最高  学历 | 毕业  时间 | |  | 学校  名称 | |  | | | | | | | | | | | | | | | | 专业 | | |  | | | | | | | | | 学历 | |  | | |
| 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 | | | | | | | | | | | | | |
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| **有何特长**  **及突出业绩** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |