附件2：

2021年湖南麻阳人才集团有限公司招聘报名表

**报考单位： 报考岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | | |  | **出生年月** | |  | | **民族** | |  | **免冠**  **彩色**  **电子**  **照片** | | |
| **身份证号** |  | | | | | **籍贯** | |  | | **参加工作时间** | |  |
| **婚育状况** |  | | | | | **政治面貌** | |  | | **最高学历** | |  |
| **身高** |  | | | | | **体重** | |  | | **邮箱** | |  | | | |
| **学历学位** | **学历** |  | | | | **毕业院校** | |  | | | | | | | |
| **学位** |  | | | | **毕业专业** | |  | | | | | | | |
| **在职**  **学历** |  | | | | **毕业院校** | |  | | | | | | | |
| **在职**  **学位** |  | | | | **毕业专业** | |  | | | | | | | |
| **健康状况** |  | | | | | | | **职称或职业资格证，取得时间** | |  | | | | | |
| **现工作单位** |  | | | | | | | **部门及职务** | |  | | | | | |
| **通讯地址** |  | | | | | | | **联系电话** | |  | | | | | |
| **学习经历（从高中开始填写）** | | | | | | | | | | | | | | | |
| **起止时间** | **毕业院校** | | | | | | | **所学专业** | | **学制及学习形式** | | | | | |
|  |  | | | | | | |  | |  | | | | | |
|  |  | | | | | | |  | |  | | | | | |
|  |  | | | | | | |  | |  | | | | | |
| **工作经历** | | | | | | | | | | | | | | | |
| **起止时间** | **工作单位** | | | | | | | **部门职务或岗位** | | | | **证明人及联系方式** | | | **离职原因** |
|  |  | | | | | | |  | | | |  | | |  |
|  |  | | | | | | |  | | | |  | | |  |
|  |  | | | | | | |  | | | |  | | |  |
| **家庭主要**  **成员情况** | **姓名** | | | **与本人关系** | | **年龄** | | **现工作单位** | | | | | **职务（岗位）** | | |
|  | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | |  | | | | |  | | |
| **主要工作**  **业绩说明** |  | | | | | | | | | | | | | | |
| **年度考核**  **等次** | **2020年** | |  | | | | **2019年** | |  | | **2018年** | | |  | |
| **受过何种奖励或处分或接受专业培训经历** |  | | | | | | | | | | | | | | |
| **（1）曾因犯罪受过刑事处罚的人员或曾被开除公职的；**  **（2）在过往任职期间，因工作失职失责，导致安全、质量等重大责任事故，或造成重大经济损失的；**  **（3）尚未解除党纪、政纪处分或正在接受纪律审查的；**  **（4）涉嫌违法犯罪正在接受司法调查尚未作出结论的；**  **（5）有吸毒、涉毒等违法行为的；**  **（6）法律法规、政策规定不得聘用为国有企业工作人员的其他情形的。**  **有无上述情形：是**□ **否**□ | | | | | | | | | | | | | | | |
| **是否接受调剂和安排** |  | | | | | | | | | | | | | | |
| **本人保证所填写内容及所提供资料属实，如有弄虚作假或隐瞒的情况，一切后果和责任由本人承担。**  **签名：**  **年 月 日** | | | | | | | | | | | | | | | |