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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 黔东南州直属事业单位2021年公开吸收引进高层次人才和急需紧缺人才报名表  附件4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | 性 别 | |  | 出生年月  （ 岁） | | | | | | | |  | | | | | | 照 片 | |
| 民 族 | |  | | | | | 籍 贯 | |  | 出 生 地 | | | | | | | |  | | | | | |
| 政治  面貌 | |  | | | | | 参加工  作时间 | |  | 健康状况 | | | | | | | |  | | | | | |
| 专业技  术职务 | |  | | | | | | | 熟悉专业  有何专长 |  | | | | | | | | | | | | | |
| 学 历 | |  | | | | | | 毕业院校 | |  | | | | | | | | | 所学专业 | | | | | |  |
| 学 位 | |  | | | | | |
| 联系  电话1 | |  | | | | | | 联系  电话2 |  | | | | | | | 电子邮箱 | | |  | | | | | | |
| 通讯  地址 | | | |  | | | | | | | | | 招聘单位  名称 | | | | | | | | | |  | | |
| 招聘岗位代码 | | | | | |  | | | | | 招聘岗位类型 | | | | | | | | | | |  | | | |
| 身份证号码 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 简  历 | 从高中填写至今 | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  主  要  成  员 | 按照：称谓、姓名、年龄、政治面貌、工作单位及职务的格式填写 | | | | | | | | | | | | | | | | | | | | | | | | |
| 获  奖  情  况 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 学术及专业（技能）水平简述 |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  情  况  及  意  向 | 现工作单位 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 现任职务职称 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 引进方式 | | | | | | 请任填一项（聘用或引进）： | | | | | | | | | | | | | | | | | | |
| 何时可以  到位工作 | | | | | |  | | | | | | | 所在单位是  否同意调离 | | | | | |  | | | | | |
| 是否要求  家属随调 | | | | | |  | | | | | | | 随调家属  工作意向 | | | | | |  | | | | | |
| 是否有子女  入学需求 | | | | | |  | | | | | | | | 其他 | | | | | |  | | | | |
| 本人已全文阅读本次《引进人才实施方案》并保证以上所填写的信息均为真实情况，若有虚假、遗漏、错误，责任自负，取消聘用资格。  考生（签名）： 代报人（签名）： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 初审单位审查意见 | | | 审查人（签名）：  年 月 日 | | | | | | | | | 复审单位审查意见 | | | | | 复核人（签名）：  年 月 日 | | | | | | | | |