**附件：**

**内江市威远县融媒体中心**

**招聘公益性岗位人员报名表**

（请认真阅读说明后填写）

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | **性别** |  | | **出生**  **年月** | | |  | | | **照片** |
| **身份证号码** |  | | | | | **政治 面貌** | | |  | | |
| **文化程度** |  | | | | | **健康**  **状况** | | |  | | |
| **毕业院校及专业** |  | | | | | | | | | | |
| **联系电话** |  | | | | | | | **邮编** | | |  | |
| **通讯地址** |  | | | | | | | **备注** | | |  | |
| **工作**  **简历** |  | | | | | | | | | | | |
| **主要**  **社会**  **关系** | **姓名** | **出生**  **年月** | | | **与该人员关系** | | | **现工作单位及职务或职称** | | | | |
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| **招聘**  **单位**  **审核**  **意见** | **审核人：**  **（签章）**  **年 月 日** | | | | | | **招聘**  **单位**  **主管**  **部门**  **审核**  **意见** | | | **（签章）**  **年 月 日** | | |
| **人社部门**  **复核意见** | **复核人：**  **（签章）**  **年 月 日** | | | | | | | | | | | |