附件2

报 名 表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 | |  | | | | 民族 | |  | | 政治  面貌 | |  | | | （照片） |
| 出生  年月 |  | | | 户籍所在地 | |  | | | | 现实际  居住地 | | | |  | | | | |
| 身份证号码 |  | | | | | | | | | 参加工作时间 | | | |  | | | | |
| 是否有窗口服务工作经验 | | | | | | | | | | | | | | | | | |  | |
| 婚姻状况 | |  | | | | | 身高 | | | cm | | | | 体重 | | | |  | |
| E-mail |  | | | QQ号码 | | |  | | | | | | 手机（必填） | | | | |  | |
| 报考岗位 |  | | | | | | | | 是否服从调剂 | | | | | |  | | | | |
| 资格  证书 |  | | | | 驾驶证种类 | | | | |  | | | | 其它  证书 | | |  | | |
| **新冠疫苗接种情况（必填）** | | | | | | | | | | | | | | | | | | | |
| 第一针是否接种 |  | | | | 第二针是否接种 | | | | |  | | | | 第三针是否接种 | | |  | | |
| 是否已完成接种 | | | | |  | | | | | | | | | | | | | | |
| 学历 学位 | 全日制教育 | | | |  | | | | | 毕业院校及专业 | | | |  | | | | | |
| 在职教育 | | | |  | | | | | 毕业院校及专业 | | | |  | | | | | |
| 个人学习、工作简历（从高中填起） |  | | | | | | | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | | | | | |
| 主要家庭成员情况 | 关系 | | 姓名 | | | | | 年龄 | | | 工作单位及职务 | | | | | | | | |
|  | |  | | | | |  | | |  | | | | | | | | |
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| 本人声明：上述填写内容真实完整。如有不实，本人愿意承担一切法律责任，单位规章制度已知晓。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | |

备注：请认真填写，谢谢合作！