附件：

**昭通市人民防空办公室招聘公益性岗位人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | | 民族 | | |  | | | | 政治  面貌 | |  | | 照片 |
| 出生年月 |  | | 入党（团）  时间 | | |  | | | | | | 身体状况 | |  | |
| 毕业院校 |  | | | | | | | | 学历  （学位） | | |  | | | |
| 身份证号码 |  | | | | | | 专业 | | | |  | | | | |
| 家庭住址 |  | | | | | | 本人联系 电话 | | | | | |  | | | |
| 户籍所在地 |  | | | | | | 籍贯 | | |  | | | | | 其它联系 电话 |  |
| 学习和工作经历  （可另附纸） | 起止日期 | | | 学习院校及专业（工作单位及职务） | | | | | | | | | | | | 证明人 |
|  | | |  | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | |  |
| 主要家庭成员情况  （含配偶、子女、父母、兄弟姐妹等直系亲属情况，可另附纸） | 姓名 | | | 工作单位及职务（无工作单位的填住址） | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | |  |
| 主要获奖或取得的资格证书情况（后附相关证明材料） |  | | | | | | | | | | | | | | | |
| 有何特长 |  | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | |