**附件2：**

**报名表**

**填表日期： 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | **性别** | | |  | | | | **出生日期** | | | | |  | | | | | | | | | | **照片** | |
| **身份证号码** | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **身高** | | | | |  | | | | | | | | **体重** | | | | | | | |  | | | | | |
| **视力** | | | | | **（）良好**  **（）辅助** | | | | | | | | **听力** | | | | | | | | **（）良好**  **（）辅助** | | | | | |
| **民族** |  | | | | **籍贯** | | |  | | | **户口所在地** | | | | | |  | | | | **婚姻**  **状况** | |  | | | |
| **现住地址** | | |  | | | | | | | | | | | **邮编** | | |  | | | | **电话** |  | | | | |
| **通信地址** | | |  | | | | | | | | | | | | | | | | | | **邮编** |  | | | | |
| **最高学历** | |  | | | | **专业** | |  | | **职业资格** | | | | | |  | | | **证书有效期** | | |  | | | | | | |
| **最高教育经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育时间** | | | | | | **院校名称** | | | | | | | | | **学历** | | | | | **专业** | | | | | **证书** | | | |
| **年 月～ 年 月** | | | | | |  | | | | | | | | |  | | | | |  | | | | |  | | | |
| **主要工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作时间** | | | | | | | **工作单位** | | | | | | | | | | | **职位** | | | **证明人姓名、电话** | | | | | | | **离职原因** |
| **年 月～ 年 月** | | | | | | |  | | | | | | | | | | |  | | |  | | | | | | |  |
| **年 月～ 年 月** | | | | | | |  | | | | | | | | | | |  | | |  | | | | | | |  |
| **年 月～ 年 月** | | | | | | |  | | | | | | | | | | |  | | |  | | | | | | |  |
| **主要家庭成员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | | | | **关 系** | | | | | **工作单位及所任职务** | | | | | | | | | | | | | | | **联系电话** | | | | |
|  | | | |  | | | | |  | | | | | | | | | | | | | | |  | | | | |
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| **紧急联络人** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | | | | **关 系** | | | | | **联系地址及邮编** | | | | | | | | | | | | | | | | | **联系电话** | | |
|  | | | |  | | | | |  | | | | | | | | | | | | | | | | |  | | |
| **承诺：本人保证我所提供以及填写的资料均属实，如有虚假的，本人愿承担一切责任。**  **填表人： 日期：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |