附件2：

安徽港口集团五河有限公司2024年社会招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | 性别 | |  | | 出生年月 | | | |  | | | | | | | | | | | 贴照片处 | | | | | | | | | | | |
| 籍贯 |  | | | 民族 | |  | | 参加工作时间 | | | |  | | | | | | | | | | |
| 政治面貌 | | | |  | | | | 参加党派年月 | | | |  | | | | | | | | | | |
| 健康状况 | | | |  | | | | 婚姻状况 | | | |  | | | | | | | | | | |
| 工作单位及职务 | | | |  | | | | | | | | | | | | 现任职务时间 | | | | | | | | | | | |  | | | | | | |
| 毕业院校及专业 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历学位 | |  | | | | | | | | 职称 | | | | | |  | | | | | | | | | | | | | | | | | | |
| 有何特长 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手机号码 | |  | | | | | | 单位电话 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | E-mail |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | 身份证号码 | | |  | |  |  |  | |  |  |  |  | |  | |  | |  |  | |  |  |  |  |  |  |
| 本人意向岗位 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时何校何专业 | | | | | | | | | | 学习形式 | | | | | | | | | | | 学历学位 | | | | | | | | | | | | | |
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| 工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | | | | 工作单位和职务 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 何时何地受过何种奖励和处分 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要工作业绩 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与本人关系 | | | 姓名 | | | | 出生年月 | | | 工作单位及职务 | | | | | | | | | | | | | | | 政治面貌 | | | | | | | | | |
|  | | |  | | | |  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |
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| 需要说明的情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：**  本人符合报名条件要求，在报名表中填报的信息真实、准确、一致。所提供的相关材料均真实有效。如有弄虚作假或填写错误，由本人承担一切后果。  本人签名: 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |