附件2

**内江广播电视台公开考核招聘工作人员报名登记表**

**应聘岗位： 报名序号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | **性 别** |  | | | | **民 族** | |  | | | **出生日期** | | |  | **照**  **片** |
| **籍贯** | |  | | **政治面貌** |  | | | | **婚姻状况** | |  | | | **健康状况** | | |  |
| **身份证号码** | | | |  | | | | | | | **职称或职（执)业资格** | | | | |  | |
| **学历**  **学位** | | | **全日制**  **教 育** |  | | | **毕业院校**  **系及专业** | | | | |  | | | | | |
| **在 职**  **教 育** |  | | | **毕业院校**  **系及专业** | | | | |  | | | | | | |
| **现在单位及职务** | | | |  | | | | **机关事业单位在编在岗人员**  **单位性质及经费渠道** | | | | | | |  | | | |
| **本人经费渠道** | | | |  | | | | **现聘岗位等级及任职时间** | | | | | | |  | | | |
| **通讯地址** | | | |  | | | | | | | **电话** | | |  | | | | |
| **家庭地址** | | | |  | | | | | | | **邮箱** | | |  | | | | |
| **主要学习**  **工作经历** | | | |  | | | | | | | | | | | | | | |
| **家庭成员** | **姓 名** | | | **与本人关系** | | **年龄** | | | | **政治面貌** | | | **工作单位及职务** | | | | | |
|  | | |  | |  | | | |  | | |  | | | | | |
|  | | |  | |  | | | |  | | |  | | | | | |
|  | | |  | |  | | | |  | | |  | | | | | |
|  | | |  | |  | | | |  | | |  | | | | | |
| **本人承诺以上内容属实。**    **本人签字： 年 月 日** | | | | | | | | | | | | | | | | | | |

**审核人签字： 报名时间：**