**金华市社会保险事业管理中心报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | 性 别 | |  | | | | | | | | 年 龄 | | | | | | | | |  | | | | | | | | 1寸照片  （近期白底标准证件照） |
| 民 族 | |  | 籍 贯 | |  | | | | | | | | 政治面貌 | | | | | | | | |  | | | | | | | |
| 学 历 | |  | 学 位 | |  | | | | | | | | 期望年薪 | | | | | | | | |  | | | | | | | |
| 婚 姻  状 况 | |  | 身份证  号 码 | |  |  | |  |  | |  |  | |  |  |  | |  |  |  |  | |  | |  |  |  |  | |
| 职 称 | | |  | | | | | | | | | | 职（执）业资格证 | | | | | | | |  | | | | | | | | | |
| 健康状况 | | |  | | | | | | | | | | 联系电话 | | | | | | | |  | | | | | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户口所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教育背景  （从高中起写至最高学历） | 起止时间 | | 毕业院校 | | | | | | | | | | 专业 | | | | | | | | | | | | | | | | | 是否全日制 |
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| 家庭成员  及状况 | 姓名 | | | 关系 | | | 年龄 | | | | | | 工作单位及职务 | | | | | | | | | | | | | | | | | |
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| 要求连续记录至应聘当月，由今及往，不得中断；如失业超过3个月，请作为一项经历填写。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历 | 起止时间 | | 工作单位 | | | | | | | 职 务  岗 位 | | | | | | | 年 薪 | | | | | | | 直 接  领 导 | | | | | 联系电话 | |
|  | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | |  | |
| 奖惩情况及各类执业资格证书明细：（可附加页） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：**填写的内容和提供的材料真实无误，如有作假同意取消资格，并承担由此造成的一切后果。  本人签名： 时间： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：表格内容必须填写完整，正反页打印，相关复印件一并附后。