2025年补录沙子口街道社保协理员

报名登记表

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| 姓 名 |  | | | | | 性 别 | | | | | |  | | | | | | 相 片 | | | | |
| 出生年月 |  | | | | | 户口所在地（填写某区、某街道、某社区或小区） | | | | | |  | | | | | |
| 政治面貌 |  | | | | |
| 全日制学历 |  | | | | | 毕业时间 | | | | | |  | | | | | |
| 毕业院校 |  | | | | | 专 业 | | | | | |  | | | | | |
| 职业技能  名称及等级 |  | | | | | | | | | | | | | | | | | | | | | |
| 固定电话 |  | | | | | 手 机 | | | | | |  | | | | | | | | | | |
| 联系地址 |  | | | | | | | | | | | | | | | | | | | | | |
| 报考人员身份证号 | |  |  |  |  |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |
| 现工作单位及职务 |  | | | | | | | | | | | | | | | | | | | | | |
| 个 人简 历  （从高中  填起） |  | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成员 | 称谓 | 姓名 | | | | 出生日期 | | | 政治面貌 | | | 工作单位及职务 | | | | | | | | | | |
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| 应聘人员  承诺签名 | 本人确认自己符合岗位所需的资格条件，所提供的材料真实、有效，如经审查不符，承诺自动放弃考试和聘用资格。  应聘人（手写签名）： 2025年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 资格  审查 | 2025年 月 日 | | | | | | | | | | | | | | | | | | | | | |