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| 甘 肃 省 科 学 院2020年公开招聘人员报名登记表 | | | | | | | | | | | | | | | | | | | | | |
| **姓名** |  | | **性别** |  | | **出生年月** | | | | | XXXX年XX月 | | | **民族** |  | | **籍贯** | |  | | 照 片 |
| **政治面貌** | |  | | | | | **身份证号码** | | | | | |  | | | | | | | |
| **健康状况** | |  | | | **学历层次** | | |  | | | | | | **所学专业** |  | | | | | |
| **毕业院校** | |  | | | | | | | | | | | | **毕业时间** |  | | | | | |
| **学位** | |  | | | | | | | | | | | | **是否为应届毕业生** | | | |  | | | |
| **外语水平** | |  | | | | **计算机水平** | | | | | |  | | | | **其他资格证** | | | |  | |
| **应聘岗位** | | （写明岗位代码、具体岗位名称） | | | | | | | | | | | | | | | | | | | |
| **简历** |  | | | | | | | | | | | | | | | | | | | | |
| **本人 承诺** | 1.所填写各类报考信息均准确无误、真实有效；  2.保证在报考期间联系电话、通讯地址信息畅通；  3.对因个人报名填写信息和本人真实情况不一致，报考期间联系方式不畅通造成的一切后果，本人自愿承担责任。  签名（手写）：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| **联系电话** | |  | | | | | | | | **联系邮箱** | | | |  | | | | | | | |
| **通讯地址** | |  | | | | | | | | | | | | | | | | | | | |
| **资格复审 结果** | | | | | | | | | 年 月 日 | | | | | | | | | | | | |
| 备注：填写完整后将电子版发送至gsskxygkzp@163.com，资格复审时提交纸质版（贴纸质照片）。 | | | | | | | | | | | | | | | | | | | | | |