附件：

鲤城区残联自聘人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | | | |  | | | | 出生年月 | | | |  | | | | | | | 免冠彩色  一寸照片 |
| 居民身份证号码 | |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 入 党  时 间 |  | 民 族 | | | |  | | | | 籍 贯 | | | |  | | | | | | |
| 参加工  作时间 |  | 健 康  状 况 | | | |  | | | | 特 长 | | | |  | | | | | | |
| 学 历 |  | 毕业院校及专业 | | | |  | | | | | | | | | | | | | | | |
| 家 庭  地 址 |  | | | | | | | | | | | | | 手机号码 | | | | |  | | |
| 应聘  岗位 |  | | | | | | | | | | | | | 是否同意调剂 | | | | |  | | |
| 主要  简历 |  | | | | | | | | | | | | | | | | | | | | |
| 自  我  鉴  定 | 签字：    年 月 日 | | | | | | | | | | | | | | | | | | | | |