附件2

贵州省2024年全省事业单位公开招聘笔试报名信息表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | | | 性别 | | | | | |  | | | | | | | | 民族 | | | |  | | | | | | | | 照片 | |
| 身份证号 | | |  | | | | | | | | | | | 出生日期 | | | | | | | | | |  | | | | | | | | | |
| 政治面貌 | | |  | | | | | | | | | | | 户籍所在地 | | | | | | | | | |  | | | | | | | | | |
| 生源所在地 | | |  | | | | | | | 是否普通高等教育全日制 | | | | | | | | | | | | | | | | |  | | | | | | |
| 学历 | | |  | | | | | 学位 | | | | | |  | | | | | | | 毕业时间 | | | | | | | | | | |  | | | |
| 所学专业具体名称 | | | | |  | | | | | | | | | | | | | 毕业院校 | | | | | |  | | | | | | | | | | | |
| 工作单位 | |  | | | | | | | | | | 工作年限 | | | | | | |  | | | | | 参加工作时间 | | | | | | | | |  | | |
| 专业职称（职务） | | | | | |  | | | | | | | | | | 职业（从业）资格证 | | | | | | | | | | | | | | |  | | | | |
| 曾参加基层服务项目种类 | | | | | | | | | | |  | | | | | | | | | | | | 是否应届高校毕业生 | | | | | | | | | | | |  |
| 报考单位及代码 | | | | |  | | | | | | | | | | | | | 报考岗位及代码 | | | | | | | | |  | | | | | | | | |
| 是否满足该岗位要求的其它报考条件 | | | | | | | | | | | | | | |  | | | | | | | 是否退役大学生士兵 | | | | | | | | | | | |  | |
| 个人身份 | | | |  | | | | | | | | | | | | | 单位是否同意报考 | | | | | | | | | | |  | | | | | | | |
| 基层事业单位工作年限 | | | | | | |  | | | | | | | | | | | | | 基层工作年限 | | | | | | | | |  | | | | | | |
| 是否申请免收考试费 | | | | | | | | |  | | | | 符合的免收考试费条件类型 | | | | | | | | | | | | | | | | |  | | | | | |
| 主要简历 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其它需要说明事项 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考信息确认栏 | | | | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  考生签名： 代报人员签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原  单  位  意  见 | 提供单位证明或单位意见  2024年 月 日（盖章） | | | | | | | | | | 招考单位初审意见 | | | | 审查人签字：  2024年 月 日（盖章） | | | | | | | | | | 招考  单位  复审  意见 | | | | | | 审查人签字：  2024年 月 日（盖章） | | | | |

**报名序号：**