附件3

萍乡市农业农村发展投资集团有限责任公司2023年公开招聘人员报名资格审查表

报名单位： 报名岗位：

身份证号：

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| 姓 名 |  | | | | 性别 | | |  | 民族 | | | | | |  | | 籍贯 |  | | 近期1寸  免冠红底  照片 | | |
| 出生年月 |  | | | | 政治面貌 | | | | | |  | | | | | 婚否 | |  | |
| 参加工作时间 |  | | | | 人事档案存放单位 | | | | | |  | | | | | | | | |
| 是否接受调剂 |  | | | | 专业技术职称 | | | | | |  | | | | | | | | |
| 现在工作单位及职务 | |  | | | | | | | | | | | 是否有加分项 | | | | |  | | | | |
| 具体加分项目 | | | | |  | | | | |
| 通讯地址 | |  | | | | | | | | | | | 联系方式 | | | | |  | | | | |
| **工作经历（从最近经历填写）** | | | | | | | | | | | | | | | | | | | | | | |
| 年月—年月 | 公司名称 | | | | | | 岗位 | | | 主要工作内容 | | | | | | | | | | | | 证明人及联系方式 |
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| **学习经历（从高中算起）** | | | | | | | | | | | | | | | | | | | | | | |
| 年月—年月 | | | | 毕业院校 | | | | | | | | 专业 | | | | | | | 学历 | | | 是否全日制 |
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| **家庭主要成员情况（父母、配偶及子女）** | | | | | | | | | | | | | | | | | | | | | | |
| 关 系 | | | 姓 名 | | | 现在何单位从事何工作 | | | | | | | | | | | | | | | 联系方式 | |
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| 本人承诺：以上填写的个人信息真实、有效、完整，并已清楚公开招聘相关事项，如有虚假愿意接受公司的任何处理。  签名： | | | | | | | | | | | | | | | | | | | | | | |
| 初审意见 | | | | | | | | | | | | | | 复审意见 | | | | | | | | |
| （签字）  年 月 日 | | | | | | | | | | | | | | （签字）  年 月 日 | | | | | | | | |

（注：此为报名系统中报名表）