大虞街道公开招聘社区经济组织委派会计报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | 性别 | |  | | | | | 民族 | | | | |  | | | | | 政治  面貌 | | |  | | | | | | 免冠  一寸白底  彩照 |
| 户籍 | |  | | | 身份证号 | |  |  |  | |  |  | |  | |  |  |  | |  | |  |  |  |  |  |  | |  |  |
| 学历 | |  | | | 毕业院校及  所学专业 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 专业技术职务 | | □ 无 □初级会计师 □中级会计师  □高级会计师 □ 其他证\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加工  作时间 | |  | | | | 现工作单位  及职务 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 是否持有会计 从业资格证 | | | |  | | | | | | | | | | | | | | | | | E-mail | | | | | | |  | | | |
| 联系  地址 | |  | | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | |
| 个  人  学  习  工  作  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  成  员  、  社  会  关  系 | | 关系 | 姓名 | | | 年龄 | | 政治面貌 | | | | | | | | | | | 工作单位及职务 | | | | | | | | | | | | |
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| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报审考核单意位见 | （盖章）  年 月 日 | | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | |  | | | | | | | | | | | | | | | | |