附件2：

中国文联文艺评论中心2017年招聘工作人员报名表

（社会在职人员）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘部门： 应聘岗位： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 | | | | | |  | | | | | | 民 族 | | | | |  | | | | | 照片  （一寸彩色证件照；此表未附照片无效） | | |
| 出生年月 |  | | | 政治面貌 | | | | | |  | | | | | | 籍 贯 | | | | |  | | | | |
| 户籍所在地 |  | | | 学 历 | | | | | |  | | | | | | 学 位 | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | 毕业时间 | | | | |  | | | | |
| 所学专业 |  | | | | | | | | | 外语水平 | | | | | |  | | | | | 计算机水平 | | | | |  | | |
| 参加工作时间 |  | | | | | | | | | 职 称 | | | | | |  | | | | | 婚姻状况 | | | | |  | | |
| 身份证号 |  |  |  | |  | |  |  | | | |  |  | |  | |  |  | |  | |  |  |  |  | |  |  |
| 工作单位 |  | | | | | | | | | | | | | | | | | | | | 职务 | | | | |  | | |
| 人事行政和档案关系所在单位 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 有何特长 |  | | | | | | | | | 家庭住址 | | | | | |  | | | | | | | | | | | | |
| 联系电话 | （手机及座机） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要  成员情况 | 与本人关系 | | | | | 姓名 | | | | | 年龄 | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | | | |
|  | | | | |  | | | | |  | | |  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | |  | | |  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | |  | | |  | | | | |  | | | | | | | | | |
|  | | | | |  | | | | |  | | |  | | | | |  | | | | | | | | | |
| 考生签字 | 诚信声明：  1.本人以上所填信息均真实、准确。  2.报名时本人所提供的身份证、户口簿、学历学位证书等证件及证明材料均符合国家有关规定，真实有效。  3.如本人有违反上述条款的情况，愿承担由此造成的一切后果。  签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见及审查人签字（此栏由招聘单位填写） | 审查意见：  签名：  年 月 日 | | | | | | | | | | | | | 资格复核意见及复核人签字（此栏由招聘单位填写） | | | | | | | | 复核意见：  签名：  年 月 日 | | | | | | |

**\*备注：本表共两页，请用A4纸正反面打印。**