|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **事业单位专项招聘残疾人报名信息表** | | | | | | | | | | | | | | | |
| **报考单位** | | |  | **报考岗位** | | | |  | | | | | | 照片另传 | |
| **岗位编号** | | | |  | | | | | |
| 姓　　名 | | |  | 证件号码 | | | |  | | | | | |
| 考生身份 | | |  | 政治面貌 | | | |  | | | | | |
| 出生日期 | | |  | 性　　别 | | | |  | | | | | |
| 民　　族 | | |  | 健康状况 | | | |  | | | | | |
| 学　　历 | | |  | 学　　位 | | | |  | | | | | |
| 婚姻状况 | | |  | 计算机等级 | | | |  | | | | | |
| 掌握外语1 | | |  | 程　　度1 | | | |  | | | | | | | |
| 掌握外语2 | | |  | 程　　度2 | | | |  | | | | | | | |
| 备用联系人 | | |  | 备用联系人电话 | | | |  | | | | | | | |
| 电子邮箱地址 | | |  | 联系电话 | | | |  | | | 手机号码 | | |  | |
| 现工作单位 | | | （应届毕业生不填） | | | | | | | | 工作年限 | | |  | |
| 通讯地址 | | |  | | | | | | | | 邮政编码 | | |  | |
| 户籍所在地 | | |  | 应届毕业生生源地 | | | | | | |  | | | | |
| 是否持有上海市居住证 | | | （上海户籍人员不填） | | | | | | | | | | | | |
| 残疾证件号码 | | |  | | | 残疾类别 | | |  | | | | 残疾等级 | |  |
| 残疾情况 | | |  | | | | | | | | | | | | |
| 居住地住址 | | |  | | | | | | | | | | | | |
| **所学主要专业课程** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **特长或职业证书** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **教育经历** | | | | | | | | | | | | | | | |
| 学历层次 | 毕业院校 | | | | | | 毕业时间 | | | 所学专业名称 | | | | | |
|  |  | | | | | |  | | |  | | | | | |
| **工作经历** | | | | | | | | | | | | | | | |
| **开始时间** | | **结束时间** | | | **工作单位/学校** | | | | | | | **职务** | | | |
|  | |  | | |  | | | | | | |  | | | |
| **主要家庭成员** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **承 诺 书** | | | | | | | | | | | | | | | |
| 本人提供的上述信息均真实有效，并确认本人符合招聘公告和简章规定的报考条件及相关要求。如有不实或不符合报考条件，由此造成的一切后果，责任自负（若被聘用，单位可随时解除聘用关系）。报名及考试中，如有违纪违规行为，愿意接受按照有关规定进行处理。 | | | | | | | | | | | | | | | |