**苏州市市场监督管理局**

**公益性岗位人员资格审查登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | | | 性别 | | | |  | | | | 出生  年月 | | | | | |  | | | | | （贴照片处） | | | | | |
| 户籍地 | | | | | | |  | | | | 政治面貌 | | | |  | | | | | | | | | | |
| 现工作单位 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 学历 | |  | | | | | 学位 | | | |  | | | | 专业 | | | | |  | | | | | |
| 参加工作时间 | | | | | | |  | | | | 职称 | | | |  | | | | | 档案关系所在地 | | | | | | |  | | | | |
| 身份  证号 |  | |  | |  |  | | |  |  |  | |  |  | | |  |  | | | |  |  | |  | | |  |  |  |  |
| 通信  地址 |  | | | | | | | | | | | | | | | | | | 邮政  编码 | | | | |  | | | | | | | |
| 联系电话 | | | |  | | | | | | | | 手机号码 | | | | | | |  | | | | | | | | | | | | |
| 应聘单位名称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位名称 | | | |  | | | | | | | | | | | | 工种类别 | | | | | | |  | | | | | | | | |
| 个人简历 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 报名者承诺：以上填报信息完全符合事实，无故意隐瞒、虚假申报或重复报名等行为；所提供的应聘材料和证书（件）均为真实有效；与应聘单位领导人员不存在须回避的关系。如有不实，一切后果由报名者自负。  报名者（代报名者）签名：  2020年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘单位初审意见： 签名（盖章） 2020年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

资 格 审 查 记 录

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| --- | --- | --- | --- | --- | --- |
| 资格审查项目  （合格的打√） | 户籍生源地 | 年龄条件 | 学历要求 | 专业要求 | 其他资格条件 |
|  |  |  |  |  |
| 验证人员  审核意见 | 工作人员签名： 2020年 月 日 | | | | |
| 报名者另需  说明的事项 | 报名者签名： 2020年 月 日 | | | | |