中国预防性病艾滋病基金会面向社会公开招聘报名表

报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | | 性别 | | |  | | | | | | | | 民族 |  | | | | 照片 |
| 身份证号 | | |  | | | | | | | 出生日期 | | | | | | | |  | | | | |
| 政治面貌 | | |  | | | | | | | 户籍所在地 | | | | | | | |  | | | | |
| 学历 |  | | | 学位 | | | | |  | | | | | 毕业时间 | | | | | |  | | |
| 毕业院校 | | |  | | | | | | | | 所学专业具体名称 | | | | | | | | |  | | | |
| 原工作单位 | | |  | | | | | 工作年限 | | | | |  | | 参加工作时间 | | | | | | |  | |
| 专业职称 | | |  | | | | | | | | | 职务 | | | | | |  | | | | | |
| 职业（从业）资格证 | | | | | |  | | | | | | | | 电子邮箱 | | | | |  | | | | |
| 微信 | | | | | |  | | | | | | | | QQ | | | | |  | | | | |
| 是否参与过社会实践（公益慈善）活动 | | | | | |  | | | | | | | | | | | | | | | | | |
| 参与活动起止时间及服务目标 | | | | | |  | | | | | | | | | | | | | | | | | |
| 是否满足招聘职位要求的报名条件 | | | | | | | | | | | | |  | | | | 联系电话 | | | |  | | |
| 主要简历  （从高中开始填写） | | | | | |  | | | | | | | | | | | | | | | | | |
| 应聘职位 | | | 行政助理 | | | | | | | | | | | | | 项目主管/助理 | | | | | | | |
| 应聘人信息确认栏 | | | | | **以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。**  应聘人签名： | | | | | | | | | | | | | | | | | | |
| 基  金  会  意  见 | | 表格审核： | | | | | | | | 面试官意见： | | | | | | | | | | 负责人意见： | | | |