附件2

湖北建投咨询公司部门岗位

公开竞聘报名表

工作单位

姓 名

竞聘岗位

是否服从调剂

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| 竞聘岗位 | | | | | | | | | | | | | | | | |
| 应聘单位 | | |  | | | | | | | | | | | | | |
| 应聘岗位 | | |  | | | | | | 调剂岗位 | | | |  | | | |
| 是否服从调剂： 是 🞏 否 🞏 | | | | | | | | | | | | | | | | |
| 姓名： 工作单位及职务： | | | | | | | | | | | | | | | | |
| 基本信息 | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | | 曾用名 | |  | | | | 2寸免冠  彩色照片 | | | |
| 性 别 | | |  | | | | 民 族 | |  | | | |
| 政治面貌 | | |  | | | | 籍 贯 | |  | | | |
| 出生年月 | | |  | | | | 年 龄 | |  | | | |
| 英语水平 | | |  | | | | 健康情况 | |  | | | |
| 身份证号码 | | |  | | | | | | 参加工作  时间 | | | |  | | | |
| 现单位职务 | | |  | | | | | | 任职时间 | | | |  | | | |
| 专业技术职称或职（执）业资格 | | |  | | | | | | | | | | | | | |
| 业务技术专长 | | |  | | | | | | | | | | | | | |
| 家庭住址及  联系电话 | | |  | | | | | | | | | | | | | |
| 手机号码 | | |  | | | | | | 电子邮箱 | | | |  | | | |
| 教育经历（从高中后开始填写） | | | | | | | | | | | | | | | | |
| 起止年月 | | | 学校、院系、专业 | | | | | | 学历/学位 | | | | 毕（结、肄）业 | | | 全日制/在职 |
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| 工作履历 | | | | | | | | | | | | | | | | |
| 起止时间 | | | 单位名称 | | | | | | 工作部门及职务 | | | | 证明人及联系方式 | | | |
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| 奖惩情况（没有即填“无”） | | | | | | | | | | | | | | | | |
| 时间 | | | 内容  （请注明奖励的发放单位） | | | | | | | | | | | | | |
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| 参加社会团体及任职情况（没有即填“无”） | | | | | | | | | | | | | | | | |
| 时间 | | | 社会团体名称 | | | | | | | | | 任职情况 | | | | |
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| 近三年个人考核情况 | | | | | | | | | | | | | | | | |
| 2021年度 | | | | | 2022年度 | | | | | | 2023年度 | | | | | |
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| 近三年重要的工作业绩与成果（必填项，请详细描述） | | | | | | | | | | | | | | | | |
| 时间 | | 担任职务 | | | | 工作内容 | | | | 工作成果 | | | | | 证明人  （姓名、工作单位及职务、联系方式） | |
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| 与湖北建投总部及成员单位员工关系 | | | | | | | | | | | | | | | | |
| 称谓 | 姓名 | | | 出生年月 | | | | 现工作或学习单位  （单位全称） | | | | | | 所从事的工作及职务 | | |
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| 家庭主要成员 | | | | | | | | | | | | | | | | |
| 称谓 | 姓名 | | | 出生年月 | | | | 现工作或学习单位  （单位全称） | | | | | | 所从事的工作及职务 | | |
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| 其他需说明情况 | | | |  | | | | | | | | | | | | |
| 个人声明 | | | | | | | | | | | | | | | | |
| 本人确认上述情况属实，如有隐瞒或虚假成分，同意公司立即取消本人报名资格。  填表人签名： | | | | | | | | | | | | | | | | |