附件二：

中国邮政集团有限公司湖南省分公司

2021年度社会招聘报名表

**报考岗位： \_\_\_\_\_\_\_\_**市(州)邮政分公司区域内农村支局个人客户经理（大堂）岗.

**填报时间: 年 月 日**

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| 姓 名 | | |  | | | 性 别 | | | | | |  | | | | | 出生日期 | | | | 年 月 日 | | | | | | 1寸近照 | |
| 曾用名 | | |  | | | 体 重 | | | | | |  | | | | | 身 高 | | | | cm | | | | | |
| 民 族 | | |  | | | 籍 贯 | | | | | |  | | | | | 婚姻状况 | | | |  | | | | | |
| 政治面貌 | | |  | | | 身体状况 | | | | | |  | | | | | 参加工作时间 | | | |  | | | | | |
| 身 份 证  号 码 | | |  |  |  | |  | |  |  | | |  |  |  | | |  |  |  |  | |  |  |  |  | |  |
| 户口类型 | | | 城镇 □ 非城镇 □ | | | | | | | | | | | | | 户口所在市州 | | | | | |  | | | | | | |
| 全日制学历 | | |  | | | | | 学位 | | |  | | | | | 专 业 | | | | | |  | | | | | | |
| 毕业学校 | | |  | | | | | | | | | | | | | 毕业时间 | | | | | |  | | | | | | |
| 第二学历 | | |  | | | | | | | | | | | | | 专 业 | | | | | |  | | | | | | |
| 银行（基金、证券）从业资格证书 | | | （填有或无） | | | | | | | | | | | | | 证书编号 | | | | | |  | | | | | | |
| 服务现企业时间 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭详细住址 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 电话（家庭） | | | | |  | | | | | | | | | | | 手机号码 | | | | | |  | | | | | | |
| 家庭主要成员 | 称 谓 | | | | 姓 名 | | | | | | 年龄 | | | | | 单位/职业/职务 | | | | | | | | | | | | |
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| 紧急情况联系人 | | | | |  | | | | | | | | | | | 联系电话 | | | | | |  | | | | | | |
| 教育  背景︵  高  中  起  ︶ | 起止年月 | | | | 就读学校、专业 | | | | | | | | | | | | | | | | | 毕（结、肆）业 | | | | | | |
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| 主  要  工  作  经  历 | 起止年月 | | | | 主要经历（如担任职务、工作内容等） | | | | | | | | | | | | | | | | | | | | | | | |
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| 在职期间获奖情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特长： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训经历： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自我评价（包括性格、能力等）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他需要说明的情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否服从所应聘市州区域内工作地点调剂： | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：**  **以上所提供的信息及所附的相关证件（复印件与原件一致）均真实、有效，若因提供虚假信息或证书等产生不良后果，由本人自行负责。**  **填表人签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市州分公司人力资源部初审意见 | | **人力资源部负责人（签字、公章）：** | | | | | | | | | | | | | | | | | | | | | | | | | | |