附件2：

**湖南铁路建设投资有限公司**

**公开招聘报名表**

**报考岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | | |  | **出生年月** | |  | | **民族** | |  | **免冠**  **彩色**  **电子**  **照片** | | |
| **身份证号** |  | | | | | **籍贯** | |  | | **参加工作时间** | |  |
| **婚育状况** |  | | | | | **政治面貌** | |  | | **最高学历** | |  |
| **身高** |  | | | | | **体重** | |  | | **邮箱** | |  | | | |
| **学历学位** | **全日制**  **学历** |  | | | | **毕业院校** | |  | | | | | | | |
| **全日制学位** |  | | | | **毕业专业** | |  | | | | | | | |
| **在职**  **学历** |  | | | | **毕业院校** | |  | | | | | | | |
| **在职**  **学位** |  | | | | **毕业专业** | |  | | | | | | | |
| **健康状况** |  | | | | | | | **职称或职业资格证，取得时间** | |  | | | | | |
| **现工作单位** |  | | | | | | | **部门及职务** | |  | | | | | |
| **通讯地址** |  | | | | | | | **联系电话** | |  | | | | | |
| **学习经历（从高中开始填写）** | | | | | | | | | | | | | | | |
| **起止时间** | **毕业院校** | | | | | | | **所学专业** | | **学制及学习形式** | | | | | |
|  |  | | | | | | |  | |  | | | | | |
|  |  | | | | | | |  | |  | | | | | |
|  |  | | | | | | |  | |  | | | | | |
| **工作经历** | | | | | | | | | | | | | | | |
| **起止时间** | **工作单位** | | | | | | | **部门职务或岗位** | | | | **证明人及联系方式** | | | **离职原因** |
|  |  | | | | | | |  | | | |  | | |  |
|  |  | | | | | | |  | | | |  | | |  |
| **家庭主要**  **成员情况** | **姓名** | | | **与本人关系** | | **年龄** | | **现工作单位** | | | | | **职务（岗位）** | | |
|  | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | |  | | | | |  | | |
|  | | |  | |  | |  | | | | |  | | |
| **主要工作**  **业绩说明** |  | | | | | | | | | | | | | | |
| **年度考核**  **等次** | **2020年** | |  | | | | **2019年** | |  | | **2018年** | | |  | |
| **受过何种奖励或处分或接受专业培训经历** |  | | | | | | | | | | | | | | |
| **（1）曾因犯罪受过刑事处罚的或曾被开除公职的。**  **（2）违纪违法或涉嫌违纪违法正在接受有关机关调查尚未作出结论的。**  **（3）尚在党纪、政纪处分影响期内的。**  **（4）在各级各类企事业单位公开招聘中被认定有舞弊等严重违反录用纪律行为的人员。**  **（5）有吸毒史或毛发毒品残留物检测不合格的人员。**  **（6）被依法列为失信联合惩戒对象的人员。**  **（7）已办理退休的。**  **（8）法律、政策规定不得聘用为国企工作人员的其他情形。**  **有无上述情形：是**□ **否**□ | | | | | | | | | | | | | | | |
| **是否接受调剂和安排** |  | | | | | | | | | | | | | | |
| **本人保证所填写内容及所提供资料属实，如有弄虚作假或隐瞒的情况，一切后果和责任由本人承担。**  **签名：**  **年 月 日** | | | | | | | | | | | | | | | |