**公开招聘紧缺专业人才报名表**

报考单位：县广播电视台               报考岗位：播音员

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 | | |  | | 身份证号 |  |  |  |  |  | |  |  | |  | |  |  | | |  | |  |  |  |  | |  | |  | |  | 2013年后  免冠一寸  白底彩照 | |  |
| 户口  所在地 | | |  | | 民族 |  | | | | | 性别 | | | | |  | | | | | | 政治  面貌 | | | | |  | | | | | |  |
| 最高  学历 | | | 普通高校 | |  | | | | | | 毕业时间 | | | | | | | | |  | | | | | | | | | | | | |  |
| 成人高校 | |  | | | | | |  |
|  | | | | | | | | | | | | |  |
| 参加工作时间 | | |  | | 健康状况 |  | | | | | 专业技  术职称 | | | | | | | | |  | | | | | | | | | | | 播音等级 | | |  |  |
| 联系  地址 | | |  | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | | | |  |
| 移动电话 | | | | | | | | |  | | | | | |  |
| E-mail | | |  | | | | | | | | | | | | | | | | | 邮    编 | | | | | | | | |  | | | | | |  |
| 最高学历  毕业院校 | | | |  | | | | | | | | | | | | | | | | 所学专业 | | | | | | | | |  | | | | | |  |
| 现工作单位 | | | |  | | | | | | | | | | | | | | | | 工作职务 | | | | | | | | |  | | | | | |  |
| 个  人  简  历  (从初中开始) | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。       报考人（签名）：                    授权代签人：              年   月   日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 报考单位主管部门审核意见 | （单位盖章）  年     月     日 | | | | | | | | | | | | | 县人社局意见 | | | | | （单位盖章）             年      月      日 | | | | | | | | | | | | | | | |  |

**注意：本表格一式一份，以上表格内容必须填写齐全。**