附件1

承 诺 书

绍兴市上虞区水务集团有限公司：

本人 ，身份证号 ，于2023年 月 日通过现场报名形式报考贵单位 岗位（岗位编号 ）。本人在此承诺：1、本人已仔细阅读招聘公告并知晓相关内容；2、本人所提供的报名资格材料均属实，如有不实之处，一经查实视作自动淘汰处理并取消录用资格。

承诺人（签字）：

年 月 日

附件2

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| **绍兴市上虞区水务集团有限公司公开招聘合同制职工**  **报 名 表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位编号： 岗位名称： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 身份  证号 | |  |  |  |  |  | | |  | |  |  | |  | |  |  |  | |  | |  |  | |  |  |  | | 一寸近期免冠  （照片） | |
| 户口  所在地 |  | | | 生源  所在地 | |  | | | | | | 性 别 | | | | |  | | | | | | 政治  面貌 | | | | |  | | | | |
| 参加工  作时间 |  | | | 健康  状况 | |  | | | | | | 专业技  术职称 | | | | |  | | | | | | | | | | | | | | | |
| 普通  院校 | 毕业  时间 | |  | 学校  名称 | |  | | | | | | | | | | | | | | | | 专业 | | |  | | | | | | | | 学历 |  |
| 最高  学历 | 毕业  时间 | |  | 学校  名称 | |  | | | | | | | | | | | | | | | | 专业 | | |  | | | | | | | | 学历 |  |
| 联 系  地 址 |  | | | | | | | | | | | | | | | | | | 固定电话 | | | | | |  | | | | | | | | | |
| 移动电话 | | | | | |  | | | | | | | | | |
| 现工作  单 位 |  | | | | | | | | | | 单位  性质 | | |  | | | | | 就业协议  签约情况 | | | | | |  | | | | | | | 社保  参保情况 | |  |
| **学习经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自何年何月至何年何月 | | | | | 何所学校 | | | | | | | | | | | | | | | | | | | | 何专业 | | | | | | | | | |
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| **工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自何年何月至何年何月 | | | | | 何单位 | | | | | | | | | | | | | | | | | | | | 工作岗位 | | | | | | | | | |
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| **家庭主要成员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 与本人关系 | | | 工作单位 | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | | | |
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| **有何特长**  **及突出业绩** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明:上述填写内容真实完整。如有不实，本人愿承担一切责任。  **报考人(签名)： 代报人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **现单位意见** | 仅上虞区属国有企业合同制在编职工所在单位盖章。  负责人签字：（公章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审 核**  **意 见** | 审核人签名:  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |