**2025年江阴市慈善会系统专职人员报名表**

**报名序号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** |  | | | | **性别** |  | **出生**  **年月** |  | | | | | | **政治面貌** | | | | | |  | | | | | | | 照片 | | | | | | |
| **毕业**  **院校** |  | | | | **毕业**  **时间** |  | **专业** |  | | | | | | **学历** | | | | | |  | | | | | | |
| **是否持有助理及以上社工师职业资格证书** | | | | | **是 / 否** | **证书**  **等级** | **初级/中级** | **证书编 号** | | | |  | | | | | | | | | | | | | | |
| **考生身份（2025年毕业生/其他人员）** | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **户籍所在地** | | | | **市 镇（街道）** | | | | **生源所在地** | | | | | | | | | **省 市（县/区）** | | | | | | | | | | | | | | | | |
| **报考岗位** | | | | | | | | **身份证号码** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主管**  **部门** | | **报考单位**  **名 称** | | | | **单位**  **代码** | **岗位代码** |  |  |  |  | |  | | |  | |  |  | | |  | |  |  |  | |  |  |  |  |  |  |
|  | |  | | | |  |  | **是否接受岗位调剂** | | | | | | | | | | | | | | | **是 / 否** | | | | | | | | | | |
| **家庭地址** |  | | | | | **邮编** |  | **联系**  **电话** | | | | | | | **手机** | | | | | |  | | | | | | | | | | | | |
| **宅电** | | | | | |  | | | | | | | | | | | | |
| **工作单位** | | |  | | | | | **参加工作时间** | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **学习经历** | **[从初中起填，请如实填写各段经历起止年月、在何单位学习，时间须前后衔接]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作经历** | **[请如实填写各段经历起止年月、在何单位工作，时间须前后衔接，没有填“无”]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭成员情况** | **[请按照“姓名”、“关系”、“所在单位”、“职务”如实填写]** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **镇街推荐意见** | **（盖章）**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **备 注** | **本人已知晓公开招聘2025年江阴市慈善会系统专职人员的相关规定，提出应聘申请，并承诺将遵守此次招聘的相关规定。本人承诺所提供的相关材料是真实和有效的，如与岗位条件不符，取消考试或应聘资格。**  **本人签名：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |