附件1：报名表

交通辅助人员应聘报名表

编号： 填表时间： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | | | | |  | 身份证号 | | | | |  | | | | | | | | | | 照  片 | |
| 民族 |  | | | 籍贯 | | |  | | | | | | 联系电话 | | | | | | |  | | | | | |
| 出生日期 |  | | | | | | | 健康状况 | | | | | |  | | | | 婚姻状况 | | | | |  | | |
| 身高（cm） | |  | | | | | 体重(kg) | | | | |  | | | | | | | 鞋码 | | | 码 | | | |
| 学历 |  | | | | 专业 | | | |  | | | | | 毕业时间 | | | | | | |  | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | 政治面貌 | | | | |  | | | | |
| 持有何种驾照 | | |  | | | | | | | | | | | | 是否患有精神或间歇性疾病 | | | | | | | | | | | |  |
| 持有何种职业资格证书 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 是否愿意调剂 | | | | | | | 是□ 否□ | | | | | | | | 是否服从分配 | | | | | | | | | 是□ 否□ | | | |
| 现居住地地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 户口所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 个 人 工 作 简 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个 人 特 长 及 爱 好 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭 情 况 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 称谓 | | | | 工作单位 | | | | | | | | | | | 联系电话 | | | | | | | | 身份证号码 | | |
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