爱辉区文化馆编制外合同制演员

报名表

登记编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | |  | | | 出生年月 | | | |  | | | | | | 年龄 | | |  | | | | 照片 |
| 身高、体重 | |  | | | | 民族 | |  | | | 现户籍地 | | | |  | | | | | | 籍贯 | | |  | | | |
| 身份证号（18位） | | |  | |  |  |  |  |  |  | |  |  |  | |  |  | |  |  | |  |  | |  | |  |
| 学历 |  | | | 学位 | | |  | | | 专业 | | |  | | | | | 政治面貌 | | | | |  | | | | |
| 毕业院校及时间 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | | 联系电话 | | | | | |  | | |
| 报考专业 | | | 🞎 声乐 🞎 舞蹈 🞎 舞蹈编导 🞎 导演策划 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 艺术（加分）特长 | | | 🞎 声乐 🞎 器乐 🞎 舞蹈 🞎 主持 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个 人 简 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |

个人声明：1、以上信息情况属实，如有虚假后果自负。

个人声明：2、本人已熟知报考工作岗位的情况，服从组织安排与岗位调整。

本人签名：

年 月 日