件1：

万山镇招聘岗位需求表

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| **序号** | **职位名称** | **招聘人数** | **资格条件** | **综合用人成本** | **岗位职责** |
| 1 | **党政综合办**  **工作人员**  **（综合行政岗位）** | 1 | 1.年龄：35岁以下；  2.性别：不限；  3.学历：本科及以上；  4.专业：会计学、财务管理等相关专业优先；  5.工作经验：2年以上相关基层工作经验，且有海岛工作经验优先；  6.其他：善于处理流程性事务，具有良好的学习能力、独立工作能力和分析能力；具有一定的表达沟通能力，思路清晰，考虑问题全面细致。 | 12W-14W | 协助办公室组织协调日常工作;负责物资采购与管理、账务报销处理、机关饭堂管理等。 |

附件2：

万山镇招聘人员报名表

岗位名称： 手机号码：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | | 性 别 | | | | | | |  | | | | | 民 族 | | | | | | |  | | | | | | | 贴  相  片 | | | |
| 出生年月 |  | | | | | | | 年 龄 | | | | | | |  | | | | | 籍 贯 | | | | | | |  | | | | | | |
| 户籍所在地 | 省 市（县） | | | | | | | | | | | | | | | | | | | 政治面貌 | | | | | | |  | | | | | | |
| 居住地址 |  | | | | | | | | | | | | | | | | | | | 婚姻状况 | | | | | | |  | | | | | | |
| 身份证  号码 |  |  |  |  | | |  | |  | | |  |  | | |  | | |  | |  | |  | |  |  | |  | |  | |  |  |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 所学专业 | | | | |  | | | |
| 毕业时间 |  | | | | | 学历 | | | | |  | | | | | | | 学位 | | | | | |  | | | | | 专业技术资格 | | | | |  | | | |
| 现工作单位及职务 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | 职业资格 | | | | |  | | | |
| 裸眼视力 | 左: 右: | | | | | | | | | 矫正视力 | | | | | | | 左: 右: | | | | | | | | | | | | 身高 | | CM | | | | 体重 | | KG |
| 期望薪酬 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （从中学开始，按时间先后顺序填写）  主要学习、工作经历及职务 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有何特长及  突出业绩 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及社会关系 | 姓 名 | | | | 与本人关系 | | | | | | | | | 年龄 | | | | | | | | 工作单位及职务 | | | | | | | | | | | | | | 户籍所在地 | |
|  | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |  | |
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| 本人承诺 | 愿意在海岛服务至少3年；以上所填信息属实，如有弄虚作假之处，本人自愿承担取消报考资格的后果。  本人联系电话： 承诺人（签名）： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审  核  意  见 | 审核人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**说明**：1.本表须个人如实填写，经审核发现与事实不符的，责任自负；

2.本表用A4纸双面打印。