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| 附件1： | |  | |  | |  | |  | |  |  | |  | |
| **西湖街道2020年度第二次公开招聘工作人员需求计划表** | | | | | | | | | | | | | | | |
| **招聘职位（岗位）** | **类别** | | **招聘人数** | | **学历要求** | | **专业要求** | | **年龄要求** | | | **户籍要求** | | **其他条件** | |
| 社区专职工作者 | 岗位一 | | 1 | | 全日制本科及以上 | | 专业不限 | | 1990年11月30日（含）以后出生 | | | 杭州市主城区户籍（上城区、下城区、江干区、拱墅区、西湖区、滨江区户籍） | | 持有国家助理社会工作师及以上职业资格证书 | |
| 岗位二 | | 1 | | 大专及以上学历 | | 专业不限 | | 1980年11月30日（含）以后出生 | | | 定向招聘（符合以下任意一项即可）： 1.退役士兵； 2.具有两年及以上公安辅警工作经历人员； 3.在西湖风景名胜区所辖街道工作两年及以上且目前仍在岗的编外人员。 | |
| 专职党务工作者 | 岗位三 | | 2 | | 全日制本科及以上 | | 专业不限 | | 1990年11月30日（含）以后出生 | | | 中共正式党员，2020年应届毕业生可以放宽至中共预备党员 | |

附件2：

杭州市西湖街道办事处公开招聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 报考岗位 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 是否接受调剂 | | | | |  | | |
| 姓名 |  | | 身份证号 |  | | |  |  |  |  | | | |  | |  |  | |  |  | |  | |  |  | |  |  |  | |  |  | 近期免冠  一寸彩照 | |
| 性别 |  | | 民族 |  | | | | | | | | 健康状况 | | | | | |  | | | | | 政治  面貌 | | | | |  | | | | |
| 户籍所在地  (按身份证上地址填) | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历  学位 | 全日制  教 育 | |  | | | 学校及专业 | | | | | | |  | | | | | | | | | | | | | | | | | | 毕业  时间 | | |  | |
| 在 职  教 育 | |  | | | 学校及专业 | | | | | | |  | | | | | | | | | | | | | | | | | | 毕业  时间 | | |  | |
| 联系  地址 |  | | | | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | | | |
| 移动电话 | | | | | | | | |  | | | | | |
| E-mail |  | | | | | | | | | | | | | | | | | | | | 邮 编 | | | | | | | | |  | | | | | |
| 个  人  简  历 | （注：个人简历包括教育经历和工作经历，教育经历从高中填起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 历年奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  及  社会  关系 | 称谓 | 姓名 | | | 出生年月 | | | | | | | | | | 政治面貌 | | | | | | | | | | | 工作单位及职务 | | | | | | | | | |
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| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **初审**  **意见** | 签字：    年 月 日 | | | | | | | | | | **复审**  **意见** | | | | | | 盖章：  签字：  年 月 日 | | | | | | | | | | | | | | | | | | |