附件

编号：

核分申请表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性别** |  | | **报考岗位** | |  |
| **身份证号码** |  | | | | | | |
| **现适岗能力评价分数** | | | | |  | | |
| **身份证复印件（正、反面）粘贴处** | | | | | | | |
| **固定电话** |  | | | **移动电话** | |  | |
| **电子邮箱** |  | | | | | | |
| **是否同意电话反馈？（请在相关选项上打√）** | | | | | | **是 否** | |

**申请人（签字）：**

**年 月 日**