2019年新干县部分事业单位公开选调工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | |  | | 出生年月 | | | |  | | 相  片 |
| 政治面貌 | | | |  | 身份证号 | | | |  | | | | | |
| 学 历 | | | |  | 毕业院校及专业 | | | |  | | | | | |
| 执业资格 | | | |  | | | | 职称 | |  | | | | | |
| 联系电话 | | | |  | | | 家庭住址 | | | |  | | | | |
| 报考单位  及岗位 | | | |  | | | | | | | | | | | |
| 简  历 | |  | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | | 与本人关系 | | | | 姓名 | 年龄 | | 政治面貌 | | | 户籍 | | 工作单位及职务 | |
|  | | | |  |  | |  | | |  | |  | |
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|  | | | |  |  | |  | | |  | |  | |
| 奖惩情况 | |  | | | | | | | | | | | | | |
| 承诺：  本人保证以上所填资料属实，如果提供虚假资料，本人愿意放弃录取资格。  承诺人签名： 时间： | | | | | | | | | | | | | | | |
| 资格审查  情况 | | | 审查人员签名： | | | | | | | | | | | | |