中共城步苗族自治县委办公室2020年事业单位公开选调

考试资格审查报名表

报考单位：                                  报考职位：

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| 姓名 |  | | | | | | | 性别 | | |  | | | | | 出生年月 | | | |  | | | | | 民族 | |  | 照 片  （近期一寸免冠照） |
| 文化程度 |  | | | | | | | 政治面貌 | | |  | | | | | 毕业时间 | | | |  | | | | | | 婚姻状况 |  |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | 所学  专业 | | | | | |  | |
| 参加工  作时间 | | |  | | | | | 行政职务 | | | | |  | | | | | | | 专业技  术职称 | | | | | |  | |
| 现工作（学习）单位 | | | | | | | |  | | | | | | | | | | | | | | | | | | 邮编 | |  |
| 身份  证号 |  |  | |  |  |  |  | |  |  | |  | |  |  | |  |  |  | |  |  |  |  | | 固定电话 | |  |
| 移动电话  （必填） | |  |
| 简    历 |  | | | | | | | | | | | | | | | | | | | | | 身份证复印件        粘  贴  处 | | | | | | |
| 资格审查意见 | 资格审查员签名：                                 资格审查负责人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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**注：  报考人员承诺报名表填写情况属实，如所填写情况失实，责任自负（包括取消考、录资格）。**

**承诺人签名：**