怀化市供销合作社公开选调工作人员报名表

报考职位：                                     报名序号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓    名 | | |  | | | | | 性别 | |  | | | 出生年月 | |  | | | 籍贯 | |  | 备用像片粘贴处备用像片粘贴处 |
| 政治面貌 | | |  | | | | | 民族 | |  | | | 健康状况 | | | | |  | | |  |
| 参加工作时间 | | | | | |  | | | | | 公务员或参公人员登记时间 | | | | | | | |  | |
| 工作单位及职务 | | | | | |  | | | | | | | | | | | | | | |
| 学历  学位 | 全日制教育 | | | | | |  | | | | 毕业院校系及专业 | | | | |  | | | | |
| 在职教育 | | | | | |  | | | | 毕业院校系及专业 | | | | |  | | | | |
| 家庭住址 | | |  | | | | | | | | | | 联系方式 | |  | | | | | |
| 身份证号码 | | | |  | | | | | | | | | | | | | | | | |
| 简  历 | |  | | | | | | | | | | | | | | | | | | | |
| 主要  家庭  成员及  社会  关系 | | 称谓 | | | 姓名 | | | | 年龄 | | | 政治面貌 | | 工作单位及职务 | | | | | | | |
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| 现在  工作  单位  审查  意见 | | 签名（盖章）                      年   月    日 | | | | | | | | | | | | 招录  单位  审查  意见 | | | 签名（盖章）                     年   月    日 | | | | |

说明：报考人员必须用正楷字如实填写此表。