附件2

巫山县公开遴选事业单位工作人员考试报名表

报考单位：                 报考岗位：             报考岗位类别及等级：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | | |  | | 身份证号 | | | | | |  | | |  | | |  | | |  | | | | |  | | |  | |  | |  | |  | | |  |  | |  | |  | |  | |  | |  | |  | |  | | |
| 出生  年月 | |  | | | 户口所在地 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | 贴相  片处 | | | | | | | | | | | | | | | | |
| 学历 | |  | | | 学位 | | | | |  | | | | 毕业时间 | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  |
| 毕业  院校 | |  | | | | | | | | 所学专业 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 现工作  单位 | |  | | | | | | | | 联系电话 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | 邮编 | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 被委托人姓名和身份证号 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 诚  信  承  诺 | | **本人郑重承诺：1.**本人所提供的个人信息、证明资料、证件等真实、准确、有效且符合报考岗位要求，并自觉遵守本次招聘工作的各项规定，诚实守信，严守纪律，认真履行报考人员义务。对因提供有关信息、证明材料、证件不实，不符合政策要求，或违反有关纪律规定所造成的后果，本人自愿承担一切责任。2.严格遵守考试纪律，若有违纪，愿意考试成绩作0分处理。  报考人签名：  年     月    日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在单位意见 | | 该同志系事业单位在编在岗（身份）人员，于        年     月至      年    月在我单位从事                                      工作。  历年年度考核情况：                                                           。  工作表现：                                                                            。  以上情况全部属实，同意报考（所在单位联系电话：              ）。      特此证明  单位负责人签字：                                                        年   月    日（公章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在单位主管部门意见 | | 单位负责人签字：                                                      年   月    日（公章） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 遴选单位初审意见 | | 初审人：  年  月  日 | | | | | | | | | | 县人力社保局复审意见 | | | | | | | | | | | 复审人：  年  月  日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  | | |  |  | |  | |  | |  | |  | |  | | |  |  | | |  | |  | | |  | |  |  | |  | |  | |  | |  |  | | |  | |  | |  | |  | |  | |  | |  | |  |  | |

**填表说明：**请报考人员仔细、准确填写报名表，并打印该表，本人签字确