**附件2**

**宣恩县机关事业单位公开遴选工作人员**

**报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | 性别 | | | | |  | | | | 出生年月 | | | | | | |  | | | | | | | | 贴本人1寸  免冠近照 | | | | | | | |
| 民 族 |  | 政治面貌 | | | | |  | | | | | | | | | 婚姻状况 | | | | | | |  | | | | | | | |
| 毕业院校  及 专 业 |  | | | | | | | | | | | | | | | 学历、学位 | | | | | | |  | | | | | | | |
| 现 工 作  单 位 |  | | | | | | 参加工作时间 | | | | | |  | | | | | | | 职务  (职称) | | | | | | |  | | | | 基层工作年 限 | | | | | |  | |
| 报考单位  及 职 位 |  | | | | | | | | | 报考调剂单位  及 职 位 | | | | | | | | |  | | | | | | | | | | | | | | 是否同意调剂 | |  | | | | |
| 现 户 籍  所 在 地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 |  | |  |  | |  | |  | | |  | | |  | | |  |  | | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |
| 通信地址 |  | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | | |  | | | | | | | | | |
| 固定电话  （必填） |  | | | | | | | | | | | 移动电话（必填） | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  主  要  成  员 | 姓 名 | | | | 关 系 | | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | | | | | | | | | | | | | | | | | | |
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| 所在单位及主管部门意见 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在地公务员主管部门意见 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |