附件2：

韶关市公安局新区分局招聘警务辅助人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | | 性别 | | |  | | | 民族 | | |  | | | 贴  相  片 | | |
| 出生年月 | | |  | | | 籍贯 | | |  | | | 政治面貌 | | |  | | |
| 现户籍所在地 | | | 省        市（县） | | | | | | | | | 婚姻状况 | | |  | | |
| 身份证号码 | | |  | | | | | | | | | | | | 联系电话 | | |  | | |
| 通讯地址 | | |  | | | | | | | | | | | | 亲属联系  电话 | | |  | | |
| 毕业院校 | | |  | | | | | | | | | | | | | | | | | |
| 专业 | | |  | | | | | | 学历 | | |  | | | 学位 | | |  | | |
| 现工作单位 | | |  | | | | | | | | | | | | | | | | | |
| (裸视)视力 | | | 左 |  | | | 右 |  | | 身高（cm） | | |  | | | | 体重  （kg） | |  | |
| 报考职位代码 | | |  | | 是否持有机动车驾驶证 | | | |  | | 准驾车型 | | |  | | | 是否服从单位调剂 | | |  |
| 学习  工作  经历  （从高中经历开始填起） | | |  | | | | | | | | | | | | | | | | | |
|  | 家庭成员及主要社会关系 | 姓名 | | 与本人关系 | | | | 工作单位及职务 | | | | | | | | | 户籍所在地 | | | |
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|  | 报名人员承诺 | 本人承诺以上材料属实，如有不实之处，愿意承担相应责任。    报名人员签名：                        日期：2019年   月   日 | | | | | | | | | | | | | | | | | | |
|  | 资格审核意见 | 资格审核  审核人员签名：                               日期：2019年   月   日 | | | | | | | | | | | | | | | | | | |
|  | 左眼(裸)视力 | |  | | | | | | 右眼(裸)视力 | | | | | | |  | | | | |
|  | 色弱色盲 | |  | | | | | | 身高（cm）**/**体重（kg） | | | | | | |  | | | | |
|  | 医生签名： | | | | | | | | | | | | | | | | | | | |
|  | 审查意见 | 审查人员签名：                               日期：2019年  月  日 | | | | | | | | | | | | | | | | | | |
|  | 备注 |  | | | | | | | | | | | | | | | | | | |

此表请正反两面打印