**始兴县林业局专业森林消防队员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **报考岗位** | | **□岗位：A （**专业森林扑火队员）  **□岗位：B** （后勤服务人员） | | | | | | | | | | | | | | | | **贴**  **照**  **片**  **处** | |
| **姓名** |  | | | **性别** |  | | | | **民族** |  | | **婚否** | |  | | | |
| **出生年月** |  | | | **籍贯** |  | | | | | **户口**  **所在地** | | |  | | | | |
| **身份证号** |  | | | | | | | | | | | | | | | | |
| **毕业院校** |  | | | | | | | **专业** | | | |  | | | | | |
| **学历** |  | | | | | | | **学位** | | | | | |  | | | |
| **政治面貌** |  | | | | | | | | | | | **邮箱** | |  | | | | | |
| **身高** |  | | | | | **裸眼视力** | | | | | |  | | | | **矫正视力** | | |  |
| **家庭地址** |  | | | | | | | | | | | | | **联系电话** | | |  | | |
| **是否退伍军人** |  | | | | | | | | | | | | | **服役时间** | | |  | | |
| **简历（填写学习和工作经历）** |  | | | | | | | | | | | | | | | | | | |
| **家**  **庭**  **主**  **要**  **成**  **员** | **姓 名** | | **与本人关系** | | | | | **工作单位及职务** | | | | | | | | | | **政治面貌** | |
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| **有无刑事犯罪记录** |  | | | | | | **有无被开除公职或被辞退记录** | | | |  | | | | **有无违反**  **计划生育政策** | | |  | |
| **奖**  **惩**  **情**  **况** |  | | | | | | | | | | | | | | | | | | |
| **是否愿意服从工作安排** |  | | | | | | | | | | | | | | | | | | |
| **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：  年 月 日 | | | | | | | | | | | | | | | | | | |
| **审核**  **意见** | 签名： 　 年 月 日 | | | | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | | |

**填写说明：**1.此表用黑色钢笔填写，圆珠笔填写无效，字迹要清楚。

2.此表须如实填写，经考查发现与事实不符的，后果自负。

3.此表须双面打印，单面打印无效。