附件2

郴州市北湖区2020年公开选调工作人员报名和资格审查表

**报考单位： 报考职位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** | |  | | | | | | **性 别** | | | | | | |  | | | | | | | | | **出生年月**  **（ 岁）** | | | | |  | | | **近期免冠正面半身一寸照片三张** | | |
| **籍 贯** | |  | | | | | | **民 族** | | | | | | |  | | | | | | | | | **政治面貌** | | | | |  | | |
| **公务员（参公）**  **登记时间** | |  | | | | | | **进入现单位时间** | | | | | | |  | | | | | | | | | **健康状况** | | | | |  | | |
| **身份证号** | | |  |  | |  |  | |  |  | |  |  | | |  |  | |  |  |  | |  | |  |  |  |  | **本人电话** | | |  | | |
| **家属电话** | | |  | | |
| **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** | | | | |  | | | | | |
| **现 工 作 单 位 及职务（职级）** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **初 任 同 级**  **职 务 时 间** | | | | | | | |  | | | | | | | **2年基层工作时间** | | | | | | | | | **年 月 日至 年 月 日** | | | | | | | **公务员**  **工作时间** | | **年 月 日至 年 月 日** | |
| **简 历** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **年度考核情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭主要成员及重要社会关系** | **与本人关 系** | | | | **姓 名** | | | | | | **出 生年 月** | | | | | | | **政 治面 貌** | | | | **工作单位及职务** | | | | | | | | | | | | **户口所在地** |
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| **报考人承诺** | **本人承诺所提供的材料真实、完整、有效， 如有弄虚作假或隐瞒真实情况，自愿承担相应责任。**  **报考人签名： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **单位同意报考**  **证明** | **以上情况真实、完整、有效，符合郴州市北湖区2020年公开选调工作人员的报考条件，不存在不得报考的情形，同意\*\*\*同志报考。**    **单位（盖章）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **选调单位组织人事股室审查意见** | | | | | | | | | | | | | | **选调单位分管领导意见** | | | | | | | | | | | | | | | | **选调单位主要负责人意见** | | | | |
| **审查人签名：**  **年 月 日** | | | | | | | | | | | | | | **签名：**  **年 月 日** | | | | | | | | | | | | | | | | **签名：**  **选调单位（公章）：**  **年 月 日** | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：1.本表由考生自行正反双面打印填写（签名须手写），一式两份。一份由选调单位报送北湖区委组织部，一份留存选调单位；**

**2.初任同级职务时间填写第一次任此级别职务的时间，如任副科级时间，任正科级时间，历任同级别多个职务，以第一个职务的任职时间为准。**