应县2020年公开择优选调引进事业单位专业人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 |  | | | | 性别 | | | |  | | | | | | 出生年月 | | | | | | | |  | | | | | | | | | | 贴近期大一寸  正面免冠  彩色相片 | | | | | | |
| 籍　贯 |  | | | | 民族 | | | |  | | | | | | 参加工作  时间 | | | | | | | |  | | | | | | | | | |
| 政治面貌 |  | | | | | | | | 入党(团)时间 | | | | | | | | | |  | | | | | | | | | | | | | |
| 现工作单位  及职务 |  | | | | | | | | 编制  性质 | | | | | | | | | |  | | | | | | | | | | | | | |
| 任现职时间 |  | | | | | | | | 从业类别 | | | | | | | | | |  | | | | | | | | | | | | | |
| 学 历 |  | | | | | | 学 位 | | | | |  | | | | | | | | | | | 熟悉何种外语 | | | | | | | | | |  | | | | | | |
| 专业技术  资 格 |  | | | | | | | | | | | | | | | | | | | | | | 专业技术资格获得时间 | | | | | | | | | |  | | | | | | |
| 办公电话 |  | | | | | | | 手机 | | | | |  | | | | | | | | | | | | 住宅电话 | | | | | | |  | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 |  | | | 身份证号码 | | | | | | |  |  | |  | | |  | | |  |  |  | |  | | |  | | |  |  |  |  |  | |  |  |  |  |
| 选调引进专业名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习经历（从高中阶段开始填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | 毕业院校 | | | | | | | | | | | | | | | 所学专业 | | | | | | | | | | 学制及学习形式 | | | | | | | | 学历 | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | |
| 主 要 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 工作单位及职务 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时何地  受过何种奖励或处分 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年度  考核情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | | 姓 名 | | | | 年龄 | | | | 工作单位及职务 | | | | | | | | | | | | | | | | 政治面貌 | | | | | | | | | 与本人关系 | | | | |
|  | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
|  | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
|  | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
|  | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
|  | | | |  | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
| 报名人员  承 诺 | | 本人承诺所填信息及提供的材料属实，如有不实之处，愿意承担相应责任。  报名人员签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现所在单位  意见 | | 单位（盖章 ）  年 月 日 | | | | | | | | | | | | | | 现所在单位主管部门意见 | | | | | | | | | | | | | 单位（盖章 ）  年 月 日 | | | | | | | | | | |
| 现工作地组织或人事部门意见 | | 单位（盖章 ）  年 月 日 | | | | | | | | | | | | | | 现工作单位机构编制部门意见 | | | | | | | | | | | | | 单位（盖章 ）  年 月 日 | | | | | | | | | | |
| 选调机关  审查意见 | | 单位（盖章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他须说明  的情况 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**备注：**从业类别：1、报名选调教师专业人才的填写现任教学学段学科；

2、报名选调医疗卫生专业人才的填写从医科目。