附件：

**丰顺县纪委监委公开招聘专职陪护人员报名表**

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| **姓 名** | | |  | | | | | **性别** | | |  | | **民 族** |  | | | | 贴  相  片 | | |
| **出生年月** | | |  | | | | | **籍贯** | | |  | | **政治面貌** |  | | | |
| **现户籍地** | | | 省 市 县（区） | | | | | | | | | | **婚姻状况** |  | | | |
| **现居住地** | | | 省 市 县（区） | | | | | | | | | | | | | | |
| **通讯地址** | | |  | | | | | | | | | | **邮 编** |  | | | |
| **身份证号码** | | |  | | | | | | | | | | **联系电话** |  | | | | | | |
| **毕业院校** | | |  | | | | | | | | | | **毕业时间** |  | | | | | | |
| **所学专业** | | |  | | | | | | | | | | **学历及学位** |  | | | | | | |
| **有何特长及突出业绩** | | |  | | | | | | | | | | | | | | | | | |
| **简 历** | | |  | | | | | | | | | | | | | | | | | |
| **家庭成员** | | | **称 呼** | | | | **姓 名** | | | | | **工作单位及职务** | | | | | **身份证号码** | | | |
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| **主要社会关系** | **称 呼** | | | **姓 名** | | | | **工作单位及职务** | | | | | | | **身份证号码** | | | |
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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。  是否服从调配:□是，□否。  报名人员签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | |
| **用人**  **单位**  **初审**  **意见** | **优先考虑录用资格** | | | | | | | | | | | | | | | | | |
| 2020年退伍军人 | | | |  | | | | | | | 中共党员 | |  | | | | |
| 机动车驾驶证 | | | |  | | | | | | | 有机关  工作经验 | |  | | | | |
| **报名**  **条件** | | **年龄** | | **学历** | | | | **身高** | | | **视力** | | **无违法犯罪记录** | | | | **计生情况** |
| **初检**  **情况** | |  | |  | | | |  | | |  | |  | | | |  |
| 审查人员签名：  日期： 年 月 日 | | | | | | | | | | | | | | | | | |
| **用人**  **单位**  **意见并盖公章** | 日期： 年 月 日 | | | | | | | | | | | | | | | | | |
| **备注** | 本表“报名条件”栏之“视力”项以用人单位安排的体检结果为准。 | | | | | | | | | | | | | | | | | |

说明：1. 此表双面打印，提供一式两份；

2. 报名者必须填写能够保障联系的电话号码，以便通知，如无法联系，则以弃权处理；

3. “用人单位初审意见”及 “用人单位意见”栏由县纪委填写。