附件3

县政府办遴选跟班学习人员报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | | |  | | 出生年月 | |  | | | 民族 | | |  | 照片 | |
| 籍贯 |  | | 政治面貌 | | |  | | 入党时间 | |  | | | 健康状况 | | |  |
| 编制类型 |  | | 熟悉专业  何种专长 | | | | |  | | | | | 参加工作年月 | | |  |
| 学历学位 | 全日制教育 | | |  | | | | | 毕业院校及专业 | | | | |  | | | | |
| 现工作单位及职务 | | | |  | | | | | | | | | | | | | |
| 报考职位 | | | |  | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | | | | 身份证号码 | | | |  | | | |
| 学习和工作简历 |  | | | | | | | | | | | | | | | | | |
| 家庭主要成员及主要社会关系 | 称谓 | 姓名 | | | 出生年月 | | 政治面貌 | | | | | 工作单位及职务（无工作单位的请填职业或住址） | | | | | | |
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| 奖惩情况 |  | | | | | | | | | | | | | | | | | |
| 所在单位主要领导签字 | （盖 章）  年 月 日 | | | | | | | | | | | | | | | | | |
| 信息  确认 | 本人符合遴选资格条件，填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  报考人员签名：    年 月 日 | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | |