附件3：

**利川市卫健系统公开选调工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | 性别 | | | | | |  | | | | | | 出生  年月 | | | |  | | | | | | | 照片 | | | | | |
| 民 族 |  | | | | | 籍贯 | | | | | |  | | | | | | 出生地 | | | |  | | | | | | |
| 入党时间 |  | | | | | 健康  状况 | | | | | |  | | | | | | 参加工作时间 | | | |  | | | | | | |
| 现工作单  位及职务 |  | | | | | | | | | | | | | | | | | 进编 时间 | | | |  | | | | | | |
| 全日制  学历 |  | | | | | | 毕业院校  系及专业 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 在职学历 |  | | | | | | 毕业院校  系及专业 | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 执业资格 |  | | | | | | | | | | | | | 身份性质 | | | | | | | |  | | | | | | | | | | | | |
| 报考单位 |  | | | | | | | | | | | | | | | | | | 岗位代码 | | | | | | | |  | | | | | | | |
| 身份证号 |  |  |  |  | | | | |  |  | | |  | |  | |  | | |  |  | | |  |  | | |  | |  | |  |  |  |
| 家庭住址 |  | | | | | | | | | | | | | | | | | | | | | 联系  电话 | | | |  | | | | | | | | |
| 简  历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖  惩  情  况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否涉嫌违纪违法正在接受有关的专门机关审查尚未作出结论 | | | | | | | 是否受处分期间或者未满影响期限 | | | | | | | | 是否尚在服务期或试用期内 | | | | | | | 是否与选调单位主要负责人有回避关系 | | | | | | | | 有无其他不符合选调条件的情况 | | | |
|  | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | |
| 年度考  核结果 | 2018年度 | | | | | | | | | | | | 2019年度 | | | | | | | | | | | | 2020年度 | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| 家庭  主要  成员  及重  要社  会关  系 | 姓 名 | | | | 关 系 | | | | | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | | | | | | | | | | | |
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| 本人承诺 | 本人确认以上信息无误并对所提交资料的真实性、准确性、合法性负责。如因  提供虚假信息影响选调结果，由本人承担全部责任。  签字： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在单位  意见 | 同志于 年 月进入我单位工作，现为 身份，符合选调报  名条件，同意报考。  单位主要负责人： （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管部门  意见 | 同意 同志报考。  单位主要负责人： （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | 签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |