附件2

**泸定县2023年公开考调事业单位工作人员报名信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** | |  | | | | | | **性别** | |  | | | **出生年月** | | | |  | | | | | 照  片 | | | |
| **出生地** | |  | | | | | | **民族** | |  | | | **政治面貌** | | | |  | | | | |
| **参加工作时间** | |  | | | | | | **入党时间** | | | | |  | | | | | | | | |
| **毕业院校** | |  | | | | | | | | | | | | | | | **学历** | | | | |  | | | |
| **所学专业** | |  | | | | | | | | | | | | | | | **是否符合岗位特殊要求** | | | | |  | | | |
| **参加工作方式** | |  | | | | | | | | | | | | | | | | **是否具备要求的资格证书** | | | | |  | | |
| **正住户籍**  **所在地** | | **省（区）** **市 (州)** **（区）县** | | | | | | | | | | | | | | | | | | | | | | | |
| **身份证号码** | |  |  |  |  |  |  | |  | |  |  | |  |  |  | | |  |  |  |  | |  |  |
| **现工作单位及**  **职务、职称** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **通讯地址** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **固定电话** | |  | | | | | | **移动电话** | | | | |  | | | | | | | | | | | | |
| **报考单位** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **报考岗位** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **岗位编码** | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **个**  **人**  **简**  **历** |  | | | | | | | | | | | | | | | | | | | | | | | | |

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| **所受奖惩情况** | |  | | |
| **家**  **庭**  **成**  **员** | **称 谓** | **姓 名** | **基 本 情 况** | |
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| **工作单位意见** | （      （盖章）  年 月 日 | | **主管**  **部门**  **意见** | （  （  （    （盖章）  年 月 日 |
| **组织部门意见** | （盖章）  年 月 日 | | **人力资源**  **社会保障部门意见** | （盖章）  年 月 日 |
| **资格审查意见** | （盖章）  年 月 日 | | | |

**注：“工作单位意见”、“主管部门意见”、“组织部门意见”、“人力资源社会保障部门意见”栏，按干部管理权限，由相关单位（部门）进行审查，签署是否同意参加考调的意见，并加盖印章。**