附件2

广州市越秀区应急管理局属下事业单位

公开选调事业编制工作人员报名登记表

编号：　　　　　　　　　　　　　（填表前请认真阅读本报名表背面的填表说明）

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| 姓　名 |  | | | | | 性别 | | |  | | | | | | | 出生年月 | | | | | | | | | 年 月 日 | | | | | | | | 贴近期大一寸  正面免冠  彩色相片 | | | | | | | | | | |
| 籍　贯 |  | | | | | 民族 | | |  | | | | | | | 工作时间 | | | | | | | | | 年　月 | | | | | | | |
| 政治面貌 |  | | | | | | | | 参加党派时间 | | | | | | | | | | | 年　 月 | | | | | | | | | | | | |
| 工作单位  及  现任职务 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 任现职  时间 | 年 月 日 | | | | | | | | | 任现职级时间 | | | | | | | | | | | 年 月 日 | | | | | | | | | | | |
| 学 历 | |  | | | 学 位 | | | | | |  | | | | | | | | 职 称 | | | | | | |  | | | | | | | 专 长 | | | | |  | | | | | |
| 住宅电话 | |  | | | | | 手机 | | | | | | |  | | | | | | | | | | | | 单位电话 | | | | | | | |  | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | |  | | 身份证号码 | | | | | | | |  |  | |  | |  | |  | | |  | |  | | |  |  | |  | |  | |  |  |  | | | |  |  |  |  | |
| 大学专科以上学习经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | 毕业院校 | | | | | | | | | | | | | | | 所学专业 | | | | | | | | | | | 学制及学习形式 | | | | | | | | | | 学历 | | | | |
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| 主要工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | 工作单位及职务（级别） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 何时何地  受过何种  奖励或处分 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | |
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| 本人签名 | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | 单位审核意见：  年 月 日 | | | | | | | | | | | | | | | | | | | | |
| 填 表 说 明 | | | 1. 编号：考生报名填表时不填，由区应急管理局在报名结束后填上。   2、工作单位与现任职务：工作单位要填全称，职务要具体到何科室。  3、学历：按所受教育已取得最高学历填写。未取得“学历证明”之前，仍按原学历填写，须注意“XX在读”“大专证书”、“XXX课程进修班结业”等均不能作为学历填写。学制及学习形式填写“全日制”、“在职”、“半脱产”、“全脱产”等。  5、自荐报名的，“单位审核意见”栏可不填写。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |