**泰州市公安局医药高新区分局（高港分局）**

**警务辅助人员报名表**

**NO：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性 别 | | |  | | | 身份证号码 | | |  | | | | | （照片） | |
| 民 族 | |  | | | 婚姻状况 | | |  | | | 政治面貌 | | |  | | | | |
| 学 历 | |  | | | 专 业 | | |  | | | 毕业院校 | | |  | | | | |
| 现工作单 位 | |  | | | | | | | | | 参加工作 时 间 | | |  | | | | |
| 实际居住 地 | |  | | | | | | | | | 户籍所在地 | | |  | | | | | | |
| 联系  电话 | |  | | | | | | | | | | | | | | | 驾驶证类型 | | |  |
| 报考单位 | | |  | | | | 岗位名称 | | |  | | | | 个人专长 | | | |  | | |
| 计算机等级 | | |  | | | | | | | | | 外语等级 | | |  | | | | | |
| 个人  简历 | 起止日期 | | | | | | | | 所在单位（学校）、职务 | | | | | | | | | | | |
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| 家庭主要成员 | 姓 名 | | | | | 关 系 | | | 工作单位（学校） | | | | | | | | | | 政治面貌 | |
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| 家庭主要成员及近亲属中有无违法犯罪情况 | | | |  | | | | | | | | | 本人及家庭主要成员有无家庭性遗传病史 | | |  | | | | |
| 是否同意岗位调剂 | | | | | | | | | | | | | | | |  | | | | |
| 养老、医疗保险  缴纳情况： | | | | | | | | | | | | | | | | | | | | |
| 承诺  签名 | 1. 以上填写信息情况属实。如有不符，责任自负。 2. 如被录用，将按现单位规定的时间及时报到。如与原单位发生人事（劳动）争议等事项，均由本人负责协商解决。   签名： 日期： | | | | | | | | | | | | | | | | | | | |