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| **西畴县公安局**  **辅警招聘报名与资格审查表** | | | | | | | | | | | | | | | | | |
| **报考岗位名称：** | | | |  | | | | | | | | | | | | | |
| **姓名** |  | | | **性别** | |  | **民族** | |  | | **出生日期** | |  | | | **照片** | |
| **政治面貌** |  | | | **学历** | |  | | | **专业** | | |  | | | |
| **毕业院校** | | | |  | | | | | | | | **退伍时间** | | | |  | |
| **户籍所在地** | | | |  | | | | | | | | | | **是否服从**  **调剂岗位** | | |  |
| **身份证号码** | | |  | | | | | | | | **联系电话**  **（手机）** | | |  | | | |
| **现居住地址** | | |  | | | | | | | | | | | | | | |
| **个人简历** |  | | | | | | | | | | | | | | | | |
| **备注：“个人简历”包括学校简历和工作简历** | | | | | | | | | | | | | | | | | |
| **家庭主要**  **成 员** | | **姓名** | | | **关系** | | | **年龄** | | **工作单位或家庭住址** | | | | | | | |
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| **个人申明** | **1.本人保证所填信息和提供材料均真实有效，无虚假情况。若有隐瞒或不真实情况，本人愿意承担一切责任。**  **2.本人保证既往未患有高血压、心脏病、精神病、癫痫、高尿酸血症等严重疾病。若有隐瞒或不真实情况，本人愿意承担一切责任。**  **3、如被聘用，将按规定的时间及时报到，如与原单位发生人事（劳动）纠纷等事项，均由本人负责协商解决。**    **签名：**  **年 月 日** | | | | | | | | | | | | | | | | |
| **以下内容由工作人员填写** | | | | | | | | | | | | | | | | | |
| **身高：** | | | | | | **体重：** | | | | | **体表检查** | **合格（ ）** | | | **不合格（ ）** | | |
| **签名:** | | | | | | | | | | | **签名：** | | | | | | |
| **视力：左： 右：** | | | | | | | | | | | **签名：** | | | | | | |
| **工作人员填表说明：身高、体重、双眼视力请填写具体数字；体表检查请打√。** | | | | | | | | | | | | | | | | | |
| **资格审查意见** | **初审人员签名： 复审人签名：**  **年 月 日（盖章） 年 月 日（盖章）** | | | | | | | | | | | | | | | | |