靖州县纪委监委公开选调工作人员报名表

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| **姓名** | | | |  | | | **性别** | | |  | | **民族** | | |  | | **籍贯** | | | |  | | **近期**  **免冠**  **1寸**  **相片** | | |
| **出生年月** | | | |  | | | | | | **政治面貌** | | | | | | |  | | | | | |
| **参加工作时间** | | | |  | | | | | | **基层工作经历年限** | | | | | | |  | | | | | |
| **录用公务员时间** | | | |  | | | | | | **公务员（参公）**  **登记备案时间** | | | | | | |  | | | | | |
| **身份证号** | | | |  | | | | | | | | | | | | | **婚姻状况** | | | | |  |
| **学历**  **学位** | | | **全日制**  **教育** | |  | | | | | **毕业院校及专业** | | | | | | |  | | | | | | | | |
| **在职**  **教育** | |  | | | | | **毕业院校及专业** | | | | | | |  | | | | | | | | |
| **现工作单位及职务（职级）** | | | | | | | | |  | | | | | | | | **任现职务（职级）时间** | | | | | | | |  |
| **录用后是否有最低服务年限要求** | | | | | | | | | （无最低服务年限要求）或（有最低服务年限要求，已于\*\*年\*\*月满最低服务年限） | | | | | | | | | | | | | | | | |
| **通讯地址** | | | |  | | | | | | | | | | | | | **联系电话** | | | | |  | | | |
| **近5年年度考核情况** | | | | **2017年** | | | | **2018年** | | | | | **2019年** | | | | | | | **2020年** | | | | **2021年** | |
|  | | | |  | | | | |  | | | | | | |  | | | |  | |
| **学习和工作经历** | **从大学学习开始填写**  **\*\*\*\*.\*\*--\*\*\*\*.\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\***  **\*\*\*\*.\*\*--\*\*\*\*.\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\***  **\*\*\*\*.\*\*--\*\*\*\*.\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\***  **\*\*\*\*.\*\*--\*\*\*\*.\*\* \*\*\*\*\*\*\*\*\*\*\*\*\*\*** | | | | | | | | | | | | | | | | | | | | | | | | |
| **家**  **庭**  **主**  **要**  **成**  **员**  **及**  **重**  **要**  **社**  **会**  **关**  **系** | | **称谓** | | | | **姓名** | | | | | **出生**  **年月** | | | | | **政治**  **面貌** | | | **单位及职务（或从事职业）** | | | | | | | |
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| **本人**  **奖惩**  **情况** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **近亲**  **属受**  **惩处**  **情况** | | **（近亲属范围包括配偶、直系血亲、三代以内旁系血亲以及近姻亲）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人**  **签名** | | **我郑重承诺：诚信报名、诚信考试、诚信履约，填写信息真实、准确，如有违反，自愿承担相应责任。**  **本人签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **所在单位意见** | | 签名： （盖章）  年 月 日 | | | | | | | | | | | | **主管部门意见** | | | | 签名： （盖章）  年 月 日 | | | | | | | | | |
| **组织人事部门审核意见** | | 经审核，以上信息属实。    签名： （盖章）    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：请按要求填写此表后双面打印，一式两份。**