附件

英德市公开选调公务员报名表

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| 姓 名 |  | | | 性别 | | |  | | | | | | | 出生时间 | | | | | 年 月  日 | | | | | | | | |  | | | | | | |
| 籍 贯 |  | | | 民族 | | |  | | | | | | | 参加工作时间 | | | | | 年 月 | | | | | | | | |
| 政治面貌 |  | | | | | | 参加党派时间 | | | | | | | | | | | | 年 月 | | | | | | | | |
| 现工作单位  及职务 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 任现职时间 | 年 月  日 | | | | | | | | | 任现职级时间 | | | | | | | 年 月  日 | | | | | | | | | | |
| 学  历 |  | | | | | 学  位 | | | | | |  | | | | | | | | | | 婚姻状况 | | | | | |  | | | | | | |
| 近3年年度考核情况 |  | | | | | | | | | | | | | | | | | | | | | 外语等级证书 | | | | | |  | | | | | | |
| 住宅电话 |  | | | | | | | | 手机 | | |  | | | | | | | | | | 单位电话 | | | | | |  | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | | | |  | | | | | | |
| 身份证号码 |  |  | |  |  | | |  | | |  | |  | |  |  | | | |  |  | |  | |  | |  | |  | |  | |  |  |
| 主 要 学 习 经 历（从高中开始） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有何特长  或业绩 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员  及主要社会关系（已婚人员必须填写配偶、岳父母或家公婆等情况） | 姓  名 | | | 年龄 | | | | 工作单位及职务 | | | | | | | | | | | | | | | | | | 政治面貌 | | | | 与本人关系 | | | | |
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| 个人  承诺 | 我已详细阅读了选调公告、职位相关要求，确信符合选调条件及职位要求。本人保证填报资料真实准确，如因个人原因填报失实或不符合选调条件和职位要求而被取消面试或选调资格的，由本人负责。  本人签名：                年   月   日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用人单位审查意见 | 审查人签名：                                    年   月   日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 填 表 说 明 | 1、现工作单位及职务：工作单位、部门及所任职务要填写全称。  2、学历：按所受教育已取得的最高学历填写。  3、学制及学习形式填写“全日制”、“在职”、“半脱产”、“全脱产”等。  4、现工作单位及职务：不同级别的职务应分别填写。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |