附件：

**吉水县公开遴选县红十字会工作人员报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　名 |  | | | | 性 别 | | |  | | | | 出　生  年　月 | | | |  | | | | | | 照  片 | | | | | |
| 民　族 |  | | | | 籍 贯 | | |  | | | | 健　康  状　况 | | | |  | | | | | |
| 参加工  作年月 |  | | | | 入 党  年 月 | | |  | | | | 婚  姻  状  况 | | | |  | | | | | |
| 有何特长 |  | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  | |  |  | |  |  |  | |  | |  | |  | | |  |  | |  | |  |  |  |
| 学历  学位 | 全日制  教　育 | | | |  | | | 何时毕业何院校及专业 | | | | | |  | | | | | | | | | | | | | |
| 在　职  教　育 | | | |  | | | 何时毕业何院校及专业 | | | | | |  | | | | | | | | | | | | | |
| 现工作单位及职务 |  | | | | | | | 专业技术  资    格 | | | | | |  | | | | | 联系  电话 | | | | |  | | | |
| 近2年年度考核等次 | 2014年 | | | |  | | | | | | | | | 2015年 | | | |  | | | | | | | | | |
| 工作学习  简 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员及社会关系 | 称谓 | | | | 姓 名 | | | 工作单位及职务 | | | | | | | | | | | | | | | | | | | |
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|  | | | |  | | |  | | | | | | | | | | | | | | | | | | | |
| 参考人员承诺签名 | 上述填写内容和提供的相关依据真实、有效，符合遴选岗位所需的报考条件。如有不实，本人自愿放弃考试和遴选资格。  承诺人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位意见 | 同意报考。该同志2014、2015年年度考核等次为合格及以上。  （盖章）  年   月   日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管部门  （乡镇）意见 | 同意报考  （盖章）  年   月   日 | | | | | | | | | | | | | | | | | | | | | | | | | | |

**注：此表请双面打印。**