莲花县社保局公开选调工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 | | | |  | | | | 性别 | |  | | | | | 出生年月 | | | |  | | 相片 | |
| 身份证号 | | | |  | | | | | | | | | | | | 民族 | | |  | |
| 参加工作时间 | | | |  | | | 政治面貌 | | | |  | | | | | 籍贯 | | |  | |
| 学历学位 | 全日制教育 | | |  | | | 毕业院校  系及专业 | | | |  | | | | | | | | | | | |
| 在职教育 | | |  | | | 毕业院校  系及专业 | | | |  | | | | | | | | | | | |
| 现工作单位及职务 | | |  | | | | | | | | | | 职称 | | | | |  | | | | |
| 近三年度考核结果 | | | 2017年 | |  | | | | 2016年 | | | | |  | | | | 2015年 | | |  | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | 联系电话 | | |  |
| 个  人   简  历 | | 年月 —— 年月 | | | | 工作（学习）单位 | | | | | | | | | | | | | | 所从事工作（学习） | | |
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| 单位推荐意见 | | 盖章               年  月  日 | | | | | | | | | | 本人承诺 | | | | | 以上信息填报真实无误，如有隐瞒或虚假，取消选调资格。      本人签名： | | | | | |
| 资格审查意见 | | 盖章    年   月  日 | | | | | | | | | | | | | | | | | | | | |