附件：

内江市委台办公开选调事业单位人员报名表

**（请认真阅读说明后填写）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 报考单位 | | |  | | | | | | | | | 报考岗位 | | | | | | | |  | | | | | | 照  片 | |
| 姓名 | | |  | | | | 性别 | | |  | | | 身高 | |  | | | 体重 | | |  | 出生年月日 | |  | |
| 身份证号码 | | |  | | | | | | | | | | | | | | | | 政治面貌 | | | | |  | |
| 学历 学位 | 全日制教育 | | | |  | | | | 毕业院校及专业 | | | | |  | | | | | | | | | | | 毕业时间 | |  |
| 在职教育或国家承认的其他学历 | | | |  | | | | 毕业院校及专业 | | | | |  | | | | | | | | | | | 毕业时间 | |  |
| 是否属在职人员 | | | |  | 现工作单位 | | | | | | | | |  | | | | | | | | | | | 工作年限 | |  |
| 职 称 | |  | | | | | | | | | 资格证书 | | | | | |  | | | | | | | | 任职年限 | |  |
| 联系电话 | |  | | | | | | | | | | | | | | | | | | | | | 邮编 | |  | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | 备注 | |  | | |
| 本人学习  或工作经历（如岗位对工作经历有要求的，必须详细填写） | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要社 会关系 | | 姓名 | | | | 性别 | | 出生年月 | | | | | 关系 | | | 现工作单位及职务或职称 | | | | | | | | | | | |
|  | | | |  | |  | | | | |  | | |  | | | | | | | | | | | |
|  | | | |  | |  | | | | |  | | |  | | | | | | | | | | | |
| 是否服从调剂 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 资格审核  意 见 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |

**说明：** 1、此表由报考者本人填写，并经招考单位（主管部门或组织人社部门）初审，完善报名手续；

2、请报考者如实详尽真实准确地填报个人资料，如所填信息与事实不符，或提供虚假材料的，将取消报考资格，后果由报考者自负；

本人签名： 年 月 日