附件1：

清流县不动产登记中心政府购买服务工作人员报名表

填表日期：    年    月    日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 | | | |  | | | 性 别 |  | | 出生年月 | | |  | | | | 请粘贴近期  1寸正面免冠  彩色相片 | | |
| 身份证号码 | | | |  | | | | | | | | | | | | |
| 籍贯 | | | |  | | | 民族 |  | | 参加工作时间 | | |  | | | |
| 出生地 | | | |  | | | 婚姻  状况 |  | | 政治  面貌 | | |  | | | |
| 现工作单位、职务 | | | | |  | | | | | | 特长 | | | | |  | | | |
| E－Mail地址 | | | | |  | | | | | | 联系电话 | | | | |  | | | |
| 通讯地址 | | | | |  | | | | | | | | | | | | | | |
| 学习经历 | | 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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| 工作经历 | | 起止年月 | | | | 单位名称 | | | | | | 工作岗位 | | | | | | 职  务 | |
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| 本人  声明 | | 我上述填写内容真实、合法，如有不实，本人愿承担一切法律责任。    申明人（签名）：  年    月    日 | | | | | | | | | | | | | | | | | |
| 初审  意见 | | 2018年 月 日 | | | | | | 复审  意见 | | | | | 2018年 月 日 | | | | | | |