附件2：

和田地区烟草公司面向社会招聘工作人员政审表

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| 报考岗位 | |  | | | | | | | | | | | | | 照  片 |
| 姓名 |  | | 性别 | |  | 民族 | | |  | | | 籍贯 |  | |
| 出生年月 |  | | 政治面貌 | | | |  | | | 婚姻状况 | | |  | |
| 身份证号 |  | | | | | 联系电话 | | | |  | | | | |
| 学历  （学位） |  | | | 毕业院校  及 专 业 | |  | | | | | | | 毕业时间 | |  |
| 户籍地址 |  | | | | | 居住地址 | | | | |  | | | | |
| 家庭主要成员及重要社会关系 | 姓名 | | | 与本人关系 | | | | 政治面貌 | | | 身份证号 | | | 工作单位及职务 | |
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| 社区民警/村警意见 |  | | | | | | | | | | | | | | |
| 居委会/村委会意见 | 签署意见并盖章                                                              年   月   日 | | | | | | | | | | | | | | |
| 户籍地/居住地派出所意见 | 签署意见并盖章        年   月   日 | | | | | | | | | | | | | | |
| **备注：1.填表人要如实对本人及亲属情况进行填写，姓名必须与身份证保持一致，不得隐瞒、弄虚作假。**  **2.相关单位请认真对以上个人及亲属的情况进行核实，如实反馈意见，并由核查人签字，加盖单位公章，表格填不完的可另附纸张。** | | | | | | | | | | | | | | | |
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